



## National Survey of Child and Adolescent Well-Being

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## Survey of Family Well-Being

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### Instrument 2: Survey of Adoptive Parents (SAP)

**Note:** This survey will begin immediately following the consent procedure included in Attachment H.

#### Section A: Demographics

**INTROA:** This first set of questions will ask some basic information about you and your adopted child.

**A1.** What is your age?

\_\_\_\_\_ (Fill in age in years) [CATI ONLY: DK/REFUSED]

**A1a.** Are you Spanish, Hispanic, or Latino?

1. No, not Spanish/Hispanic/Latino
2. Yes, Mexican, Mexican-American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, Other

**A1b.** What race are you? Select one or more.

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White

In this survey, we'd like to know about the child named [INSERT CHILD'S FIRST NAME FROM NSCAW DATA] whom you adopted.

**A2.** How old is [INSERT CHILD'S NAME]?

\_\_\_\_\_ (Fill in age in years)

**A2a.** Is [INSERT CHILD'S NAME] Spanish, Hispanic, or Latino?

1. No, not Spanish/Hispanic/Latino
2. Yes, Mexican, Mexican-American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, Other

**A2b.** What race is [INSERT CHILD'S NAME]? Select one or more.

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White

**A3.** What is your relationship to [INSERT CHILD'S NAME]?

1. Adoptive mother
2. Adoptive father
3. Grandmother
4. Grandfather
5. Birth mother
6. Birth father
7. Other (*please specify*): \_\_\_\_\_

**A4.** Where does [INSERT CHILD'S NAME] live now?

1. At home with our family
2. At the child's own home
3. At another family member's home
4. With friends
5. At a foster parent's home
6. At a treatment facility
7. At a prison, jail, or juvenile detention.
8. Does not have a home right now (living inside child's car, an abandoned building, couch surfing, on the street, in a park or shelter)
9. I don't know where the child is living
10. Other (*please specify*): \_\_\_\_\_

[If A4 =>1]

**A5.** How old was [INSERT CHILD'S NAME] when [he/she] left home for the first time to live someplace else?

\_\_\_\_\_ (Fill in age in years)

[If A4= >1]

**A6.** Why did [INSERT CHILD'S NAME] leave home? *Please select which of these were the primary reasons your child left home.*

1. Child joined the military or left to attend school/college
2. Child wanted to be independent
3. Child left to get married, have children, or move in with a boyfriend, girlfriend or significant other
4. Child went to live with birth family
5. Child did not get along with our family
6. Child did not feel accepted
7. Child did not feel his or her racial or ethnic identity was accepted
8. Child did not feel safe in our home because of family difficulties
9. We asked [CHILD] to leave home
10. We did not feel safe at home because of the child's behavior
11. Child needed help to manage emotions, behaviors, attention difficulties, and had to move to get services
12. Child needed help to manage drinking or drug problems and had to move to get services
13. Another family member needed help to manage their emotions or behaviors
14. Another family member needed help to manage drinking or drug problems
15. We could not afford to take care of [CHILD]
16. My spouse and I divorced/separated
17. We couldn't accept [CHILD] gender identity or sexual orientation
18. Other (please specify): \_\_\_\_\_

**A7.** Please give a brief description of what was going on when [CHILD] left home:  
\_\_\_\_\_ [OPEN FILL]

**A8.** Who else lives with you now? *Please select all that apply*

1. Spouse or partner
2. Child's birth mother (biological mother)
3. Child's birth father (biological father)
4. Child's adoptive mother
5. Child's adoptive father
6. Another adopted son
7. [CHILD'S NAME] own child
8. Birth son
9. Another adopted daughter
10. Birth daughter
11. Other relative (*please specify*): \_\_\_\_\_
12. Other non-relative (*please specify*): \_\_\_\_\_

**A9.** Are you currently...?

1. Married
2. Separated
3. Divorced
4. Widowed
5. Never married

**A10.** [If A9=divorced or separated] How old was [INSERT CHILD'S NAME] at the time of your divorce or separation?

\_\_\_\_\_ (Fill in age in years)

## Section B: Adoption History

**INTROB:** Now I would like to ask you about your overall experience with [INSERT CHILD'S FIRST NAME FROM NSCAW DATA].

**B11.** [If A3≠5 OR 6] Have you legally adopted [CHILD], that is, have you signed court papers to complete an adoption process? (DISPLAY/READ: *Adoption: Adoption is a process where a person legally assumes the parenting of another child born to someone else.*)

1. Yes
2. No

**B12.** [If A9=married and A8≠2 or 3] Has your spouse legally adopted [CHILD], that is, has he or she signed court papers to complete an adoption process?

