



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 SCG who is in a relationship]*

S7. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

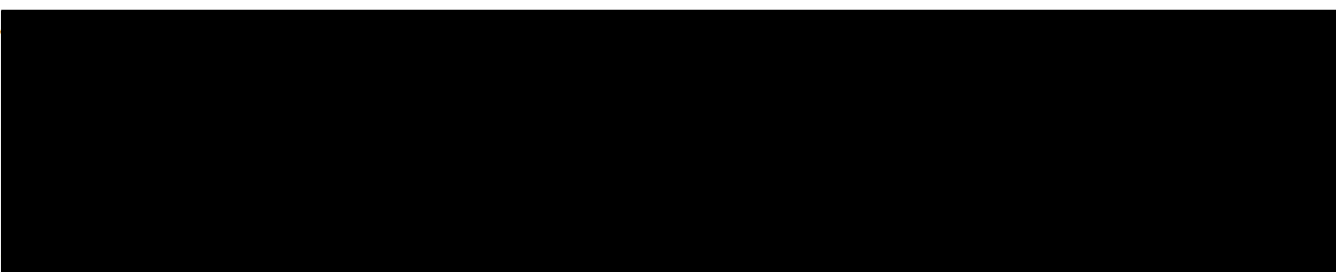
Most days..... ☐1

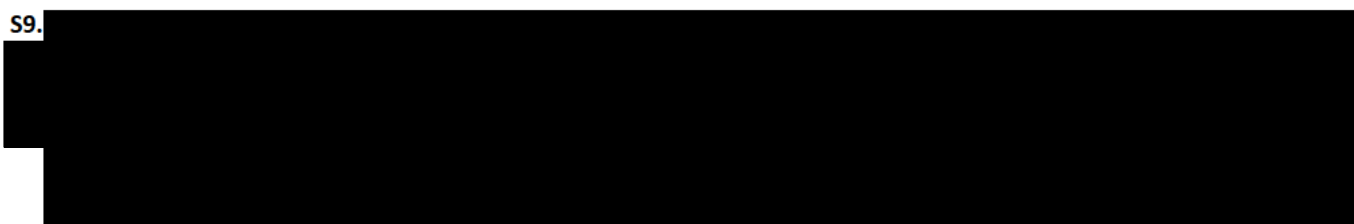
At least once a week ..... ☐2

Less than once a week ..... ☐3

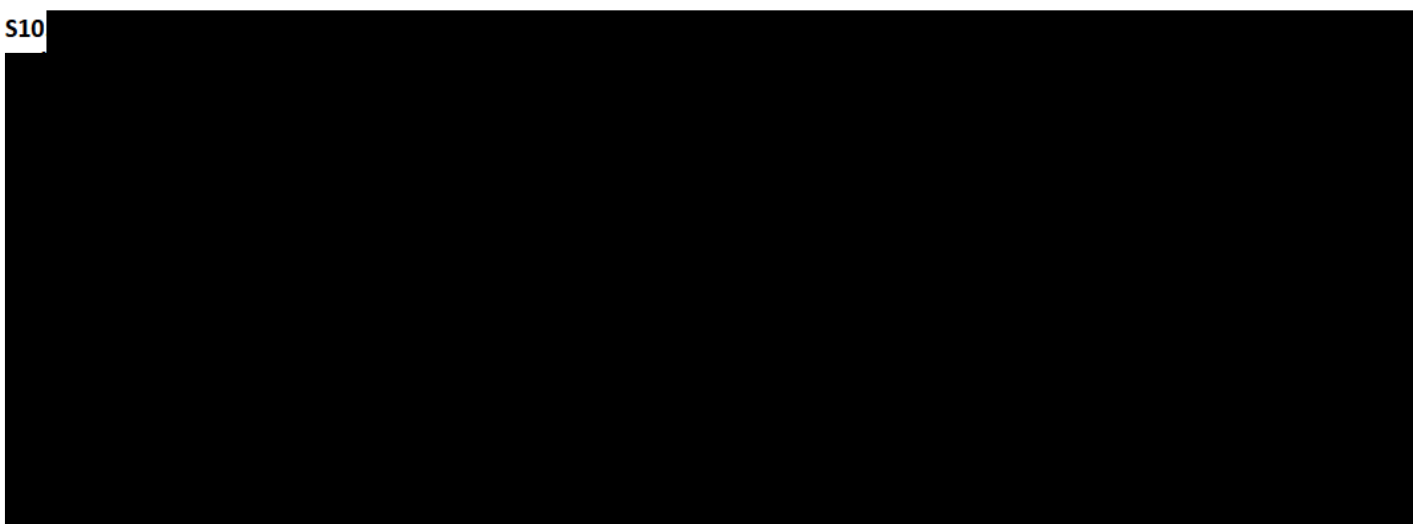
Hardly ever..... ☐4

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 ..... ☐ **Go to S16**
2. Less than once a month ..... ☐ **Go to S14/S15**
3. 1-2 times a month ..... ☐ **Go to S14/S15**
4. 1-2 times a week ..... ☐ **Go to S13**
5. 3-4 times a week ..... ☐ **Go to S13**
6. 5-6 times a week ..... ☐ **Go to S13**
7. Every day ..... ☐ **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

**S22.**

## 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 |

## 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.....☐ 1      No.....☐ 2

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

- |                        |                            |
|------------------------|----------------------------|
| Desktop computer ..... | <input type="checkbox"/> 1 |
| Laptop computer .....  | <input type="checkbox"/> 2 |
| Tablet / iPad.....     | <input type="checkbox"/> 3 |
| Smartphone .....       | <input type="checkbox"/> 4 |

*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