

# **ScotCen**

**Social Research** that works for society

## **Growing Up In Scotland Sweep 10 – 2019/20**

### ***Data Documentation***

Partner Questionnaire

**Growing Up in Scotland**  
**Birth cohort 1**  
**Sweep 10 – 2019/20 (Secondary 3)**

**Partner questionnaire**

**Mainstage**

Prepared for Scottish Government: Children, Children and Families  
Analysis

by ScotCen Social Research

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## Contents

INTRODUCTORY ITEMS.....	4
PARENTING: CONFIDENCE IN OWN PARENTING.....	4
PARENTING: PARENTAL KNOWLEDGE .....	4
PARENTING: PARENT-CHILD RELATIONSHIP .....	5
PARENTING: PARTNER-YP ARGUMENTS AND DISAGREEMENTS .....	6
PARENTING: AUTONOMY AND CONTROL.....	7
PARTNER'S HEALTH .....	8
PARTNER'S MENTAL HEALTH .....	9
ADVERSE CHILDHOOD EXPERIENCES .....	11
PARENT PHYSICAL ACTIVITY .....	13
PARENT SCREEN TIME .....	13
PARENTAL INVOLVEMENT IN CHILD'S EDUCATION .....	14

Thank you very much for taking part in Growing Up in Scotland and for completing this questionnaire!

Once you have completed it, please place it in the envelope provided and give it to your interviewer when they visit your household. We hope you will enjoy taking part.

**Before you start...**

Are you the parent/carer that has taken part, or will be taking part, in the main GUS interview?

YES: **Do not** complete this survey! This is for your partner to complete (if they live with you)

NO: Please **continue** with this survey (if you live with the study child)

**How to fill in this questionnaire**

The questions in this questionnaire are about you, the study child and your partner. When a question refers to 'the study child', please answer in relation to:

{INTERVIEWER TO WRITE IN CHILD'S FIRST NAME}

Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

**Example:**

**Tick ONE box**

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you which question to go to next. By following the instructions carefully you will miss out questions which do not apply to you.

**Example:**

**Tick ONE box**

Yes	<input checked="" type="checkbox"/>	→	<b>Go to Q4</b>
No	<input type="checkbox"/>	→	<b>Go to Q5</b>

If you have any questions about filling in this questionnaire, please ask your interviewer.

## INTRODUCTORY ITEMS

The first couple of questions are about you.

### **PjPreICh**

What is your relationship to the study child?

Tick one box.

- 1 Biological/Birth parent (*Natural parent*)
- 2 Adoptive parent
- 3 Foster carer
- 4 Step-parent/Parent's partner
- 5 Grandparent
- 6 Other relative
- 7 Other non-relative

### **PjPsex**

Which of the following describes how you think of yourself?

Tick one box.

- 1 Male
- 2 Female
- 3 In another way (please say how \_\_\_\_\_)

## PARENTING: CONFIDENCE IN OWN PARENTING

The next questions are about you and the study child.

### **PjPConf**

Please say which of the statements is closest to how you feel.

As a parent/carers to the study child I feel...

Tick one box.

- 1 Very incompetent and lacking in confidence
- 2 Moderately incompetent and lacking in confidence
- 3 Moderately competent and confident
- 4 Very competent and confident

### **PjPACIo**

And thinking about your relationship with the study child, overall, how close would you say you are to him/her?

Tick one box.

- 1 Not very close
- 2 Fairly close
- 3 Very close
- 4 Extremely close
- 5 Don't know/don't wish to answer

## PARENTING: PARENTAL KNOWLEDGE

### **PjPsuvw**

How often do you know who the study child is with when he/she is not at home?

Tick one box.

- 1 All of the time
- 2 Most of the time
- 3 Some of the time

- 4 Hardly ever
- 5 Never

**PjPsuva**

How often do you know where he/she is after school?

Tick one box.

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Hardly ever
- 5 Never

**PjPsuvd**

Tick one box.

How often do you know what the study child does with his/her free time?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Hardly ever
- 5 Never

**PjPsuvm**

And how often do you know what the study child spends his/her money on?

Tick one box.

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Only rarely
- 5 Never

**PARENTING: PARENT-CHILD RELATIONSHIP**

For each of the following statements, please say how true this is of you and the study child.

**PjPall**

I listen to what he/she has to say.

Tick one box.

- 1. Never true
- 2. Sometimes true
- 3. Often true
- 4. Always true

**PjPalu**

I can tell when he/she is upset about something.

Tick one box.

- 1. Never true
- 2. Sometimes true
- 3. Often true
- 4. Always true

**PjPAIt**

The study child talks to me when he/she is having a problem.

Tick one box.

1. Never true
2. Sometimes true
3. Often true
4. Always true

**PjPAIb**

If I know something is bothering the study child, I ask him/her about it

Tick one box.

1. Never true
2. Sometimes true
3. Often true
4. Always true

**PjPAIa**

I pay attention to him/her, even when I am busy

Tick one box.