1. Yes
2. No

**B13.** [If B11 =no and A3≠5 OR 6] How many years have you lived [did you live] with [CHILD]?

\_\_\_\_\_ (years)

[If B13=0 display: "Please ask [CHILD's] adoptive parent or adult who raised [CHILD] to complete the rest of the survey"/ask to speak to the adoptive parent or adult who raised [CHILD] to complete interview. If adoptive parent or adult who raised [CHILD] is not available or cannot complete the survey, continue with interview. If B13 >0, continue]

**B14.** [If B11=yes] How old was [CHILD'S NAME] at the time of adoption?

\_\_\_\_\_ (Fill in age in years)

**B15.** [If A3≠5 OR 6] Before the adoption, what was your relationship to [CHILD'S NAME]?

1. Grandparent
2. Aunt/uncle
3. Sister/brother
4. Stepmother/stepfather
5. Other relative
6. Other non-relative
7. Foster parent
8. I had no prior relationship to this child

**B16.** [If A3≠5 OR 6] How long did you know [CHILD'S NAME] before the adoption?

1. I did not know the child before the adoption process started
2. Less than 6 months
3. 6 to 12 months
4. 13 to 24 months
5. 25 to 48 months
6. All his/her life

**B17.** [If A3≠5 OR 6 and B16 ≠1] How close did you feel to [CHILD'S NAME] before the adoption?

1. Extremely close
2. Very close
3. Moderately close
4. Slightly close
5. Not at all close

**B18.** [If A3≠5 OR 6] Did you adopt other birth siblings of [CHILD'S NAME]?

1. Yes
2. No

**B19.** Was the adoption an "open adoption"? *DISPLAY/READ DEFINITION: Open Adoption:* Open adoption is when adoptive parents allow ongoing contact between birth parents and child.

1. Yes
2. No

[if B19=Yes]

**B20.** How supportive were you of the contact between your child and his/her birth parent(s)?

1. Very supportive
2. Supportive
3. Not very supportive
4. We never discussed contact with [CHILD'S NAME]' birth parent(s)

**B21.** Tell us more about why you were, or were not, supportive about your child's contact with his/her birth parent(s)?

[OPEN FILL]

*Note: These childhood family structure and characteristics will be gathered from available NSCAW I or NSCAW II secondary data. For this reason, these constructs are not included in the current survey.*

- Primary parents/caregivers during childhood
- Number of siblings during childhood
- Household income during childhood
- Size of household during childhood

- *Birth vs. adopted relationship to family members*

*Note: These characteristics of adoptive parent(s) will be gathered from available NSCAW I or NSCAW II secondary data. For this reason, these constructs are not included in the current survey.*

- *Sex/race/ethnicity*
- *Prior relationship to adoptive parent before adoption (only information on kin vs. non-kin available)*

### Section C: Post Adoption Instability Experiences

**INTROC:** [If A2>=18 years] Next, we want to ask about some life experiences after [CHILD's NAME]'s adoption. We are interested in learning whether there were times when your child did not live with you **after** the adoption, but **before your child turned 18**.

**C22.** First, think about important events in your life before [CHILD] **turned 18**. What is one event in your life **before [CHILD] turned 18** that you remember well? *Please provide a brief description (e.g., moved to a new home, started a new job, bought a new car).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

**C23.** Now, think about important events in your life that happened **after [CHILD's] adoption, but before he/she turned 18**. What is one event in your life **after [CHILD's] adoption, but before [CHILD] turned 18** that you remember well? *Please provide a brief description (e.g., first day of school, first birthday of [CHILD] as part of your family).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If A2<18 years] Next, we want to ask about some life experiences after [CHILD'S NAME]'s adoption. We are interested in learning whether there were times when your child did not live with you after the adoption.

**C24.** First, think about important events in your life that happened **after [CHILD's] adoption**. What is one event in your life **after [CHILD's] adoption** that you remember well? *Please provide a brief description (e.g., first day of school; bought a new house).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY BEFORE C25 and if A2>=18]: We are interested in learning whether there were times when [CHILD] did not live with you **after his/her adoption, but before [CHILD] turned 18**.

