

Growing Up In Ireland

Strictly Confidential

Parent/Guardian: Self-Complete Questionnaire, 20-year-old Cohort

Area Household YA no.

Interviewer Name _____ Interviewer Number

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

We have a few final questions for 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.

SECTION A: RELATIONSHIP TO YOUNG ADULT

S1. Are you male or female?

Male.....₁ Female₂

S2. What is your date of birth? day month year

IF ANY PERSON ON HOUSEHOLD GRID AT THE LAST WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT THIS TIME ASK:

AS1. Can you please tell me why <Person last Wave> is no longer resident in the household.

He/she is deceased₁
We separated/divorced₂
He/she moved out to set up own household.....₃
Long-term absence (e.g. hospital, prison, military service abroad)₄
Other (please specify).....₅

AS2. When did <Person from last Wave> stop living with you: Since what year? _____ [YYYY]

AS3. When did <Person from last Wave> stop living with you: Since what month? _____ mth

S3. Are you the biological parent of <young adult>?

Yes.....₁ → Go to B1 No.....₂

S4. Are you the adoptive parent of <young adult>?

Yes.....₁ → Go to B1 No.....₂

S5. Are you the foster parent of <young adult>?

Yes.....₁ No.....₂

SECTION B: PARENTAL MARITAL STATUS

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S6a. Can you tell me which of these best describes your current legal marital status?

- Married and living with husband / wife 1 GO TO S6B, THEN S8
 Married and separated from husband / wife 2
 Divorced 3
 Widowed 4
 Never married (including living with a partner) 5

S6b. Can we check, does <young adult>'s biological father/ mother live here with you or elsewhere?

- Lives here, including working away from home temporarily 1 GO TO S8
 Deceased 2
 Lives elsewhere 3

S7. May I just check whether you are currently living with someone in the household as a couple?

- Yes 1 No 2

S8. Since when have you and your spouse or partner been living together? _____ (year) _____ (month)

S9. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

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

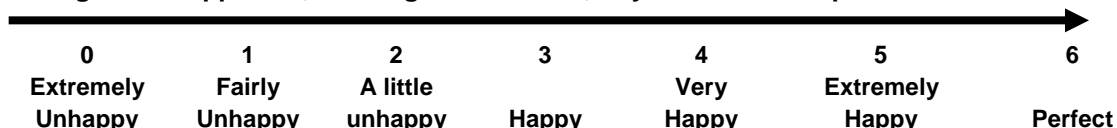
S10. When you and your partner argue, how often do you

- | | Almost never/
Never | Not very
often | Sometimes | Often | Almost always/
always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. 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 |
| b. 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 |
| c. 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 |

S11. 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 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. 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 |
| b. 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 |
| c. 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 |

S12. 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.



S13. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.

1	2	3	4	5	6	7	8	9	10.
We don't get on at all									→ We get on very 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

SECTION C: PARENTAL ALCOHOL SCREEN

S14. Which of the following best describes how often you usually drink alcohol?

- 1. Never..... 1
- 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:

S15. 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 = ½ pint of beer or 1 glass of wine or 1 single spirits

S16a. [ONLY OF FEMALE RESPONDENTS] 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 |

S16b. [ONLY OF MALE RESPONDENTS] 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 |

S16c. 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 |

S16d. 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 |

S16e. 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

SECTION D: PARENTAL SMOKING AND DRUGS

S17a. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)

Daily ₁ Occasionally ₂ Not at all ₃

S17b. About how many cigarettes or cigars do you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

S18a. Have you ever tried an e-cigarette or "vaping"?

Yes ₁ No..... ₂

S18b. How often, if at all, do you currently use an electronic cigarette?

Daily	Less than daily, but at least once a week	Less than weekly, but at least once a month	Less than monthly	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S19. Including yourself, how many members of the household smoke? _____

S20a. Do you take any drugs such as cannabis, marijuana, ecstasy or speed?

Regularly..... ₁ Occasionally..... ₂ Not at all..... ₃

S20b. Do you take any drugs such as heroin, methadone, crack or cocaine?

Regularly..... ₁ Occasionally..... ₂ Not at all..... ₃

SECTION E: PARENTAL EMOTIONAL WELL-BEING

S21. 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 |

SECTION F: PARENTAL AND RELATIVES' TROUBLE WITH THE GARDAÍ (POLICE)

S22. Have you ever been in trouble with the Gardaí or Police in Ireland or elsewhere (other than for traffic offences)?

Yes.....₁ No.....₂

S23. Have you ever been to prison? Yes₁ No..... ₂

S24. Have any of <young adult>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ No brothers/sisters ₃

S25. Have any of them ever been to prison? Yes₁ No.....₂

S26. Have any of <young adult>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ No uncles/aunts.....₃

S27. Have any of them ever been to prison? Yes₁ No.....₂

SECTION G: PARENT'S RELATIONSHIP WITH YOUNG ADULT

S28. There are various ways that parents deal with serious disagreements with their sons and daughters. How often do you handle disagreements with <young adult> by:

Never Seldom Sometimes Often Always Don't have any serious disagreements

- a. Refusing to talk about it ₁.....₂.....₃.....₄.....₅.....₆
- b. Letting <young adult> have his/her way without much argument ₁.....₂.....₃.....₄.....₅.....₆
- c. Discussing your disagreements calmly ₁.....₂.....₃.....₄.....₅.....₆
- d. Arguing heatedly or shouting at each other ₁.....₂.....₃.....₄.....₅.....₆

S29. Tell me if you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

	Strongly Agree	Agree	Neither agree nor disagree	Strongly Disagree	Disagree
a. It's easy for me to laugh and have a good time with <young adult>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I feel on edge or tense when I'm with <young adult>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <young adult> is not very interested in my life or what happens to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I could talk to <young adult> if I was unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I would like more influence over <young adult>'s decisions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. <young adult> is a loving and affectionate person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. <young adult> is often critical of me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I could talk to <young adult> if I had a big decision to make	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S30. How happy are you with each of the following aspects of (young adult)'s life:

	Extremely Unhappy	Somewhat unhappy	Somewhat happy	Extremely happy	Doesn't care/ not interested/ not involved	Neither happy nor unhappy
a. How well <young adult> has done in school.....	<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. <his/her> boyfriend/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. The occupation or career <he/she> wants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S31. Taking things all together, on a scale from 0 to 10, where 0 is really bad and 10 is absolutely perfect, how would you describe your relationship with <young adult>?

0 Really Bad	1	2	3	4	5	6	7	8	9	10. Absolutely Perfect
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Thank you very much for taking part in the *Growing Up in Ireland* Study