1. Never true
2. Sometimes true
3. Often true
4. Always true

**PjPAIs**

The study child shares his/her thoughts and feelings with me

Tick one box.

1. Never true
2. Sometimes true
3. Often true
4. Always true

**PARENTING: PARTNER-YP ARGUMENTS AND DISAGREEMENTS**

People often disagree with each other. The following sentences describe a number of situations. For each, please say how often this is true of you and the study child.

**PjPDis1**

The study child and I get on each other's nerves.

Tick one box.

1. Not at all
2. A little
3. Sometimes
4. Fairly often
5. Almost all or all of the time

**PjPDis2**

The study child and I shout at each other.

Tick one box.

1. Not at all
2. A little
3. Sometimes
4. Fairly often
5. Almost all or all of the time

**PjPDis3**

When the study child and I argue we stay angry for a very long time.

Tick one box.

1. Not at all
2. A little
3. Sometimes
4. Fairly often
5. Almost all or all of the time

**PjPDis5**

When the study child and I disagree, he/she storms out of the room.

Tick one box.

1. Not at all
2. A little
3. Sometimes
4. Fairly often
5. Almost all or all of the time

**PARENTING: AUTONOMY AND CONTROL**

We would like you to answer a few more questions about your relationship with the study child. Please indicate the extent to which the following statements are true or untrue.

**PjPInd01**

I encourage the study child to make his/her own decisions.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd04**

I'm always telling the study child how to behave.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd05**

I often worry that the study child will be hurt or become ill.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd06**

I help the study child to become an independent person.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd09**

I encourage the study child to express his/her opinion.

Tick one box.



1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**Still thinking about you and the study child**

**PjPInd12**

I encourage the study child to do things by ^himself.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd13**

I'm overprotective of the study child.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PjPInd14**

I'm always telling the study child what to do and how to behave.

Tick one box.

1. Not at all true
2. Somewhat untrue
3. Somewhat true
4. Very true

**PARTNER'S HEALTH**

The next questions are about your health and how you are getting on at the moment.

**PjHp gn01**

In general, would you say your health is excellent, very good, good, fair, or poor?

Tick one box.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Can't say

**PjHIsi03**

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

Tick one box.

1 Yes (Go to 29)

2 No (Go to 30)

*IF has long standing health problems:*

**PjHIsi04**

Does this condition or illness reduce your ability to carry out day-to-day activities?

1 Yes, a lot

2 Yes, a little

3 No

**PARTNER'S MENTAL HEALTH**

**PjMeHee**

Have you ever experienced any emotional or mental health difficulties to the extent that you have received a diagnosis or sought help for it (e.g. from a doctor, nurse or counsellor)?

Tick one box.

1 Yes

2 No

**PjMeHem**

Do you currently take any medication for an emotional or mental health condition?

Tick one box.

1 Yes

2 No

*{The below are items from the CIDI Depression short form also used in the main carer and YP qnre}*

The next questions are about how you might have been feeling. Some people experience feeling depressed or that they lose interest in things they usually enjoy.

**PjCidDp**

Have you ever in your life had a period lasting several days or longer when most of the day you felt depressed, or when you lost interest in most things you usually enjoy like school and hobbies?

Tick one box.

1 Yes

2 No

**Please think of the two-week period in your life when your feelings of depression or loss of interest were worse.**

**PjCidWp** {if [PjCidDp=1]}

Did this worst period start within two months of the death of someone close to you or after a stressful or traumatic event in your life?

Tick one box.

1 Yes

2 No

**PjCidFI** {Ask if PjCidDp=1}

How much of the day did these feelings usually last?

Tick one box.

- 1 All day long
- 2 Most of the day
- 3 About half of the day
- 4 Less than half of the day

**PjCidDa**{Ask if PjCidDp=1}

Did you feel this way...

Tick one box.

- 1 Every day
- 2 Almost every day
- 3 Less often

**PjCidLe**{Ask if PjCidDp=1}

Did you feel more tired out or low on energy than is usual for you?

Tick one box.

- 1 Yes
- 2 No

**PjCidWe** {Ask if PjCidDp=1}

Did you gain or lose weight without trying, or did you stay about the same weight?

Tick one box.

- 1 Gained weight
- 2 Lost weight
- 3 Both gained and lost some weight
- 4 Stayed about the same or was on a diet

**Still thinking about a period lasting several days or longer when most of the day you felt depressed, or when you lost interest in most things you usually enjoy...**

**PjCidSc** {Ask if PjCidDp=1}

Did your sleep change?

Tick one box.

- 1 Yes ((o to 39)
- 2 No (Go to 40)

**PjCidSp** {Ask if sleep changed [PjCidiSc=1]}

When your sleep changed, was that trouble falling sleep, waking too much, or sleeping too much?

Tick one box.

- 1 Trouble falling asleep
- 2 Waking too early
- 3 Sleeping too much

**PjCidCo** {Ask if PjCidDp =1}

Did you have a lot more trouble concentrating than usual?