[DISPLAY BEFORE C25 and if A2<18]: We are interested in learning whether there were times when [CHILD] did not live with you **after his/her adoption**

**C25.** Since [CHILD's NAME]'s adoption, has [CHILD] ever spent time in foster care? (DISPLAY/READ: *Foster care is living with a foster parent who was not related to [CHILD] (not living with [CHILD] grandparent or some other relative).*)

1. Yes
2. No

**C26.** With how many different foster families has [CHILD's NAME] lived with since the adoption?

\_\_\_\_\_ (Fill in number of families)



**C27.** [If C25=Yes; If C26>1, insert "first"] How old was [CHILD'S NAME] when [he/she] [first] moved from your home to live with a foster family?

\_\_\_\_\_ (Fill in age in years)

**C28.** [If C25=Yes; If C26>1, insert "first"] How long did [CHILD'S NAME] live with this [first] foster family after he/she moved from your home?

\_\_\_\_\_ (Fill in months or years)

**C29.** [If C25=Yes; If C26>1] How much total time did [CHILD'S NAME] spend in foster care after he/she moved from your home?

\_\_\_\_\_ (Fill in months or years)

**C30.** [If C25=Yes; If C26>1, insert "first"] When [CHILD'S NAME] [first] moved from your home to a foster family, did you still have contact with [CHILD]?

1. Yes
2. No

**C31.** [If C25=Yes; If C26>1, insert "first"] Next, we would like to understand what was going on in your family when your child [first] moved from your home to a foster family. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD]'s gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C32.** [If C25=Yes; If C26>1, insert "first"] During the time when [CHILD] [first] moved from your home to a foster family, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help child's changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C33.** [If C25=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C34.** [IF C33=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

[If A3=3 or 4, use "another"]

**C35.** Since [CHILD] adoption, has [he/she] ever lived **without** you in a [another] grandparent's home? [If A2>18 years]. *Please think only about the times before your child turned 18 years old.*

1. Yes
2. No

[If C35=Yes]

**C36.** Was this grandparent the [CHILD]'s...?

1. Adoptive grandparent
2. Birth grandparent

**C37.** [If C35=Yes] How many times has [CHILD's NAME] gone to live **without** you in a grandparent's home?

\_\_\_\_\_ number of times

**C38.** [C35=Yes; if C37>1 insert "the first time" otherwise use "when"] How old was [CHILD's NAME] [the first time/when] [he/she] left your home to stay at a grandparent's home?

\_\_\_\_\_ (Fill in years)

**C39.** [If C35=Yes; if C37>1, insert "first"] When [CHILD's NAME] [first] moved from your home to a grandparent's home, did you still have contact with your child?

1. Yes
2. No

**C40.** [If C35=Yes; if C37>1, insert "first"] Next, we would like to understand what was going on in your family when [CHILD's NAME] [first] went to live in a grandparent's home without you. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C41.** [If C35=Yes; if C37>1, insert "first"] During the time when [CHILD] [first] moved from your home to a grandparent's home, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C42.** [If C35=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C43.** [if C42=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C44.** Since [CHILD's NAME]'s adoption, has [he/she] ever lived **without** you in [another] relative's home? *Please do not include [CHILD]'s grandparent's home.* [If A2>=18 years] Please think only about those times that happened before your child turned 18 years old.

1. Yes
2. No

**C45.** [If C44=Yes] Who was the relative?

1. Aunt or uncle
2. Cousin
3. Birth sister or brother
4. Adoptive sister or brother
5. Birth parent
6. Another relative (*please specify*): \_\_\_\_\_

**C46.** [If C44=Yes] How many times has [CHILD's NAME] gone to live **without** you to live in a relative's home?

\_\_\_\_\_ number of times

**C47.** [If C44=Yes; If C46>1 insert "the first time" otherwise use "when"]

How old was [CHILD's NAME] [the first time/when] [he/she] moved from your home to a relative's home?

\_\_\_\_\_ (Fill in years)

**C48.** [If C42=Yes; If C45>1 insert "first"] When [CHILD's NAME] [first] moved from your home to a relative's home, did you still have contact with your child?

