

GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

9-Year Infant Questionnaire

Primary Caregiver – Self-complete Questionnaire

GROUP HOUSEHOLD CHILD NUMBER

Interviewer Name _____ Interviewer Number

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

We have a few final questions for you to complete by yourself. We would ask you to complete this section and return the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE**. 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.

X1. Are you male or female?

Male.....₁ Female₂

X2. What is your date of birth? ____/____/_____
DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK AS1 – AS3]:

S1. Can you please tell me why <Person at Wave 2> 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

S2. When did <Person from Wave 2> stop living with you: Since what year? _____[YYYY]

S3. When did <Person from Wave 2> stop living with you: Since what month? _____[mth]

S4. Are you the biological parent of <child>?

Yes.....₁ → Go to S8 No.....₂ → Go to S5

S5. Are you the adoptive parent of <child>?

Yes.....₁ No.....₂ → Go to S6

S6. Are you the foster parent of <child>?

Yes.....₁ No.....₂ → Go to S8

S7. How many months has <child> been with your family? _____ months

NOW PLEASE GO TO S8

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

S8. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife ₁ **Go to S9**
- Married and separated from husband / wife ₂ **Go to S10**
- Divorced ₃ **Go to S10**
- Widowed ₄ **Go to S10**
- Never married (including living with partner) ₅ **Go to S12**

S9. In what year did you marry your husband / wife? _____ (year) **Go to S13**

S10. In what year did you marry your (former) spouse? _____ (year) **Go to S11**

S11. Since when have you been living apart / spouse deceased? _____ (year) **Go to S12**

S12. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... ₁ No ₂ **Go to S18**

S13. Since when have you and your spouse or partner been living together? _____ (year)

S14. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... ₁ **→Go to S15**
- At least once a week..... ₂ **→Go to S15**
- Less than once a week ₃ **→Go to S15**
- Hardly ever..... ₄ **→Go to S15**
- Never..... ₅ **→Go to S16**

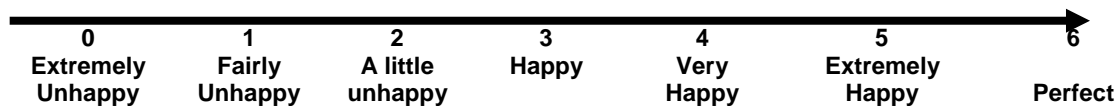
S15. When you and your partner argue, how often do you

- | | 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 |

S16. 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 spouse/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 |

S17. 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.



S18. Thinking about <child> over the last six months, how often did you...? (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. 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 |

S19. 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

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S20. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all 3 of you are together, do you (please tick one box on each line):

	Never		Someti mes (once or twice a week)		Often (once a day)		Very often (Several times a day)
	0	1	2	3	4	5	6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<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
b. Argue with your partner <u>about your child</u> , in the child's presence?	<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
c. Argue about your relationship or marital issues <u>unrelated to your child</u> , in the child's presence?	<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
d. One or both of you say cruel or hurtful things to each other in front of the child?	<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
e. Yell at each other within earshot of the child?	<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

S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. The major source of stress in my life is my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Having a child has been a financial burden.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

- Not very good at being a parent 1
- A person who has some trouble being a parent 2
- An average parent 3
- A better than average parent 4
- A very good parent..... 5

[BLAISE CONDITION: ASK ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes..... 1 No..... 2

S24. Which of the following best describes how often you usually drink alcohol?

- Never..... 1 **Go to S30**
- Less than once a month..... 2
- 1-2 times a month 3
- 1-2 times a week..... 4
- 3-4 times a week..... 5
- 5-6 times a week..... 6
- Every day 7

If currently drink alcohol between everyday and 1-2 times a week ask:
S25. 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

[BLAISE CONDITION: ASK S26 ONLY OF FEMALE RESPONDENTS]

S26. 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 |

[BLAISE CONDITION: ASK S27 ONLY OF MALE RESPONDENTS]

S27. 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 |

S28.. 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 |

S29. 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 |

S30. 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

S31. 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

S32. About how many cigarettes or cigars do you smoke on average each day

[ENTER '0' IF LESS THAN 1 ON AVERAGE]

S33. Including yourself, how many members of the household smoke cigarettes or cigars? ____N

S34. Do you currently use 'vapers' or e-cigarettes?

Daily₁ Occasionally₂ Not at all₃

S35. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly ₁ Yes, occasionally....₂ No, not at all.....₃

S36. Do you use any other products (sometimes described as "legal highs" or "headshop drugs") such as "poppers", "party pills" or "spice"?

Yes, regularly ₁ Yes, occasionally....₂ No, not at all.....₃

S37. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S38. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes.....₁ No.....₂

S39. 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

S40. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....₁ No.....₂ → Go to S42

S41. Have you ever been to prison? Yes₁ No ₂

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

S42. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic and child-rearing tasks (e.g. housework, home maintenance, shopping and cooking)?

