



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

Secondary Caregiver – SUPPLEMENTARY SECTION, 13-Year Main

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ / ____ / ____
day mth year

We have a few final questions which we would like to discuss with 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.

X1. Are you male or female?

Male.....₁ Female₂

X2. What is your date of birth? ____ / ____ / ____
DD / MM / YYYY

S1. Are you the biological parent of <child>?

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

S2. Are you the adoptive parent of <child>?

Yes.....₁ No.....₂ → Go to S7

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

Domestic₁ Inter-country₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

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

NOW PLEASE GO TO S12

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

Yes.....₁ No.....₂ → Go to S12

S8. How long has <child> 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 <child> been in? _____ previous placements Don't Know...₉₉

S11a. 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

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

S11c. How are you related to <child> _____

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 / wife **1 Go to S13a**
- Married and separated from husband / wife **2 Go to S13b**
- Divorced **3 Go to S13b**
- Widowed **4 Go to S13b**
- Never married **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** No **2 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**

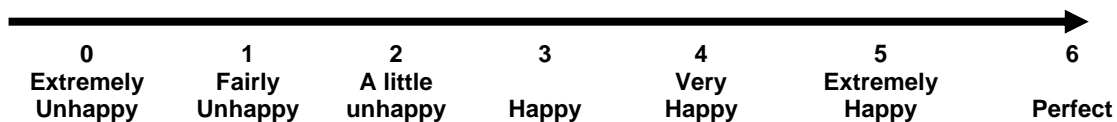
S18. When you and your partner argue, how often do you

- | | | | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | Almost never/
Never | Not very
often | Sometimes | Often | Almost always/
always |
| 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?

- | | | | | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | All the
time | Most of
the time | More often
than not | Occasionally | Rarely | Never |
| 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 the Study Child right now. Remember, there 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 |
| B. 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 |
| C. 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 |
| D. 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 |
| E. 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 |
| F. 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 |

[ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.....₁ No.....₂

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 = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. 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 S25b ONLY OF MALE RESPONDENTS]

S25b. 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 | 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 |

S25d. How often during the last year have you failed to do what was expected of you because of 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 |

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

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

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

27. 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 Occasionally₂ Not at all₃

S30a. Since the time of the last interview when <child> was 9 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

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 S34

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

S34. To the best of your knowledge, has <child> ever tried?

	Yes, and I know about it	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 your child personally about the following sexual health issues?

	Yes	No
1. Sex and sexual intercourse.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Sexual feelings, relationships and emotions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> 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. What age was the Study Child when you split or separated from their biological father / mother?

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
More than once a week.....2 Less than once a month6
Once a week3 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 from time to time.....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

Please give contact details to interviewer