1. Yes
2. No

**C49.** [If C44=Yes; If C46>1 insert "first"] Next, we would like to understand what was going on in your family when [CHILD's NAME] [first] moved from your home to a relative's home. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted

3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (please specify): \_\_\_\_\_

**C50.** [If C44=Yes; If C46>1, insert "first"] During the time when [CHILD] [first] moved from your home to a relative's home, did you, your family, or [CHILD] receive any of the following services? Please select Yes or No for each option.

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (please specify): \_\_\_\_\_

**C51.** [If C39=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C52.** [If C51=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C53.** Since [CHILD's NAME]'s adoption, has [he/she] ever lived **without** you at another adult's home (e.g., an older friend's home, with a friend's family or parent(s), with a boyfriend or girlfriend or romantic partner's parent(s), in a neighbor's home)? [A2>=18 years] Please think only about the times before your child turned 18 years old.

1. Yes
2. No

**C54.** [If C53=Yes] How many times has [CHILD's NAME] gone to live at another adult's home **without** you?

\_\_\_\_\_ Number of times

**C55.** [If C53=Yes; If C54>1 insert "first"] How old was [CHILD's NAME] when [he/she] [first] went to live in another adult's home **without** you?

\_\_\_\_\_ (Fill in years)

**C56.** [If C53=Yes; If C54>1 insert "first"] When [CHILD's NAME] [first] moved from your home to another adult's home **without** you, did you still have contact with your child?

1. Yes
2. No

**C57.** [If C53=Yes; If C54>1 insert "first"] Next, we would like to understand what was going on in your family when [CHILD's NAME] [first] moved from your home to another adult's home without you. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C58.** [If C53=Yes; If C54>1, insert "first"] During the time when [CHILD] [first] moved from your home to another adult's home, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C59.** [If C54=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C60.** [If 59=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C61.** Since [CHILD's NAME]'s adoption, has [he/she] ever run away from your home? [A2>=18 years]  
*Please think only about the times before your child turned 18 years old. (DISPLAY/READ: Running away: As a minor, leaving without authorization the home or facility where [CHILD] was residing for over 24 hours or, gone missing for more than 24 hours when you didn't know where [CHILD] was).*

1. Yes
2. No

**C62.** [If C61=Yes] Since [CHILD's NAME]'s adoption, how many times has [he/she] run away from your home?

\_\_\_\_\_ Number of times

**C63.** [If C61=Yes; If C62>1 insert "the first time" otherwise use "when"] How old was [CHILD's NAME] [the first time/when] [he/she] ran away from your home?

\_\_\_\_\_ [Fill in years]

**C64.** [If C61=Yes; If C62>1 insert "first"] When [CHILD's NAME] [first] ran away from your home, did you still have contact with your child?

1. Yes
2. No

**C65.** [If C61=Yes; If C62>1 insert "for the first time"] Next, we would like to understand what was going on in your family when your child ran away [for the first time]. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C66.** [If C61=Yes; If C62>1 insert "first"] During the time when [CHILD] [first] ran away, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C67.** [If C61=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C68.** [if C67=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C69.** Since [CHILD's NAME]'s adoption, has there ever been a time when [he/she] spent one or more nights homeless without you (living inside a car, an abandoned building, couch surfing, on the street, in a park or a shelter for the homeless)? [A2>=18 years] *Please think only about the times that happened before your child turned 18 years old.*

1. Yes
2. No

**C70.** [If C69=Yes] How many separate times has [CHILD's NAME] spent one or more nights homeless without you (living inside a car, an abandoned building, couch surfing, on the street, in a park or in a shelter for the homeless)?

\_\_\_\_\_ Number of times

**C71.** [If C69=Yes; If C70>1 insert "the first time," otherwise, insert "when"] How old was [CHILD's NAME] [the first time/when] [he/she] spent a night homeless without you?

\_\_\_\_\_ (Fill in years)

**C72.** [If C69=Yes; if C70>1 insert "first"] When [CHILD's NAME] [first] spent a night homeless without you, did you still have contact with your child?

1. Yes



2. No

**C73.** [If C69=Yes; if C70>1 insert “for the first time”] Next, we would like to understand what was going on in your family when [CHILD’s NAME] became homeless [for the first time]. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child’s behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn’t accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C74.** [If C69=Yes; If C70>1, insert “first”] During the time when [CHILD] [first] became homeless, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C75.** [If C69=Yes] Did [CHILD’s NAME] ever return to live with your family?

