

## Growing Up in Ireland Secondary Caregiver Questionnaire Cohort '08 at 13 years of age

GROUP

H'HOLD

YOUNG PERSON NO.

Interviewer Name \_\_\_\_\_

Interviewer Number

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Time Started

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Date

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

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

### Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

**Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. My family did more activities together .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. It was difficult to balance work and family life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. I had the chance to slow down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I worried about the virus infecting me or someone else in my family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Apart from work, I spent more time online than usual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. I spent more time than usual taking care of the children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. My partner spent more time than usual taking care of the children ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?** Yes ... ☐1 → Go to Z4 No ... ☐2 → Go to Z5\_check

**Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways?** [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

**Z9. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?**

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## C.Caregiver's Health

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

**C1. In general, how would you say your current health is?**

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

**C2. Do you have any of the following long-lasting conditions or difficulties?** [Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**[Routing: Is there any 'yes' response to any item at C2, above? Yes ... ☐1 → Go to C3 No ... ☐2 → Go to C6**

**C3. What is the nature of this condition or difficulty? Please describe as fully as possible.**

**[Int. please record diagnosis – not symptoms of the problem.]**

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**C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?**

Yes, severely ..... ☐1 Yes, to some extent ..... ☐2 No ..... ☐3

**C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) \_\_\_\_\_(year)**

[Pilot also asked for month of onset if current or previous year.]

**C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>?**

Yes, currently .... ☐1 Yes, in the past ... ☐2 No ... ☐3

**C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing.** Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<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

## F. Internet and Screen Time

Now, some questions about your own screen-based activities...

**F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...**

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
On a WEEKDAY, how much time do you spend on screen-based activities?	<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
On a WEEKEND DAY, how much time do you spend on screen-based activities?	<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

**F8. Thinking about your smartphone, how often, if ever, ...**

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F9. In the PAST YEAR, how often have these things happened to you?**

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## G: Family Relationships and Context

Now some questions about your relationship with <Child>.

**G1.**

**G2. Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:**

	Every day/7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
a. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Do household activities together (e.g. gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G3. Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the most recent four weeks of term time when the schools were open.** \_\_\_\_\_ hours \_\_\_\_\_ minutes

**G4. Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the last four weeks.** \_\_\_\_\_ hours \_\_\_\_\_ minutes

**G6. Thinking about the last 12 months, Please tell me how strongly you agree or disagree with the following statements.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	NA
<b>Because of your work responsibilities:</b>						
A. You have missed out on home or family activities that you would have liked to have taken part in	<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>Because of your work responsibilities:</b>						
B. Your family time is less enjoyable and more pressured	<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>Because of your family responsibilities:</b>						
C. You have to turn down work activities or opportunities you would prefer to take on	<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>Because of your family responsibilities:</b>						
D. The time you spend working is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**G7 Did you take parental leave in relation to <child>?** By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes..... ☐1      No... ☐2      Not applicable, not in employment since birth of child... ☐3

## H. Housing and Socio-Demographic Background

**Now some questions about employment.**

**H8. Which of these descriptions BEST describes your usual situation in regard to work?**

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as '0'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

0. Currently on maternity leave, but with a job to return to or receiving Pandemic Unemployment Payment ☐0
1. Employee (incl. apprenticeship or Community Employment) ..... ☐1
2. Self-employed outside farming..... ☐2
3. Farmer..... ☐3

4. Student full-time ..... ☐4
5. On State training scheme (SOLAS) ..... ☐5
6. Unemployed, actively looking for a job ..... ☐6
7. Long-term sickness or disability ..... ☐7
8. Home duties / looking after home or family ..... ☐8
9. Retired..... ☐9
10. Other (please specify) ..... ☐10

[BLAIS: IF CODE 0,1,2,3 at H8, Go to H9]

**H9. When did you start your current job?**

\_\_\_\_\_ year [If current or previous year] \_\_\_\_\_ month

**H10a. Do you work from home?**

Yes, but only because of the Covid-19 measures ... ☐1 → **Go to H10b**

Yes, usually work from home (even apart from Covid measures) ... ☐2 → **Go to H16**

No ... ☐2 → **Go to H10b**

**h10b. On a typical work day [when you are not working from home], how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

[Int. if respondent works at home enter '0' for minutes]

