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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
FATHER/PARTNER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s parents and also the child him / herself. The whole interview with the parents and child will take about 90 minutes to complete.

All the information you and your family provides will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family.

A. INTRODUCTION

A1. [Show Card A1] Looking at Card A1, which of the following best describes your relationship with the Study Child?

[Interviewer codes only if other persons are present at time of interview]

- A. Biological parent (mother/ father) 1
- B. Adoptive parent (mother/ father) 2
- C. Step-parent (mother/ father)/partner of child's parent 3
- D. Foster parent (mother/ father) 4
- E. Grand parent 5
- F. Aunt/uncle 6
- G. Other relative/ in law 7
- H. Unrelated guardian..... 8

A2. Int: Record gender of parent 1 Male.....1 Female2

B: RESPONDENT'S HEALTH

Now I'd like to ask you some questions about your own health.

B1. In general, how would you say your current health is?

- Excellent 1
- Very Good..... 2
- Good 3
- Fair..... 4
- Poor 5

B2. Do you have any chronic physical or mental health problem, illness or disability?

Yes _1 No _2

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

B4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely _1 Yes, to some extent _2 No..... _3

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant? Yes _1 No..... _2

B7. Approximately how many weeks? _____ weeks

Time Section Ended **(24 hour clock)**

C: RESPONDENT'S LIFESTYLE

Now I'd like to ask you to ask you some questions about your lifestyle.

C1. Do you currently smoke daily, occasionally or not at all?

Daily _1 Occasionally _2 Not at all..... _3

C2. Have you ever smoked? Was it:

Daily _1 Occasionally ... _2 Never _3

C3. About how many cigarettes or cigars do/did you smoke on average each day?

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

C4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis _1 Yes, on an occasional basis..... _2 Never _3

C5. [Show Card C5] Looking at Card C5, which of the following best describes how often you usually drink alcohol?

Never _1
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 once or twice a week:

C6. And on an average week, how many pints of beer, glasses of wine, and measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

C7. [Show Card C7] Looking at Card C7, do you think that you are:

Very underweight _1 Slightly overweight _5
Moderately underweight _2 Moderately overweight _6
Slightly underweight _3 Very overweight. _7
About the right weight..... _4 Don't know..... _8

C8. How often do you try to lose weight through dieting?

Very often _1 Often _2 Sometimes _3 Rarely _4 Never _5

C9. What is your height without shoes? _____feet _____inches **OR** Metres _____

C10. What is your weight without clothes and shoes? _____stones _____lbs **OR** _____Kilograms

Time Section Ended **(24 hour clock)**

D: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

D1. Do you feel you have fun with the Study Child every day? Yes ₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and your child. Please describe the degree to which each of the statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies	
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
E. My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
I. My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
K. My child is overly dependent on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
L. My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
M. My child tries to please me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
U. Dealing with my child drains my energy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	N.A.
Z. I often think about my child when at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

D3. Please tell me how strongly you agree or disagree with the following.

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

Because of your work responsibilities:

- A. You have missed out on home or family activities that you would have liked to have taken part in..... ₁ ₂ ₃ ₄ ₅ ₆
- B. Your family time is less enjoyable and more pressured..... ₁ ₂ ₃ ₄ ₅ ₆

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities you would prefer to take on ₁ ₂ ₃ ₄ ₅ ₆
- D. The time you spend working is less enjoyable and more pressured..... ₁ ₂ ₃ ₄ ₅ ₆

D4. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

Very unfairly ₁ Quite unfairly ₂ Fairly ₃ Don't have a partner..... ₄

D5. [Show Card D5] 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) _____

D6. In general, would you describe yourself as a religious or spiritual person?

Not at all..... ₁ A little ₂ Quite..... ₃ Very much so ₄ Extremely ₅

Time Section Ended **(24 hour clock)**

E: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [Show Card E1] Looking at Card E1, what is the highest level of education you have completed to date?

- | | |
|---|---|
| Primary or less <input type="checkbox"/> ₁ | Primary degree <input type="checkbox"/> ₅ |
| Intermediate/ Junior/ Group Certificate or equivalent <input type="checkbox"/> ₂ | Postgraduate/ Higher degree <input type="checkbox"/> ₆ |
| Leaving Certificate or equivalent <input type="checkbox"/> ₃ | Refusal <input type="checkbox"/> ₈₈ |
| Diploma/ Certificate <input type="checkbox"/> ₄ | |

E2. [Show Card E2] Looking at Card E2, what language or languages do you and your partner speak most often at home to the Study Child?