1. Yes
2. No

**C76.** [If C75=No] Did [CHILD’s NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C77.** Since [CHILD’s NAME]’s adoption, has [he/she] ever spent at least one night in juvenile detention or ever been taken into custody for an illegal or delinquent offense? [A2>=18 years] *Please think only about the times before your child turned 18 years old.*

1. Yes
2. No

**C78.** [If C77=Yes] How many times has [CHILD's NAME] spent at least one night in detention?

\_\_\_\_\_ Number of times in detention

**C79.** How many times has [CHILD's NAME] been taken into custody?

\_\_\_\_\_ Number of times in custody

**C80.** [If C77=Yes; If C78 or C79>1 insert "the first time"] How old was [CHILD's NAME] [the first time] [he/she] spent at least one night in detention or was taken into custody?

\_\_\_\_\_ [Fill in years]

**C81.** [If C77=Yes; If C78 or C79>1 insert "first"] When [CHILD's NAME] [first] spent at least one night in detention or was taken into custody, did you still have contact with your child?

1. Yes
2. No

**C82.** [If C77=Yes; If C78 or C79>1 insert "first"] Next, we would like to understand what was going on in your family when [CHILD's NAME] spent at least one night in detention or was taken into custody.

Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C83.** [If C77=Yes; If C78 or C79>1 insert "first"] During the [first] time when [CHILD] spent at least one night in detention or was taken into custody, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system

4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C84.** [If C77=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C85.** [If C84=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C86.** Since [CHILD's NAME]'s adoption, has [he/she] ever lived in a transitional housing program without you? [A2>=18 years] *Please think only about the times before your child turned 18 years old.*  
(DISPLAY/READ: *Transitional housing is a temporary accommodation before permanent housing.*)

1. Yes
2. No

**C87.** [If C86=Yes] How many times has [CHILD's NAME] gone to live in a transitional housing program without you?

\_\_\_\_\_ Number of times

**C88.** [If C86=Yes; if C87>1 insert "first"] How old was [CHILD's NAME] when [he/she] [first] moved from your home to live in a transitional housing program?

\_\_\_\_\_ (Fill in years)

**C89.** [If C86=Yes; if C87>1 insert "first"] When [CHILD's NAME] [first] moved from your home to transitional housing program, did you still have contact with your child?

1. Yes
2. No

**C90.** [If C86=Yes; if C87>1 insert "first"] Next, we would like to understand what was going on in your family when your child [first] moved from your home to a transitional housing program. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family

2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (please specify): \_\_\_\_\_

**C91.** [If C86=Yes; If C87>1 insert "first"] During the time when [CHILD] [first] moved from your home to a transitional housing program, did you, your family, or [CHILD] receive any of the following services?  
Please select Yes or No for each option.

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (please specify): \_\_\_\_\_

**C92.** [If C86=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C93.** [if C92=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

**C94.** Since [CHILD's NAME]'s adoption, has [he/she] ever lived in a group home or a residential treatment center? [A2>=18 years] Please think only about the times before your child turned 18 years old.

(DISPLAY/READ: Residential treatment center: A 24-hour facility (inpatient) that provides a range of therapeutic and support services for children by a professional, interdisciplinary team.)

(DISPLAY/READ: Group home: A residence intended to serve as an alternative to a family foster home. Homes normally house 4 to 12 youth, offering the use of community resources, including employment, health care, education, and recreational opportunities.)

1. Yes
2. No

**C95.** [If C94=Yes] How many separate times has [CHILD's NAME] lived in a group home or residential treatment center since adoption?

\_\_\_\_\_ Number of times

**C96.** [If C94=Yes; If C95>1 insert "first"] How old was [CHILD's NAME] when [he/she] [first] moved from your home to a group home or residential treatment center?

\_\_\_\_\_ (Fill in age in years)

**C97.** [If C94=Yes; If C95>1 insert "first"] When [CHILD's NAME] [first] moved from your home to a group home or residential treatment center, did you still have contact with your child?

