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## Growing Up in Ireland – national longitudinal study of children Strictly Confidential

### Non Resident Parent Questionnaire, 3-year Main Study

Group

HHOLD

Date \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_

**Please Read This First**

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01 8632000 and ask for one of the *Growing up in Ireland* team.

*First of all, we would like to ask you a few questions about the time you spend with the study child*

**Q1. How long is it since you last saw your child?** \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

**Q2. How many nights do you and the study child spend together in a typical month?** \_\_\_\_\_ nights

**Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month?** \_\_\_\_\_ days

**Q4. How long would an average or typical contact with the study child last?** \_\_\_\_\_ days or \_\_\_\_\_ hours

**Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:**

Nowhere near enough

Not quite enough

About right

A little too much

Way too much

 <sub>1</sub>
 <sub>2</sub>
 <sub>3</sub>
 <sub>4</sub>
 <sub>5</sub>

**Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.**

Work commitments .....  <sub>1</sub>  
 Commitments to other family/new partner.....  <sub>2</sub>  
 Physical distance between self and child .....  <sub>3</sub>

Other parent is uncooperative.....  <sub>4</sub>  
 Court-imposed custody rules .....  <sub>5</sub>  
 Other .....  <sub>6</sub>

**Q7. When you are spending time with the study child, where do you bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.**

**Rank**

At your home ..... \_\_\_\_\_  
 At the other parent's home ..... \_\_\_\_\_  
 At another relative's home (e.g. child's grandparents)... \_\_\_\_\_  
 Recreational/amenity area (e.g. park, swimming pool).. \_\_\_\_\_  
 Shopping centre /cinema /McDonald's etc ..... \_\_\_\_\_  
 Specific events (e.g. football match) ..... \_\_\_\_\_  
 Other ..... \_\_\_\_\_

**Q8. Please tick one box below to indicate how you and your former spouse / partner arrived at the current arrangements for time spent with your child?**

- Court-imposed arrangements ..... <sub>1</sub>  
 Formal, negotiated arrangements other than legal (e.g. counsellor) ..... <sub>2</sub>  
 Mutual arrangement with no third party negotiator ..... <sub>3</sub>  
 No regular arrangements ..... <sub>4</sub>

**Q9. 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) \_\_\_\_\_

**Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".**

*Excellent*    1                    2                    3                    4                    5    *Very Poor*

**Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:**

	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Put the child to bed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Bathe child	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Take the child to doctor /dentist etc	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Take the child to or from creche	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

***We would like to record some information about the kind of financial support you provide for the study child and his or her household.***

**Q12. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?**

- Yes, I pay the full amount due ..... <sub>1</sub>                    No, I don't pay towards the rent or mortgage directly ..... <sub>3</sub>  
 Yes, I pay a contribution ..... <sub>2</sub>                    There is no rent or mortgage owing on the home ..... <sub>4</sub>

**Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € \_\_\_\_\_ per month**

**Q14. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?**

- Never ... <sub>1</sub>  
 Yes..... <sub>2</sub> **a regular payment to the value of € \_\_\_\_\_ per month (excluding direct rent/mortgage payment)**  
 Yes..... <sub>3</sub> **on an as-required basis (e.g. back to school) to the value of € \_\_\_\_\_ per year**

**Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)**

- Your decision ..... <sub>1</sub>  
 Mutual agreement with mother ..... <sub>2</sub>  
 Legally imposed arrangement ..... <sub>3</sub>

**Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?**

Never .....<sub>1</sub>      Yes, occasionally .....<sub>2</sub>      Yes, frequently .....<sub>3</sub>

**Q17. What was the status 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 .....<sub>1</sub>      Going out but not living together .....<sub>5</sub>  
Cohabiting/living as married .....<sub>2</sub>      Just friends .....<sub>6</sub>  
Separated .....<sub>3</sub>      No relationship .....<sub>7</sub>  
Divorced .....<sub>4</sub>

**Q18. What age was the study child when you separated from the Study Child’s mother for the first time?**

AGE \_\_\_ months OR \_\_\_ weeks OR

Had separated before birth .....<sub>1</sub>      OR      Never lived with mother .....<sub>2</sub>

**Q19. Are you named on the Study Child’s birth certificate?**

Yes .....<sub>1</sub>      No .....<sub>2</sub>      Not sure .....<sub>3</sub>

**Q20. If you have never been married to the Study Child’s mother have you applied for guardianship?**

No .....<sub>1</sub>      Yes, through mother only .....<sub>2</sub>      Yes, through court .....<sub>3</sub>