Tick one box.

- 1 Yes
- 2 No

**PjCidFd** {Ask if PjCidDp =1}

People sometimes feel down on themselves, no good, worthless. Did you feel this way?

Tick one box.

1 Yes

2 No

**PjCidDt** {Ask if PjCidDp =1}

Did you think a lot about death – either your own, someone else's or death in general?

Tick one box.

1 Yes

2 No

## **ADVERSE CHILDHOOD EXPERIENCES**

The next questions are about while you were growing up, during your first 18 years of life. The questions are about certain things you may have experienced.

**PjAceDiv**

Thinking about when you were growing up, that is, the time until you turned 18, were your parents ever separated or divorced?

Tick one box.

1 Yes

2 No

**PjAceAlc**

Did you live with anyone who was a problem drinker or alcoholic, or anyone who used drugs (such as illegal street drugs or misused prescription drugs)?

Tick one box.

1 Yes

2 No

**PjAceMen**

Did you live with anyone who was depressed or mentally ill or suicidal?

Tick one box.

1 Yes

2 No

**PjAcePri**

Did you live with anyone who served time or was sentenced to serve time in a prison or a young offenders' institution?

Tick one box.

1 Yes

2 No

**PjAceSwe**

Still thinking about when you were growing up...

...how often did a parent or adult in your home ever swear at you, insult you, or put you down?

Tick one box.

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often

**PjAcePus**

How often did a parent or adult in your home beat, kick or physically hurt you in any way?

Tick one box.

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often

**PjAceLov**

How often did you feel that no one in your family loved you or thought you were important or special?

Tick one box.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often

**PjAcePhy**

How often did you not have enough to eat, or had to wear dirty clothes, or felt that your parents were unable to care for you?

Tick one box.

- 1 None of the time
- 2 Rarely
- 3 Some of the time
- 4 Often

**PjAceVio**

And still thinking about when you were growing up...

...how often did one of your parents or another adult in your home beat, kick or otherwise physically hurt or threaten your other parent or carer?

Tick one box.

- 1 Never
- 2 Once or twice
- 3 Sometimes
- 4 Often

**PjAceAbu**

And finally, did anyone at least 5 years older than you (including adults and young people) ever touch you sexually, or try to make you touch them sexually? Or force you to have any type of sexual intercourse (oral, anal or vaginal)?

- 1 Yes
- 2 No

## PARENT PHYSICAL ACTIVITY

The next question is about how physically active you are.

### PjPhysDa

For how many hours a week, Monday to Sunday, are you usually physically active? We are interested in any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are running, walking quickly, cycling and swimming.

Please do not include any time spent at work, but please do include time at the weekend.

Please write in number of hours in the box below. Round to the nearest full hour.

[BOX with 'Hours' written above or below]

## PARENT SCREEN TIME

### PjTVScd

On an average weekday, how many hours do you usually spend watching television, films or videos? This includes using streaming services such as Netflix as well as watching videos on YouTube or other online platforms. This could be on a TV, computer, tablet or a phone.

Please do not include any time you may spend doing this at work.

Tick one box.

None

Less than half an hour

Half an hour to less than 1 hour

1 hour to less than 2 hours

2 hours to less than 3 hours

3 hours to less than 5 hours

5 hours to less than 7 hours

7 hours or more

### PjGamSc

On an average weekday, how many hours do you usually spend playing electronic or online games?

This could be on a phone, on a computer or on a games system, such as an X-Box, PlayStation, Nintendo Switch or DS.

Tick one box.

None

Less than half an hour

Half an hour to less than 1 hour

1 hour to less than 2 hours

2 hours to less than 3 hours

3 hours to less than 5 hours

5 hours to less than 7 hours

7 hours or more

### **PjITiN**

And on an average weekday, how many hours do you usually spend on social media or messaging people you know?

For example texting or using Facebook, Twitter, Instagram or Snapchat.

Please also include any time chatting with or messaging people you play online games with.

Tick one box.

None

Less than half an hour

Half an hour to less than 1 hour

1 hour to less than 2 hours

2 hours to less than 3 hours

3 hours to less than 5 hours

5 hours to less than 7 hours

7 hours or more

### **PARENTAL INVOLVEMENT IN CHILD'S EDUCATION**

#### **PjSPpdaN, PjSPpda1 to PjSPpda12**

Finally, thinking about your involvement in the study child's education, have you participated in any of these activities at his/her school **in the last year**?

Tick all the boxes that apply

1. Volunteered in the classroom, school office or library
2. Attended a parent's evening
3. Attended a school event in which child participated
4. Attended a school event in which child did not participate
5. Attended a Parent Council, PTA, School Board or other such meeting
6. Visited child's classroom
7. Volunteered and attended a trip or a school event
8. Have volunteered for school activities but haven't been asked
9. Attended open meeting
10. Helped with fundraising
11. Something else
12. None of these / Study child not attending school