



**GROWING UP IN IRELAND – the national longitudinal study of children**

**STRICTLY CONFIDENTIAL**

**SECONDARY CAREGIVER QUESTIONNAIRE – 13-Year Main**

**TWIN SUPPLEMENT**

AREA

HOUSEHOLD

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

Interviewer Number

Date \_\_\_\_\_  
day month year

**A: FAMILY CONTEXT**

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

**A1. [Card A1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following 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. 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 himself/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 |

**A2. [Card A2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.**

|  | Almost never<br>or never   | Not very<br>often          | Sometimes                  | Often                      | Almost<br>always or<br>always | N/A                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| A. Do you know what <Study Child> does with his/her free time. ....        | <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. Do you know who he/she has as friends during his/her free time. ....    | <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. Do you usually know what type of homework he/she has. ....              | <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. Do you know what he/she spends his/her money 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 |
| E. Do you know when he/she has a test or homework due at school.....       | <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. Do you know how he/she does in different subjects at school.....        | <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. Do you know where he/she goes when out at night with friends .....      | <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. Do you know where he/she goes and what he/she does after school. ....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |
| I. How often in the last month have you had no idea where he/she was. .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |

**A3. [CARD A3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.**

|   | Almost never<br>or never   | Not very<br>often          | Sometimes                  | Often                      | Almost<br>always or<br>always | N/A                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|
| A. Does he/she spontaneously tell you about his/her friends. ....   | <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. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc). ....    | <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. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time .....            | <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. Does he/she hide a lot from you about what he/she is doing during nights and weekends .....                  | <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. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5    | <input type="checkbox"/> 6 |

**A4. [Show Card A4] 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<br>days per week | 3 to 6 days<br>per week    | 1 to 2 days<br>per week    | 1 to 2 times<br>per month  | Rarely or<br>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. Play sports, cards or games together.....   | <input type="checkbox"/> 1     | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Talk about things together.....   | <input type="checkbox"/> 1     | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. 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 |
| E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping) ..... | <input type="checkbox"/> 1     | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**A5a. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)**

\_\_\_\_\_ hours    \_\_\_\_\_ minutes

**A5b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)**

\_\_\_\_\_ hours    \_\_\_\_\_ minutes