→ **Go to H16**

**H11. Apart from holiday or casual work, have you ever had a full-time job?**

Yes ... ☐1      No ... ☐2 → **Go to H14**

**H12. In what year did you last work in that full-time job?** \_\_\_\_\_  
(year)

**H13. 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

→ **Go to H16**

**H14. Do you currently have a part-time job?**

Yes ... ☐1      No ... ☐2 → **Go to H23**

**H15. In your part-time job are you?**

- Employee (incl. apprenticeship or Community Employment) ... ☐1
- Self-employed outside farming ..... ☐2
- Farmer ..... ☐3

→ **Go to H16**

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

**H16. How many hours do [did] 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

**H17. What is [was] your occupation in your main job?**

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:

RETAIL STORE MANAGER

SECONDARY TEACHER

ELECTRICAL ENGINEER

Do not use general terms such as:

MANAGER

TEACHER

ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g.

NUN, REGISTERED GENERAL NURSE

PRIEST, HOSPITAL CHAPLAIN

**Write in main OCCUPATION****H18. What is [was] the main activity of the business /organisation where you work?**

(What did the business mainly make or do?)

**H19. Are [were] you employed in a public sector organisation?**

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

Yes ... ☐<sub>1</sub> No ... ☐<sub>2</sub>**H20 Check. [BLAISE: CHECK EMPLOYMENT STATUS ]**

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> <sub>1</sub> → Go to H20	<input type="checkbox"/> <sub>2</sub> → Go to H21	<input type="checkbox"/> <sub>3</sub> → Go to H21

**H20. Do [Did] you supervise or manage 10 or more personnel in your job?** Yes ... ☐<sub>1</sub> No ... ☐<sub>2</sub> → Go to H24\_Check**H21. How many employees (if any) do [did] you have?** \_\_\_\_\_ employees [ENTER ZERO if none]

Check H20\_Check = Farmer → Go to H22

Otherwise → Go to H24\_Check

**H22. How many acres do [did] you farm?** \_\_\_\_\_ acres → Go to H24\_Check

[BLAISE check: Not currently working and never worked [H8=4 to 10 AND H11 = No AND H14=No: → Go to H23; otherwise go to H24\_check]

**H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?**

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

**H25. What is [was] the main activity of the business /organisation where your spouse/partner works?**

(What did the business mainly make or do?)

## J. About You

### Now some more questions about yourself

**J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?**

1. Primary education or less ..... ☐1

#### Second Level

2. Lower Secondary ..... ☐2  
(Junior/Intermediate/Group Cert. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Cert. or equivalent).

3. Upper Secondary ..... ☐3  
(Leaving Cert. (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent)

4. Technical or Vocational qualification..... ☐4  
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Cert. Course/FETAC Level 5, Teagasc Cert./Diploma or equivalent).

5. Both Upper Secondary and Technical or Vocational qualification ..... ☐5

#### Third Level

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree) ..... ☐6

7. Primary Degree ..... ☐7  
(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor) ..... ☐8

9. Both a Degree and a Professional qualification ..... ☐9

10. Postgraduate Diploma or Postgraduate Degree (Masters)..... ☐10

11. Doctorate (Ph.D) or Higher Doctorate ..... ☐11

**J2. What language do you speak most often at home?**

English..... ☐1 Irish..... ☐2 Other..... ☐3

**J3. Do you belong to any religion?** Yes..... ☐1 No ..... ☐2

#### J4. Which religion?

Christian – no denomination	Roman Catholic	Anglican / Church of Ireland / Episcopalian	Other Protestant	Jewish	Muslim	Other (please specify)
<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

**J5. Are you a citizen of Ireland?** Yes ..... ☐1 No..... ☐2

**J6. What citizenship do you hold?** \_\_\_\_\_

[BLAISE Condition ASK J7—J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**J7. Were you born in Ireland?** Yes ..... ☐1 No..... ☐2

**J8. In which country were you born?** \_\_\_\_\_

**J9. 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"/> 99

**J10. Can you tell me, what is your ethnic or cultural background?**

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
  - Irish ..... ☐1
  - Irish Traveller ..... ☐2
  - Any other White background ..... ☐3
2. Black or Black Irish
  - African ..... ☐4
  - Any other Black background..... ☐5
3. Asian or Asian Irish
  - Chinese ..... ☐6
  - Any other Asian background ..... ☐7
4. Other, including mixed background ..... ☐8

Time Ended

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