



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Date ____ ____ ____
Day mth year

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it ₁ Self-complete..... ₂

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of the Study Child?

Yes ₁ → **Go to S2** No ₂ → **Go to S4**

S2. Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

Yes ₁ No ₂ **Go to S14**

S3. How many periods of 3 months or longer when the Study Child didn't live with you?

One ₁ Two ₂ Three ₃ Four or more ₄
NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?

Yes ₁ No ₂ → **Go to S9**

S5. Was that a domestic or an inter-country adoption?

Domestic ₁ Inter-country ₂

S6. Was that a within family adoption?

Yes ₁ No ₂

S7. From which country?

S8. What age was the Study Child when you adopted him / her? _____ years _____ months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?

Yes ₁ No ₂ → **Go to S14**

S10. How long has the Study Child been with your family? _____ yrs _____ mths _____ wks

S11. Do you anticipate that this will be a long-term foster placement? Yes ₁ No ₂

S12. How many previous foster placements has the Study Child been in?

_____ previous placements Don't Know ₉₉

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

Another foster family ₁ Own family ₂ Institutional care ₃

NOW PLEASE GO TO S14

S14. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife 1 **Go to S18**
- Married and separated from husband / wife 2 **Go to S15**
- Divorced 3 **Go to S15**
- Widowed..... 4 **Go to S15**
- Never married..... 5 **Go to S17**

S15. In what year did you marry your (former) spouse? _____ (year)

S16. Since when have you been living apart / spouse deceased? _____ (year)

S17. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No..... 2 **Go to S26**

S18. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days 1 **→Go to S20**
- At least once a week..... 2 **→Go to S20**
- Less than once a week..... 3 **→Go to S20**
- Hardly ever 4 **→Go to S20**
- Never 5 **→Go to S23**

S20. How often would you argue about the child(ren)?

- Most days 1
- At least once a week..... 2
- Less than once a week..... 3
- Hardly ever 4
- Never..... 5

S21. 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 |

S22. And to end an argument, how often would you

- | | Almost never/
never | Not very
often | Sometimes | Often | Almost always/
always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Compromise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Apologise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Change the subject..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to discuss the issue later..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to disagree..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Use affection (hug) or make a joke about it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Ignore or refuse to speak any more, walk away,
leave the room or leave the house..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

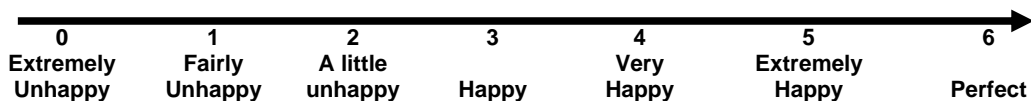
S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always
Agree | Almost
Always
Agree | Occasionally
Disagree | Frequently
Disagree | Almost
Always
Disagree | Always
Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S24. How often would you say the following events occur between you and your partner?

- | | Never | Less than
once a month | Once or
twice a month | Once or
twice a week | Once a
week | More
often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S25. 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.



S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes 1 No 2 → **Go to S28**

S27. How many?

One 1 Two 2 Three or more 3

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes... 1 No..... 2 → **Go to S30**

S29. Was this: [Tick all that apply]

Before the Study Child was born..... 1 When Study Child was 1 – 4 yrs old 3
 In first year of Study Child's life..... 2 When Study Child was 5 - 9 yrs old..... 4

S30. Listed on this card 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)
1. 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
2. I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I felt fearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. My sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I felt lonely.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S31. Thinking back over the last year how often have you taken any of the following?

	Never	Now and again	Monthly	Weekly	Daily
A. Sleeping pills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Tranquillisers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Pills for depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Cannabis / marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Amphetamines or other stimulants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Heroin, methadone, crack, cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Anticonvulsants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Steroids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes 1 No 2 → **Go to S34**

S33. Have you ever been to prison? Yes 1 No..... 2

S34. Can we check, does the Study Child's mother live here with you or elsewhere?

- Lives here 1 → **Go to S50**
- Deceased 2 → **Go to S50**
- Temporarily lives elsewhere 3 → **Go to S50**
- Lives elsewhere..... 4 → **Go to S35**

S35. Were you ever married to or did you ever live with the Study Child's mother?

Yes, married to... 1 Yes, lived with 2 No 3 **Go to S37** Adoptive / Foster parent 4 **Go to S50**

S36. When did you separate or split up with the Study Child's mother?

- Spouse / Partner died 1
- In the last 4 years 2
- Longer than 4 years ago but less than 10..... 3
- Before child was born..... 4

S37. What was the nature of your relationship with the Study Child's mother when she became pregnant with the study child? (Please tick one box only).

- | | | | |
|--------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

- Formal 1 Informal 2 No custody arrangement 3

S39. Briefly describe that arrangement

S40. Do you and the Study Child's mother have shared parenting of the Study Child on a regular basis?

- Yes 1 No 2

S41. Please describe the nature of this shared parenting

S42. How far does the Study Child's mother live from here?

- | | | | |
|--|----------------------------|---|----------------------------|
| Within ½ hour's drive from here | <input type="checkbox"/> 1 | More than 1 hour's drive from here..... | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here . | <input type="checkbox"/> 2 | Outside the country | <input type="checkbox"/> 4 |

S43. How often does the Study Child have contact with his / her mother (incl. talking on the phone, texting, emailing etc.)?

- | | | | |
|----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily..... | <input type="checkbox"/> 1 | Monthly..... | <input type="checkbox"/> 5 |
| Once or twice a week..... | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly..... | <input type="checkbox"/> 3 | Less than once a year | <input type="checkbox"/> 7 |
| Every second week / weekend..... | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 8 |

S44. Does the Study Child's mother make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, she never makes any payment..... 1

S45. How much does she pay per week / fortnight / month?

Yes, she makes a regular payment..... 2 €_____ per Week.... 1 Fortnight 2 Month

Yes, she makes payments as required 3

S46. About how much per year? €_____ per year

S47. How often do you talk to the Study Child's mother about the Study Child?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S48. How well do you get on with the Study Child's mother? Would you say your relationship is?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S49. We would like to send a short questionnaire to the Study Child's 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 the Study Child's 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

S50. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

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