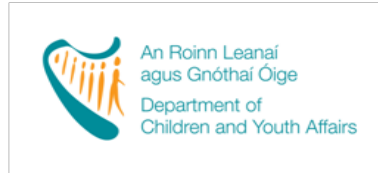




The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2



University of Dublin
Trinity College
College Green
Dublin 2



Growing Up in Ireland – national longitudinal study of children

Infants at 5 years

Strictly Confidential

Questionnaire for Parent Living Elsewhere

Group

HHOLD

Date: ____ day ____ month ____ year

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 1800 200 434 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 the Study 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

 ₁
 ₂
 ₃
 ₄
 ₅

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 ₁

Commitments to other family/new partner ₂

Physical distance between self and child ₃

Other parent is uncooperative ₄

Court-imposed custody rules ₅

Other ₆

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 the Study Child?

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

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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Bathe child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor /dentist etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from crèche/school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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 Study Child's home (i.e. the house or apartment where the Study Child resides with his or her other parent NOT your own home)?

- Yes, I pay the full amount due₁ No, I don't pay towards the rent or mortgage directly.....₃
 Yes, I pay a contribution₂ There is no rent or mortgage owing on the home.....₄

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 Study Child's other parent (other than direct rent or mortgage)?

- Never ... ₁
 Yes.....₂ a regular payment to the value of € _____ per month (excluding direct rent/mortgage payment)
 Yes.....₃ on an as-required basis (e.g. Christmas) 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 decision₁
 Mutual agreement with other parent₂
 Legally imposed arrangement₃

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

Never1 Yes, occasionally2 Yes, frequently3

Q17. What was the status of your relationship with the Study Child's other parent when she/you became pregnant with the study child? (Please tick one box only).

Married and living together1 Going out but not living together.....5
Cohabiting/living as married2 Just friends6
Separated3 No relationship7
Divorced4

Q18. What age was the Study Child when you separated from his/her other parent for the first time?

AGE: ___ months OR ___ years OR

Had separated before birth1 OR Never lived with other parent.....2

Q19. [For fathers only] Are you named on the Study Child's birth certificate?

Yes1 No2 Not sure3

Q20. [For fathers only] If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

Q21. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q22. How often do you talk about the Study Child with his/her other parent?

Every day1 A few times a month4
Several times a week2 Several times a year5
About once a week3 Not at all6

Q23. How well do you get on with the Study Child's other parent? Would you say your relationship is . . . ?

Very positive Somewhat positive Neutral Somewhat negative Very negative
1 2 3 4 5

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
1 2 3 4

Q25. Do you want to be involved in raising the Study Child in the coming years?

Yes..... 1 No 2 Not sure.....3

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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You carry pictures of your child with you wherever you go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You often find yourself thinking about your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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.

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? Please write in the number of children

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 1800 200 434**