1. Yes
2. No

**C98.** [If C94=Yes; If C95>1 insert "first"] Next, we would like to understand what was going on in your family when [CHILD's NAME] [first] moved from your home to a group home or residential treatment center. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. Child did not get along with our family
2. Child did not feel accepted
3. Child did not feel his or her racial or ethnic identity was accepted
4. Child did not feel safe at home because of violence or abuse
5. We locked [CHILD] out or threw [CHILD] out of our home
6. We did not feel safe at home because of the child's behavior
7. Child needed help to manage emotions, behaviors, attention difficulties and had to move to get services
8. Child needed help to manage drinking or drug problems and had to move to get services
9. Another family member needed help to manage their emotions or behaviors
10. Another family member needed help to manage drinking or drug problems
11. We could not afford to take care of [CHILD]
12. We couldn't accept [CHILD] gender identity or sexual orientation
13. Other (*please specify*): \_\_\_\_\_

**C99.** [If C94=Yes; If C95>1, insert "first"] During the time when [CHILD] [first] moved from your home to a group home or residential treatment center, did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Other (*please specify*): \_\_\_\_\_

**C100.** [If C94=Yes] Did [CHILD's NAME] ever return to live with your family?

1. Yes
2. No

**C101.** [if C100=No] Did [CHILD's NAME] keep in contact with anyone from your family?

1. Yes
2. No

[If for any instability episode "Did [CHILD's NAME] keep in contact with anyone from your family? = No]

**C102.** When we asked you about things that may have happened in [CHILD]'s life, you mentioned that [CHILD] stopped living with you at some point but that [CHILD] kept in contact with someone from your family. Tell us more about this contact with [CHILD].

[OPEN FILL]

[If for any instability episode "Did [CHILD's NAME] ever return to live with your family" = Yes]

**C103.** When we asked you about things that may have happened in [CHILD's NAME]'s life, you mentioned that [CHILD] stopped living with you at some point but that [CHILD] returned to live with you.

Tell us more about why [CHILD's NAME] returned to live with you?

[OPEN FILL]

## Section D: Post Adoption Services and Support

**INTROD1:** The next questions will ask you about services and supports that you or [CHILD] may have needed or received.

[If A2>=18 insert "but before he/she turned 18"]

**D104. After [CHILD'S] adoption,** but before he/she turned 18, did you feel that you, your family or [CHILD] needed any of the following services, regardless of whether they were offered to you? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help child's changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
7. Healthcare services (e.g., pediatrician, primary care physician)
8. Other (*please specify*): \_\_\_\_\_

[If A2>=18 insert "but before he/she turned 18"]

**D105. After [CHILD's] adoption,** but before he/she turned 18 did you, your family, or [CHILD] receive any of the following services? *Please select Yes or No for each option.*

1. Mental health services (e.g., individual or family therapy)
2. Educational supports (e.g., Individualized Education Plan, 504 plan, special education classes, tutoring, support to help changing schools)
3. Adoption support services from the child welfare system
4. Support group (in-person or online) with other adoptive parents or children
5. Drug or alcohol treatment services
6. Financial assistance or job training
9. Healthcare services (e.g., pediatrician, primary care physician)
7. Other (*please specify*): \_\_\_\_\_

**D106.** [If yes to any type of service in D105] How helpful was/were the service(s)?

1. Very Helpful
2. Helpful
3. Not helpful

**D107.** Were there any other services you would have liked to have received? If so, describe them here.

[OPEN FILL]

**D108.** [If “yes” to service need in D104 and “no” to service receipt in D105] Why do you think you did not get the services you, your child or your family needed?

[OPEN FILL]

**D109.** [If “yes” to service receipt in D105] What do you think helped you, your child, or your family get the services you needed?

[OPEN FILL]

**INTROD2. The next section is about help or support for YOU.**

**D110.** After the adoption, who helped or supported you? *Please select all that apply.*

1. Nobody
2. Relatives
3. Friends
4. Faith/church members
5. Neighbors
6. In-person or online adoptive parents’ group
7. Caseworker of child welfare agency staff
8. Other (*please specify*): \_\_\_\_\_

**D111.** After the adoption, what support did you feel you needed from the child welfare agency? *Please select all that apply.*

1. Financial (e.g., adoption subsidy)
2. Family support services (e.g., Post adoption services, Family counseling)
3. Child mental health services
4. I did not need any support

**D112.** After the adoption, did you receive any support from the child welfare agency? *Please select all that apply.*

1. No, I did not receive any support
2. Yes, financial (e.g. adoption subsidy)
3. Yes, family support services (e.g. Post adoption services, Family counseling)
4. Yes, child mental health services

**D113.** [IF YES to financial support/adoption subsidy, D112=2] How helpful did you find the amount of this subsidy or financial support in meeting [CHILD]’s needs?

