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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
3-YEAR QUESTIONNAIRE
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE**

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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 (OMCYA), 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

INT: IS RESPONDENT MALE OR FEMALE? Male ₁ Female..... ₂

X1. What is your date of birth? ____ / ____ / ____
DD MM YYYY

Section A - Introduction

[ASK A1 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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

Section C – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

C1. [Card C1] I am going to read out some statements about the relationship between you and <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 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 his/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 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 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 next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

	Never / Almost never	Rarely	Sometimes	Often	Always / Almost always
(a) Hug or hold this child for no particular reason	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(b) Tell this child how happy he/she makes you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(c) Have warm, close times together with this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(d) Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(e) Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(f) Express affection by hugging, kissing and holding this child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C3. [Card C3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4. [Card C4] 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	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 that 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

D: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

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]

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

[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:]

D2a. 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 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]

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.] How many acres do you farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... _1 No.... _2 **Go to D15**

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

D14. [Ask only if Farmer at D12] How many acres did you farm? _____ acres

D15. Do you currently have a part time job outside the home? Yes _1 No..... _2 **Go to D18**

D16. On average, how many hours per week do you work in that part-time job? _____ hours

D17. [Card D17] 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

D18. [Card D18] 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..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend..... _____
- d. I prefer be at home to look after my children myself.. _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare _____
- g. There are no suitable jobs available for me .. _____
- h. My family would lose Social Welfare or medical benefits if I was earning..... _____
- i. Other reason (please 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]

[BLAISE CONDITION: ASK E3 –E5 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E3. 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 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

[BLAISE CONDITION: ASK E6 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 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. Are you a citizen of Ireland?

Yes..... 1

No 2

E10. What citizenship do you hold? _____

[ASK E11 – E13 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E11. Were you born in Ireland?

Yes..... 1

No 2

E12. In which country were you born? _____

E13. 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

E14. [Card E14] 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