



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
FATHER QUESTIONNAIRE – TWIN MODULE

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. It is being undertaken by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. I have an information leaflet here about the study. 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 twin.

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.

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

D: FAMILY CONTEXT

D1. Do you feel you have fun with the <Study Child's twin>every day? Yes₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and the <Study Child's twin>. 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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

- My child asks for my help when he/she really does not need help. 1 2 3 4 5
- It is easy to be in tune with what my child is feeling. 1 2 3 4 5
- My child sees me as a source of punishment and criticism. 1 2 3 4 5
- My child expresses hurt or jealousy when I spend time with other children..... 1 2 3 4 5
- My child remains angry or is resistant after being disciplined. 1 2 3 4 5
- When my child is misbehaving, he/she responds to my look or tone of voice. 1 2 3 4 5
- Dealing with my child drains my energy. 1 2 3 4 5
- I've noticed my child copying my behaviour or ways of doing things. 1 2 3 4 5
- When my child is in a bad mood, I know we're in for a long and difficult day. 1 2 3 4 5
- My child's feelings toward me can be unpredictable or can change suddenly..... 1 2 3 4 5
- Despite my best efforts, I'm uncomfortable with how my child and I get along..... 1 2 3 4 5
- I often think about my child when at work..... 1 2 3 4 5
- My child whines or cries when he/she wants something from me..... 1 2 3 4 5
- My child is sneaky or manipulative with me..... 1 2 3 4 5
- My child openly shares his/her feelings and experiences with me..... 1 2 3 4 5
- My interactions with my child make me feel effective and confident as a parent. 1 2 3 4 5

Time Section Ended

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(24 hour clock)