

**Growing Up in Ireland – national longitudinal study of children and young people**

**Strictly Confidential**

**Questionnaire for parent not living with 17-year-old**

Area Code     Household Code    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 (01)8632000 and ask for the **Growing Up in Ireland** team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

*First of all, we would like to ask you a few questions about the time you spend with your 17-year-old*

**Q1. How long is it since you last saw your 17-year-old?** \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

**Q2. Does your 17-year-old usually live with:**

- His/her mother .....  <sub>1</sub>
- His/her father .....  <sub>2</sub>
- In his/her own accommodation .....  <sub>3</sub>
- Other (please specify) .....  <sub>4</sub> \_\_\_\_\_

**Q3. How many nights do you and your 17-year-old spend together in a typical month?**

\_\_\_\_\_ nights

**Q4. Which of the following would best describe your usual pattern of contact with your 17-year-old?**

- Weekdays .....  <sub>1</sub>
- Weekends .....  <sub>2</sub>
- Week on/week off .....  <sub>3</sub>
- As it suits us both .....  <sub>4</sub>
- Other (please specify) .....  <sub>5</sub> \_\_\_\_\_

**Q5. How long does a typical contact last?** \_\_\_\_\_ days or \_\_\_\_\_ hours

**Q6. How do you feel about the amount of time you spend with your 17-year-old? Please tick one of the following:**

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>Nowhere near<br/>enough</b>        | <b>Not quite<br/>enough</b>           | <b>About right</b>                    | <b>A little too<br/>much</b>          | <b>Way too<br/>much</b>               |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q7. If you feel that you do not spend enough time with your 17-year-old, what do you think is the reason for this situation? If more than one reason, please tick the main reason.**

- |  |  |
|--|--|
| My work commitments ..... <input type="checkbox"/> <sub>1</sub>                        | Court-imposed custody rules ..... <input type="checkbox"/> <sub>5</sub>        |
| My commitments to other family/new partner ..... <input type="checkbox"/> <sub>2</sub> | Young person doesn't have the time ..... <input type="checkbox"/> <sub>5</sub> |
| Physical distance between me and my teenager ... <input type="checkbox"/> <sub>3</sub> | Young person doesn't want to ..... <input type="checkbox"/> <sub>5</sub>       |
| Other parent is uncooperative ..... <input type="checkbox"/> <sub>4</sub>              | Other (please specify) ..... <input type="checkbox"/> <sub>6</sub>             |



**Q15. Do you provide financial support DIRECTLY TO YOUR 17-YEAR-OLD?**

Never .... 1

Yes. .... 2 **REGULAR** payment of € \_\_\_\_\_ per month

Yes. .... 3 an **IRREGULAR** payment, as required to the approximate value of € \_\_\_\_\_ per year

**Q17. Do you provide any support (other than financial) to where the 17-year-old lives, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?**

Never ..... 1

Yes, occasionally ..... 2

Yes, frequently ..... 3

**Q18. What age was your 17-year-old when you stopped living with him/her?**

AGE \_\_\_\_\_ years

**Q19. Why did you stop living with him/her at that time? Please specify as fully as possible.**

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**Q20. How often do you talk about your 17-year-old with his/her mother?**

Every day ..... 1

Several times a week ..... 2

About once a week ..... 3

A few times a month ..... 4

Several times a year ..... 5

Not at all ..... 6

**Q21. How well do you get on with your 17-year-old's mother? Would you say your relationship is ... ?**

Very positive

Somewhat positive

Neutral

Somewhat negative

Very negative

1

2

3

4

5

**Q22. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning your 17-year-old in terms of their: :**

	A lot of influence	Some influence	No influence
Health care .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Education .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Values and attitudes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Friends .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Relationships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lifestyle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q23a. Thinking back over the last two years, would you say that your relationship with your 17-year old has: got better; stayed the same; or got worse?**

Got better ..... 2

Stayed the same ..... 1

Got worse..... 2

**Q23b. Why do you think it has got better / got worse? Please elaborate as fully as possible.**

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Finally, we just have a few questions about you.

Q24. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

Q25. How old were you when your first ever child was born? \_\_\_\_\_ years

Q26. 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     |  |

Q27. What is (was) your occupation in your main job? Please describe as fully as possible.

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Q28. 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         |  |

Q29. Which of the following best describes your current marital status?

- |  |  |
|--|--|
| Single ..... <input type="checkbox"/> 1                      | Separated ..... <input type="checkbox"/> 4                     |
| First marriage ..... <input type="checkbox"/> 2              | Divorced ..... <input type="checkbox"/> 5                      |
| Remarried following divorce ..... <input type="checkbox"/> 3 | Widowed ..... <input type="checkbox"/> 6                       |
|  | Remarried following Widowhood ..... <input type="checkbox"/> 7 |

Q30. Are you currently living with a spouse or partner?

- Yes ..... 1      No ..... 2 Please go to Q32

Q31. If yes, how long have you been in this relationship? \_\_\_\_\_ years or \_\_\_\_\_ months

Q32. How many other children (not including the study child) do you have?

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

Q.33 Were you born in Ireland?

- Yes ..... 1      No ..... 2

Q34. Which country were you born in? \_\_\_\_\_

Q35. When did you come to live in Ireland? \_\_\_\_\_ (please record year)

Q36. What is your nationality? \_\_\_\_\_

Q37. 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 01-8632000