**Q21. If yes, was this application successful?**      Yes.....<sub>1</sub>      No.....<sub>2</sub>      Ongoing.....<sub>3</sub>

**Q22. How often do you talk about your child with the Study Child’s mother?**

Every day .....<sub>1</sub>      A few times a month .....<sub>4</sub>  
Several times a week .....<sub>2</sub>      Several times a year .....<sub>5</sub>  
About once a week .....<sub>3</sub>      Not at all .....<sub>6</sub>

**Q23. How well do you get on with the Study Child’s mother? Would you say your relationship is . . . ?**

Very positive      Somewhat positive      Neutral      Somewhat negative      Very negative  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

**Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:**

A lot of influence      Some influence      No influence      Don’t know  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>

**Q25. Do you want to be involved in raising your child in the coming years?**

Yes..... <sub>1</sub>      No..... <sub>2</sub>      Not sure..... <sub>3</sub>

**Q26. How often do you feel the following ways or do the following things?**

*For each item, mark (X) one response*

	All of the time	Some of the time	Rarely	Never
a. You talk a lot about your child to your friends and family.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. You carry pictures of your child with you wherever you go .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. You often find yourself thinking about your child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. You think it’s more fun to get your child something new than to get yourself something new .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) \_\_\_\_\_(day) \_\_\_\_\_ (mth)\_\_\_\_\_ (yr)

Q28. How old were you when your first ever child was born? \_\_\_\_\_ years

Q29. How would you describe your current employment status?

- |                                     |                            |                                 |                            |
|-------------------------------------|----------------------------|---------------------------------|----------------------------|
| Working for payment or profit ..... | <input type="checkbox"/> 1 | Retired from employment .....   | <input type="checkbox"/> 6 |
| Looking for first regular job ..... | <input type="checkbox"/> 2 | Unable to work due to permanent |                            |
| Unemployed .....                    | <input type="checkbox"/> 3 | sickness or disability .....    | <input type="checkbox"/> 7 |
| Student or pupil .....              | <input type="checkbox"/> 4 | Other (please specify) .....    | <input type="checkbox"/> 8 |
| Looking after home/family.....      | <input type="checkbox"/> 5 |                                 |                            |

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

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Q31. What is the highest level of education that you have completed? (Please tick one box only)

- |                                   |                            |                           |                            |
|-----------------------------------|----------------------------|---------------------------|----------------------------|
| No formal education .....         | <input type="checkbox"/> 1 | Certificate .....         | <input type="checkbox"/> 6 |
| Primary .....                     | <input type="checkbox"/> 2 | Diploma .....             | <input type="checkbox"/> 7 |
| Junior Cert. or equivalent .....  | <input type="checkbox"/> 3 | Degree .....              | <input type="checkbox"/> 8 |
| Leaving Cert. or equivalent ..... | <input type="checkbox"/> 4 | Postgraduate Degree ..... | <input type="checkbox"/> 9 |
| Trade Qualification .....         | <input type="checkbox"/> 5 |                           |                            |

Q32. Which of the following best describes your current marital status?

- |  |                            |                                       |                            |
|--|----------------------------|---------------------------------------|----------------------------|
| Single .....                           | <input type="checkbox"/> 1 | Separated .....                       | <input type="checkbox"/> 4 |
| First marriage (or cohabitation) ..... | <input type="checkbox"/> 2 | Divorced .....                        | <input type="checkbox"/> 5 |
| Remarried (or cohabitating) following  |                            | Widowed .....                         | <input type="checkbox"/> 6 |
| Divorce .....                          | <input type="checkbox"/> 3 | Remarried (or cohabitating) following |                            |
|  |                            | Widowhood .....                       | <input type="checkbox"/> 7 |

Q33. Are you currently living with a partner?

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

Q34. If yes, how long have you been in this relationship? \_\_\_\_\_ years or \_\_\_\_\_ months

Q35. How many other children (not including the study child) do you have?

None..... 1                      \_\_\_\_\_ by same parent as Study Child's                      \_\_\_\_\_ by a different partner(s)

Q36. What nationality are you? \_\_\_\_\_

Q37. If you are NOT Irish, how long have you been living in Ireland? \_\_\_\_\_ years OR \_\_\_\_\_ months

Q38. How would you describe your general state of health?

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

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.  
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.  
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE  
THE GROWING UP IN IRELAND TEAM AT 01-863 2000