

*Growing Up in Ireland*  
**STRICTLY CONFIDENTIAL**  
**Primary Caregiver Self-Complete Questionnaire**  
**Cohort '08 at 13 years of age**

CSO Identifier

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PIN

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Time Started

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Date

\_\_\_\_\_  
day

\_\_\_\_\_  
mth

\_\_\_\_\_  
year

*Preliminaries*

**Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:**

**Yes, I agree to take part** ..... ☐ <sub>1</sub>

**No, I do not wish to take part** ..... ☐ <sub>2</sub> Go to end

**S1. Are you male or female?**

Male ..... ☐ <sub>1</sub>

Female ..... ☐ <sub>2</sub>

Other ☐ <sub>3</sub>

**S2. What is your date of birth?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

*Couple relationship*

**S3. Because the issue of family life is so important, we would now like to ask some questions about your family and marital history. Can you tell me which of these best describes your current marital status?**

Married and living with husband / wife ..... ☐ <sub>1</sub> **Go to S5**

Married and separated from husband / wife ..... ☐ <sub>2</sub> **Go to S4**

Divorced ..... ☐ <sub>3</sub> **Go to S4**

Widowed ..... ☐ <sub>4</sub> **Go to S4**

Never married (including living with partner) ..... ☐ <sub>5</sub> **Go to S4**

S4. May I just check whether you are currently living with someone in the household as a couple?

Yes ..... ☐1 → Go to S5

No ..... ☐2 → Go to S6

S5. Since what year have you and your spouse / partner been living together? \_\_\_\_\_ (mth) \_\_\_\_\_ (year) → Go to S7

S6. Are you currently in a relationship with someone outside the household?

Yes ..... ☐1 → Go to S7

No ..... ☐2 → Go to S10

*[Questions for PCG who is in a relationship]*

S7. 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

S8.

S9.

### *Parenting stress*

S10.

### *Weight*

S11a. What is your weight at the moment? [Tick one Kilos ☐1 Pounds ☐2 Stone and Pounds ☐3 \_\_\_\_ [weight]

S11b. Is this an estimate or have you weighed yourself in the last month? Estimate ☐1 Weighed self in last month ☐2

## Alcohol, smoking, other substances

**S12. Which of the following best describes how often you usually drink alcohol?**

1. Never ..... ☐1 **Go to S16**  
2. Less than once a month ..... ☐2 **Go to S14/S15**  
3. 1-2 times a month ..... ☐3 **Go to S14/S15**  
4. 1-2 times a week ..... ☐4 **Go to S13**  
5. 3-4 times a week ..... ☐5 **Go to S13**  
6. 5-6 times a week ..... ☐6 **Go to S13**  
7. Every day ..... ☐7 **Go to S13**

*If they currently drink alcohol between every day and 1-2 times a week ask:*

**S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?**

- (a) Pints of Beer/Cider \_\_\_\_ (b) Glasses of Wine \_\_\_\_  
(c) Measures of Spirits \_\_\_\_ (d) Other alcohol (number) \_\_\_\_

→ **Go to S14/S15**

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

**[ASK S14 ONLY OF FEMALE RESPONDENTS]**

**S14. How often do you have 6 or more alcoholic drinks on one occasion?**

- Never ..... ☐1      Less than monthly ..... ☐2      Monthly ..... ☐3      Weekly ..... ☐4      Daily or almost daily ..... ☐5

**[ASK S15 ONLY OF MALE RESPONDENTS]**

**S15. How often do you have 8 or more alcoholic drinks on one occasion?**

- Never ..... ☐1      Less than monthly ..... ☐2      Monthly ..... ☐3      Weekly ..... ☐4      Daily or almost daily ..... ☐5

**S16. 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

**S17. About how many cigarettes or cigars do you smoke on average each day?**

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

**S18. Do you currently use 'vapes' or e-cigarettes?**

- Daily ..... ☐1      Occasionally ..... ☐2      Not at all ..... ☐3

**S19. Including yourself, how many members of the household smoke? \_\_\_\_N**

**S20. Do you smoke cannabis?**

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

**S21. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?**

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

## Emotional wellbeing

## Talking about sexual health

**S23. Have you spoken to your 13-year-old personally about the following sexual health issues?**

	Yes	No
a) Sex and sexual intercourse .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Sexual feelings, relationships and emotions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Contraception .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d) Safer sex/sexually transmitted infections/ venereal diseases .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e) Sexual orientation (e.g. homosexuality, heterosexuality etc) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f) Sharing explicit sexual texts (sexting) or images.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## Non-resident parent

