



15M

**GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL**

INFANT COHORT AT 9 YEARS

SECONDARY CAREGIVER QUESTIONNAIRE – TWIN MODULE

GROUP **HOUSEHOLD** **CHILD NUMBER**

INTERVIEWER NAME _____ **INTERVIEWER NO:**

DATE: ____ **dd** ____ **mm** ____ **yy**

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about ____ minutes to complete **[INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD]**.

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence and will not be provided to anyone in a manner which would allow it to be associated with you or your family. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of a child or other vulnerable person, they may have to tell someone who can help.

Growing Up in Ireland is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with the Central Statistics Office. A contribution in support of the study is also being provided by The Atlantic Philanthropies.

The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

Section B - Child's Sleep and Relationships

B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	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. 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
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. 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
i. 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
j. 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
k. 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
l. 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
m. 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
n. 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
o. 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

B5. [CARD B5] How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<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. Ignore him/her	<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. Shout or yell at him/her	<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. Send him/her out of the room or to his/her bedroom or naughty step	<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. Take away treats/pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Ground him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Section D - Child's diet and exercise

D3. [CARD D3] Which of these best describes <child's> weight?

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Underweight..... 1
Normal weight..... 2

Somewhat overweight..... 3
Very overweight 4

Section F - Child's play and activities

F1. [CARD F1] How often would you do any of the following with <child>?

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a) Play with <child> using toys or games / puzzles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b) Play computer games with <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c) Listen to <child> read	<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) Read to <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
e) Use computer with <child> in educational ways	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
f) Sport or physical activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
g) Go on educational visits outside home such as museums, farms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
h) Go shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?

	Yes	No
a) Gone to a movie	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Gone to a sporting event in which the child was not a player	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Gone to a concert, play, museum, art gallery, community or school event	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Visited a library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Swimming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Going for a walk, a cycle, a hike etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Section I – Parenting and Family Context

I2. [CARD I2] Looking at Card I2, 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) Talk about things together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) 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