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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE**

GROUP

HHOLD.

RESPONDENT

INTERVIEWER NAME _____

INTERVIEWER NO:

Time Section Started

(24 hour clock)

DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes 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 Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs 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

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A1. *Int: Record gender of respondent*] Male..... ₁ Female ₂

A1a. What is your date of birth? _____ day _____ month _____ year

A2. [Card A2] Which of the following best describes your relationship to <baby>? [Interviewer use codes only]

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

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started

(24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>. Attachment scale

B1a.

B1b.

B1c.

B1d.

B1e.

C. BABY'S DEVELOPMENT

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about <baby's> habits and routines.

C1. Were you present at the birth of <baby>?

Yes₁ Wanted to, but missed it₂ No₃

C2. [Card C2] 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) _____

C3. [Card C3] Who generally does the following with <baby>?

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/partner	Always spouse / partner	Some one else	No one does this
(a) Bathes him / her	<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) Feeds him / her	<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
(c) Shows him / her pictures in books	<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
(d) Cuddles him / her	<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
(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)	<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
(f) Taking him / her for walks, outings, visiting relatives or friends 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	<input type="checkbox"/> ₇
(g) Reading stories to him / her	<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
(h) Changing his /her nappy	<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
(i) Getting up in the night to see to him / her	<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
(j) Sings to him / her.....	<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
(k) Gets him / her up in the morning	<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
(l) Puts him / her to bed	<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
(m) Dresses him / her in the morning	<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
(n) Picks up him / her when he /she cries	<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

C4. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem	A moderate problem	A small problem	No problem at all
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

C5. Do you feel that <baby's> crying is a problem for you?

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

D. PARENT'S HEALTH AND LIFESTYLE

Now a few questions about your own health.

Time Section Started **(24 hour clock)**

D1. In general, how would you say your current health is?

Excellent.....	<input type="checkbox"/> 1	Fair.....	<input type="checkbox"/> 4
Very Good.....	<input type="checkbox"/> 2	Poor.....	<input type="checkbox"/> 5
Good.....	<input type="checkbox"/> 3		

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

D3. 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]

D4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. [Card D6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

	Some difficulty			
No Difficulty	Just a little	A moderate level	A lot of difficulty	Cannot do at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D7. Do you currently smoke daily, occasionally or not at all?

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

D8. Have you ever smoked? Was it:

Daily.....1 Occasionally...2 Never....3

D9. About how many cigarettes or cigars do/did you smoke on average each day?

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

D10. [Card D10] Looking at Card D10, can you tell me which of the following best describes how often you usually drink alcohol?

- Never 1
- Less than once a month 2
- 1-2 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- 5-6 times a week 6
- Every day 7

If currently drink alcohol between everyday and 1-2 times a month ask:

D11. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit and bottles of alcopops would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____ Bottles of alcopops _____

D12. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

D13. What is your weight without clothes and shoes? _____ stones _____ lbs OR _____ Kilograms

E. FAMILY CONTEXT

Time Section Started **(24 hour clock)**

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

E1. [Card E1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your 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. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. 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
D. 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
E. I feel close to my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. 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
J. 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
K. 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
L. 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
M. The behaviour of my child is often embarrassing or stressful to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have a child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having a child has meant having too few choices and too little control over my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E2. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Strongly Disagree Disagree Neither Agree nor disagree Agree Strongly Agree NA

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..... ₁ ₂ ₃ ₄ ₅ ₆
- B. Your family time is less enjoyable and more pressured..... ₁ ₂ ₃ ₄ ₅ ₆

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities you would prefer to take on ₁ ₂ ₃ ₄ ₅ ₆
- D. The time you spend working is less enjoyable and more pressured..... ₁ ₂ ₃ ₄ ₅ ₆

E3a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

Currently..... ₁ In the past..... ₂ No..... ₂

E3b. How many days or weeks will you take? _____ days **OR** weeks..... ₁

E3c. Were these / will these be taken as a block or spread over a period of time?

Taken as a block..... ₁ Spread over a period of time..... ₂

F: SOCIO-DEMOGRAPHICS

Time Section Started **(24 hour clock)**

Now some questions about the circumstances of your household.

F1. [Card F1] Looking at Card F1, which of these descriptions *BEST* describes your usual situation in regard to work?

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

F2. 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

F2x. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

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

F3. [Card F3] 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

F4a. Do you supervise or manage any personnel in your job?

Yes ₁ No ₂

F4b. How many? _____

F5. How many employees (if any) do you have? _____ employees N A ₉₉

F5x. [Ask only if Farmer at F1.] What is the acreage of the farm? _____ acres

F6. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

F7. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ₁ No... ₂ **Go to F11a**

F8. In what year did you last work in that full-time job? _____ year

F9. 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

F10. [Card F3] 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

F10x. [Ask only if Farmer at F9.] What was the acreage of the farm? _____ acres

F11a. Do you currently have a part time job outside the home? Yes ₁ No ₂ **Go to F11d**

F11b. On average, how many hours per week do you work in that part-time job? _____ hours

F11c. [Card F3] What is your occupation in that job? (What do you mainly do in that part-time 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

F11d. [Card F11d] 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.

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

F12. Do you plan to start or return to paid work?

- Yes, in the next 3 months 1
- Yes, in 3 to 12 months time 2
- Yes, in more than 1 year's time 3
- Have no plans to return to paid work..... 4
- Other reason (specify) _____ 9

F13. [Card F13] 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, 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

F13x. At what age did you leave full-time education for the first time? _____ years

F14.[Card F14] What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]

- | | |
|---|--|
| English <input type="checkbox"/> 1 | Irish <input type="checkbox"/> 2 |
| Arabic <input type="checkbox"/> 3 | French <input type="checkbox"/> 4 |
| Polish <input type="checkbox"/> 5 | Russian <input type="checkbox"/> 6 |
| Czech <input type="checkbox"/> 7 | Latvian <input type="checkbox"/> 8 |
| Portuguese <input type="checkbox"/> 9 | Spanish..... <input type="checkbox"/> 10 |
| Chinese <input type="checkbox"/> 11 | Lithuanian <input type="checkbox"/> 12 |
| Romanian <input type="checkbox"/> 13 | German..... <input type="checkbox"/> 14 |
| Other (specify) <input type="checkbox"/> 15 | |

F15. Is English your native language? Yes 1 → **Go to F18** No 2

[Int: Ask F16 and F17 only if any language other than Irish or English is usually spoken at home see F14 above]

F16. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

- Yes 1 No 2

F17. Can you usually read and fill out forms you might have to deal with in your own language?

- Yes 1 No 2

F18. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English? Yes..... 1 No..... 2

F19. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No 2

F20. 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.....

F21. Are you a citizen of Ireland?

Yes_1

No_2

F22. What citizenship do you hold? _____

F23. Were you born in Ireland?

Yes_1

No_2

F24. In which country were you born? _____

F25. 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

F26. [Card F26] What is your ethnic or cultural background?

Irish_1
Irish Traveller_2
Any other white background_3
African_4

Any other Black background_5
Chinese_6
Any other Asian background_7
Other [incl. mixed background] – specify_8

F27. Do you belong to any religion

Yes_1

No_2

F28. [Card F28] Which religion

Christian – no denomination_1
Roman Catholic_2
Anglican/Church of Ireland/Episcopalian....._3
Other Protestant_4
Jewish_5
Muslim_6
Other (specify)_7

Time Section Ended

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(24 hour clock)