1. Very Helpful
2. Helpful
3. Not helpful

**D114.** After the adoption, did a caseworker from the child welfare agency ever visit your home?



1. Yes
2. No

**D115.** [If “yes” to ANY post-adoption instability event and “yes” to at least one type of service in D112] Did you receive these services during the time when [CHILD’s NAME] was not living in your home? *Think about the time you mentioned when your child was not living with you that was after [CHILD NAME]’s adoption but before [he/she] turned 18 years old.*

1. Yes
2. No

**D116.** [If “yes” to any type of service in D112] How helpful was/were the service(s)?

1. Very helpful
2. Helpful
3. Not helpful

**D117.** Was [CHILD’s NAME]’s adoption ever terminated (or legally ended)?

1. Yes, my parental rights were terminated
2. Yes, my child was emancipated  
Yes, other (*please specify*): \_\_\_\_\_
3. No, my parental rights were not terminated, instead we just ended our relationship on our own
4. No

**D118.** [If D117=1 or 2 or 3] When was the adoption terminated? *Please provide an approximate date.*

\_\_\_\_\_ (Fill date)

## Section E: Family Relationships

**INTROE:** These next several questions are about your current relationship with [CHILD] and your relationship with [CHILD] during childhood.

**E119.** How close do you feel to [CHILD] these days?

1. Extremely close
2. Very close
3. Moderately close
4. Slightly close
5. Not at all close

**E120.** About how often do you see or have contact with your [CHILD]?

1. Never
2. A few times a year
3. Once or twice a month
4. About once a week
5. Several times a week
6. Everyday

**E121.** [If A2>=18, insert "During [CHILD's] childhood, before he/she turned 18"] how close did you feel to [CHILD]?

1. Extremely close
2. Very close
3. Moderately close
4. Slightly close
5. Not at all close

**E122.** How much do you feel that [CHILD] belongs in your family?

1. Completely
2. Very much
3. A moderate amount
4. A little
5. Not at all

**E123.** [If A3≠5 or 6] Does [CHILD's NAME] know that [he/she] is adopted?

1. Yes
2. No

**E124.** [If A3≠5 or 6 and E123=No, SKIP to F136] As children grow up, their questions about adoption often change. What sort of questions has [CHILD's NAME] asked you about [his/her] birth parents over the years? *Please select all that apply.*

1. No questions
2. Questions about birth mother
3. Questions about birth father
4. Questions about why the birth parents could not take care of the child

**E125.** How often do you think you encourage [CHILD] to talk about the adoption?

1. Never
2. Very rarely
3. Rarely
4. About half the time
5. Frequently
6. Very frequently
7. Always

**E126.** How difficult was it for you to talk with [CHILD's NAME] about the adoption?

1. Not difficult
2. Somewhat difficult
3. Quite difficult
4. Very difficult

**E127.** Do you think [CHILD's NAME] ever [If A2<18 years- "worries" /If A2>=18 years- "worried"] about being adopted?

1. No
2. Yes

**E128.** Are you aware of [CHILD] ever having been bullied because he/she was adopted?

1. Yes
2. No

**E129.** [If A3≠5 or 6] Do you know [CHILD's NAME]'s birth mother?

1. Yes
2. No

**E130.** [If E129=Yes] Is [CHILD]'s birth mother still living?

1. Yes
2. No

**E131.** [If E129=Yes and E130=Yes] What kind of relationship do you have with the [CHILD]'s birth mother these days?

1. Very close relationship
2. Somewhat close relationship
3. Not very close relationship
4. Not at all close relationship
5. No relationship

**E132.** [If E129=Yes and E130=Yes] How often do you see or have contact with [CHILD's NAME]'s birth mother?

1. Never
2. A few times a year
3. Once or twice a month
4. About once a week
5. Several times a week
6. Everyday

**E133.** Do you know [CHILD's NAME]'s birth father?

1. Yes
2. No

**E134.** [If E133=Yes] Is [CHILD]'s birth father still living?

1. Yes
2. No

**E135.** [If E133=Yes and E134=Yes] How often do you see or have contact with [CHILD's NAME]'s birth father?

1. Never
2. A few times a year
3. Once or twice a month
4. About once a week
5. Several times a week
6. Everyday

[If A3≠1 or 2, GO TO Section G]