I do much less than my fair share.....₁ I do more than my fair share₄
I do less than my fair share₂ I do much more than my fair share₅
I do my fair share₃

S43. What do you think about smacking a child when he/she misbehaves would you say it is...

Never justified₁ Sometimes justified₂ Always justified.....₃
Depends on the circumstances₄ Don't know₅

S44. In your day-to-day life how often have any of the following things happened to you?

Almost every day At least once a week A few times a month A few times a year Less than once a year Never

- a) You are treated with less courtesy or respect than other people. 1 2 3 4 5 6
- b) You receive poorer service than other people at restaurants or stores. 1 2 3 4 5 6
- c) People act as if they think you are not smart. 1 2 3 4 5 6
- d) People act as if they are afraid of you. 1 2 3 4 5 6
- e) You are threatened or harassed. 1 2 3 4 5 6

Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.

S45. What do you think is the main reason for these experiences?

- Your gender 1
- Your race/skin colour/ethnic group/nationality 2
- Your age 3
- Your religion 4
- Your sexual orientation 5
- Your education or income Level 6
- Your marital status 7
- Your family status (e.g. pregnant or with children) 8
- A disability 9
- Membership of the travelling community 10
- Because of the job you do/occupation 11
- Other (please specify) 12

S46. If you work outside the home, how strongly do you agree or disagree with the following statement.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree N/A

- My job is secure 1 2 3 4 5 6

S47. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here, including working away from home temporarily 1 → **Go to S69**
- Deceased 2 → **Go to S69**
- Lives elsewhere 4

S48. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to... 1 Yes, lived with... 2 No 3 **Go to S50** Adoptive / Foster parent 4 **Go to S69**

S49. What age was the Study Child when you split or separated from their biological father / mother?

Child's age _____ years

S50. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal..... 1 Informal..... 2 No parenting arrangement ... 3

S51. Briefly describe that arrangement

S52. How did you arrive at that arrangement?

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

S53. Is this written or verbal? Written 1 Verbal 2

S54. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here₁ More than 1 hour's drive from here.....₃
 Between ½ and 1 hour's drive from here..₂ Outside the country.....₄

S55. How often does <child> have face-to-face contact (not including Skype, FaceTime etc.) with his / her biological father / mother?

Daily₁ Monthly₅
 More than once a week.....₂ Less than once a month₆
 Weekly₃ No contact.....₇
 Every second week / weekend₄

S56. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?

Daily₁ Monthly₅
 More than once a week.....₂ Less than once a month₆
 Weekly₃ No contact.....₇
 Every second week / weekend₄

S57. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

4 or more nights per week₁ Monthly₅
 1 – 3 nights per week.....₂ Less than once a month₆
 Fortnightly₃ Never₇

S58. When <child> is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

Yes - a little ..₁ Yes – somewhat.....₂ Yes – very.....₃ No.....₄ Don't know₅

S59. Does <child's> biological father / mother make any financial contribution to your household and the maintenance of <child> for rent, mortgage or direct maintenance payment?

No, he/she never makes any payment.....₁
 Yes, he/she makes a regular payment₂
 Yes, he/she makes payments as required.....₃

S60. How often does <child's> biological father/ mother do any of these additional things:

	Often	Sometimes	Rarely	Never
a. Buy clothes, toys or presents for child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Pay for child's medical or dental bills, health insurance or medicines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Give you extra money to help out, like pay the rent, household bills or car repairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Look after child when you need to do other things such as working, studying or attending appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S61. How often do you talk to <child's> biological father/ mother about <child>?

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

S62. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?

Never/Almost never₁ Often.....₄
 Rarely.....₂ Always/Almost always₅
 Sometimes₃ Don't discuss₆

S63. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?

Never/Almost never₁ Often.....₄
 Rarely.....₂ Always/Almost always₅
 Sometimes₃ Don't discuss₆

S64. How involved do you think <child's> biological father/ mother should be in <child's> life?

A lot more involved ₁ A little less involved..... ₄
 A little more involved..... ₂ Much less involved..... ₅
 Level of involvement is about right ₃

S65. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

Very positive Positive Neither positive nor negative Somewhat negative Very negative
₁ ₂ ₃ ₄ ₅

S66. Does <child's> biological father / mother have any other children living with him/her at the moment?

Yes ₁ No..... ₂

S67. How many of these are:

	N
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

S68. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

Yes ₁
 No, I do not wish other parent to be contacted ₂
 No, I do not have contact details for other parent ₃

→ Please give contact details

S69. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own mother (or other person fulfilling a maternal role) at that time?

Very close Quite Close Quite Distant Very Distant Mother deceased/ not living with mother then Can't remember
₁ ₂ ₃ ₄ ₅ ₅

S70. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own father (or other person in a paternal role) at that time?

Very close Quite Close Quite Distant Very Distant Father deceased/ not living with father then Can't remember
₁ ₂ ₃ ₄ ₅ ₅

THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.



An Roinn Leanaí agus Gnóthaí Óige
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