**S24. Can we check, does your 13-year-olds biological father/ mother live here with you or elsewhere?**

- Lives here ..... ☐1 → **Go to S32**  
 Deceased..... ☐2 → **Go to S32**  
 Temporarily lives elsewhere ..... ☐3 → **Go to S32**  
 Lives elsewhere..... ☐4 → **Go to S25**

### Parent Living Elsewhere Section (S25-S31)

**S25. Were you ever married to or did you ever live with your 13-year-olds biological father / mother?**

Yes, married to..... ☐1 Yes, lived with..... ☐2 No ☐3 **Go to S27** Adoptive / Foster parent ☐4 **Go to S32**

**S26. What age was your 13-year-old when you split or separated from their biological father / mother? \_\_\_\_\_**

**S27. How often does your 13-year-old have face-to-face contact with his / her biological father / mother?**

- |                                   |                            |                              |                            |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily .....                       | <input type="checkbox"/> 1 | Monthly.....                 | <input type="checkbox"/> 5 |
| More than once a week .....       | <input type="checkbox"/> 2 | Less than once a month ..... | <input type="checkbox"/> 6 |
| Weekly .....                      | <input type="checkbox"/> 3 | No contact.....              | <input type="checkbox"/> 7 |
| Every second week / weekend ..... | <input type="checkbox"/> 4 |                              |                            |

**S28. How often does your 13-year-old have other contact (not face-to-face) with his / her biological father / mother?**

- |                                   |                            |                              |                            |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily .....                       | <input type="checkbox"/> 1 | Monthly.....                 | <input type="checkbox"/> 5 |
| More than once a week .....       | <input type="checkbox"/> 2 | Less than once a month ..... | <input type="checkbox"/> 6 |
| Weekly .....                      | <input type="checkbox"/> 3 | No contact.....              | <input type="checkbox"/> 7 |
| Every second week / weekend ..... | <input type="checkbox"/> 4 |                              |                            |

**S28a Did the amount of face-to-face contact between your 13-year-old and his/her biological father/mother living elsewhere change because of the Covid pandemic?**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Reduced a lot              | Reduced a little           | Stayed the same            | Increased a little         | Increased a lot            |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**S29. Does your 13-year-olds biological father / mother make ANY financial contribution to your household and the maintenance of the child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

- No, he/she never makes any payment ..... ☐1  
 Yes, he/she makes a regular payment..... ☐2  
 Yes, he/she makes payments from time to time..... ☐3  
 Doesn't make a payment but regularly buys things for child (e.g. clothes, toys, meals out) ..... ☐4

**S30. How often do you talk to your 13-year-olds biological father/ mother about them?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day                  | Several times a week       | About once a week          | A few times a month        | Several times a year       | Never                      |
| <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. How well do you get on with your 13-year-olds biological father/ mother? Would you say your relationship is?**

- |                            |                            |                               |                            |                            |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive              | Positive                   | Neither positive nor negative | Somewhat negative          | Very negative              |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3    | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

*Final Section (Pregnancy, if female; How survey completed)*

**[ASK ONLY OF FEMALE RESPONDENTS]**

**S32 [If Male go to S33]** Can I check, are you currently pregnant? [This information is collected to put other responses – such as health and weight - in context]      Yes.....☐<sub>1</sub>      No.....☐<sub>2</sub>

**S33.** Can you tell us on which type of device you completed this survey:

- Desktop computer .....☐<sub>1</sub>  
Laptop computer .....☐<sub>2</sub>  
Tablet / IPad.....☐<sub>3</sub>  
Smartphone .....☐<sub>4</sub>

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

*If you have any queries about the survey please email [growing.up@esri.ie](mailto:growing.up@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie) for further information.*

*If you would like to talk to someone about any issues raised in this Questionnaire, please see <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources*

Time Ended

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Date \_\_\_\_ \_\_\_\_ \_\_\_\_ day      \_\_\_\_ mth      \_\_\_\_ year