- English ₁
- Irish ₂
- Arabic ₃
- French ₄
- Polish ₅
- Russian ₆
- Czech ₇
- Latvian ₈
- Portuguese ₉
- Spanish..... ₁₀
- Chinese ₁₁
- Lithuanian ₁₂
- Romanian ₁₃
- Other (specify) ₁₄

E2a. Is English your native language? Yes _1 → Go to E5 No _2

E3. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

Yes _1 No _2

E4. Can you usually read and fill out forms you might have to deal with in your own language?

Yes _1 No _2

E5. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes _1 No _2

E6. Can you usually read and fill out forms you might have to deal with in English?

Yes _1 No _2

E7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes _1 No _2

E8. [Show Card E8] Looking at Card E8, which of these descriptions BEST describes your usual situation in regard to work?

- | | | | |
|---|-----------------------------|---|------------------------------|
| Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> _1 | Student full-time | <input type="checkbox"/> _4 |
| Self employed outside farming | <input type="checkbox"/> _2 | On State training scheme (FAS, Failte Ireland etc.) | <input type="checkbox"/> _5 |
| Farmer | <input type="checkbox"/> _3 | Unemployed, actively looking for a job | <input type="checkbox"/> _6 |
| | | Long-term sickness or disability | <input type="checkbox"/> _7 |
| | | Home duties / looking after home or family | <input type="checkbox"/> _8 |
| | | Retired | <input type="checkbox"/> _9 |
| | | Other (specify) | <input type="checkbox"/> _10 |

E9. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _____ hours

E10. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E11. Do you supervise or manage any personnel in your job?

Yes _1 No _2 If less than 30 hours per wk at E9 Go to E18d, otherwise to E19

E12. How many? _____

E13. How many employees (if any) do you have? _____ employees N A _99
If less than 30 hours per week at E9 Go to E18d, otherwise to E19

E14. Apart from holiday or casual work, have you ever had a full-time job?.. Yes _1... No _2 Go to E18

E15. In what year did you last work in that full-time job? _____ year

E16. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) _1 Self-employed outside farming _2 Farmer _3

E17. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18a. Do you currently have a part time job outside the home? Yes _1..... No _2 Go to E18d

E18b. On average, how many hours per week do you work in that part-time job? _____ hours

E18c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18d. [Show Card e18d] From the reasons listed on Card E18d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

- | | | | |
|---|----------------------------|---|----------------------------|
| I can't find a job..... | <input type="checkbox"/> 1 | I cannot earn enough to pay for childcare..... | <input type="checkbox"/> 5 |
| I choose not to work..... | <input type="checkbox"/> 2 | I cannot find suitable childcare..... | <input type="checkbox"/> 6 |
| I am caring for an elderly or ill relative or friend..... | <input type="checkbox"/> 3 | There are no suitable jobs available for me..... | <input type="checkbox"/> 7 |
| I prefer be at home to look after my children myself | <input type="checkbox"/> 4 | My family would lose Social Welfare or medical benefits if I was earning..... | <input type="checkbox"/> 8 |
| | | Other reason (specify)..... | <input type="checkbox"/> 9 |

Now go to E19

E19. Are you a citizen of Ireland? Yes1 No2 Don't know8

E20. What citizenship do you hold? _____ Don't know..... 8

E21. Were you born in Ireland? Yes1 No2 Don't know8

E22. In which country were you born? _____ Don't know 8

E23. How long ago did you first come to live in Ireland?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Within the last year | 1-5 years ago | 6-10 years ago | 11-20 years ago | More than 20 years ago | Don't Know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 88 |

E24. [Show Card E24] What is your ethnic or cultural background?

- | | | | |
|----------------------------------|----------------------------|--|----------------------------|
| Irish | <input type="checkbox"/> 1 | Any other Black background | <input type="checkbox"/> 5 |
| Irish Traveller | <input type="checkbox"/> 2 | Chinese | <input type="checkbox"/> 6 |
| Any other white background | <input type="checkbox"/> 3 | Any other Asian background | <input type="checkbox"/> 7 |
| African | <input type="checkbox"/> 4 | Other (incl. Mixed background) (specify) | <input type="checkbox"/> 8 |

E25. What is your date of birth? _____ day _____ month _____ year

[Interviewer:]

E26. Is respondent male or female? Male1 Female.....2