**Section F: Adoption Motivation/Experience**

**INTROF:** Now we would like to understand more about your adoption experience.

**F136.** There are many reasons why people decide to adopt a child. What are some reasons why you chose adoption? *Please select Yes or No for each option.*

1. I loved the child
2. My spouse/partner and I were unable to have a birth child.
3. I wanted to expand our family
4. I felt called to adopt this child (for religious reasons)
5. I wanted a sibling for my birth child(ren)
6. I already adopted the child's sibling(s)
7. I knew this child and wanted to help her or him
8. I, or someone close to me, had previously been adopted
9. I wanted to help a child in need of a permanent family
10. Receipt of an adoption subsidy
11. Other reason (*please specify*): \_\_\_\_\_

**F137.** Looking back, how well do you think [CHILD'S NAME] matched the perception you had about [him/her] at the start of the adoption process?

1. Poor match
2. Reasonable match
3. Good match

**F138.** Did you receive training in preparation for the adoption?

1. Yes
2. No

**F139.** [If F138=Yes] What kind of training did you receive in preparation for the adoption?

[OPEN FILL]

**F140.** [If F138=Yes] About how many hours of training did you receive in preparation for the adoption?

Hours: \_\_\_\_\_

**F141.** Looking back, how well prepared do you think you were to adopt the child?

1. Not at all prepared
2. Somewhat prepared
3. Very well prepared

**F142.** Looking back, did you experience any difficulties with [CHILD] during or after the adoption process?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

**F143.** Did you talk to the child welfare agency staff or adoption specialist about difficulties with [ CHILD] before the adoption process?

1. Yes, we were open/truthful about any difficulties
2. No, we omitted or downplayed difficulties
3. No, we did not have any difficulties to discuss

**F144.** How did you feel when you first heard details about the child welfare case of your future adopted child?

1. I had major concerns
2. I had some concerns
3. I did not have any concerns

**Section G: Perceptions of Family Cohesion/Functioning During Childhood**

[If A2>=18, use 'during his/her childhood' and 'was']

**INTROG1:** For the next set of statements, think of your experiences with [CHILD] [during [his/her] childhood]. Please select how often each statement is [was] true for your family.

**G145.** In my family, we talk about problems.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G146.** When we argue, my family listens to "both sides of the story."

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G147.** In my family, we take time to listen to each other.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G148.** My family pulls together when things are stressful.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G149.** My family is able to solve our problems.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

[If A2>=18, use 'during his/her childhood' and 'was']

**INTROG2:** For the next set of statements, think of your experiences with [CHILD] [during [his/her] childhood]. Please indicate how often each of the following is true for **YOU** when you are[were] with [CHILD].

**G150.** I am happy being with my child.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G151.** My child and I are very close to each other.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G152.** I am able to soothe my child when he/she is upset.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always



**G153.** I spend time with my child doing what he/she likes to do.

1. Never
2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

**G154.** Overall, how would you rate the impact of [CHILD's NAME]'s adoption on your family?

1. Extremely negative
2. Moderately negative
3. Slightly negative
4. Neither positive nor negative
5. Slightly positive
6. Moderately positive
7. Extremely positive

**G155.** If you knew everything about [CHILD] before the adoption that you now know, do you think you would still have adopted him/her?

1. Definitely would not have
2. Probably would not have
3. Might or might not have
4. Probably would have
5. Definitely would have

**G156.** [If D117=No] How often do you think about ending [CHILD's NAME]'s adoption?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

**Section H: Child Mental Health Status and Parenting Stress/Burden**

**INTROH:** The next questions ask about your health and parenting experience.

**H157.** Overall, would you say [CHILD's] current health is...?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**H158.** Do you think [CHILD] has a current problem with his/her mental health? *Please include any emotional, behavioral, learning, or attention problems.*

1. Yes
2. No

**H159.** Do you think [CHILD] has a current problem with his/her drug or alcohol use? *Please include any alcohol or drug abuse problems.*

1. Yes
2. No

**H160.** During [CHILD]'s childhood, did [CHILD] have attachment problems (or trouble allowing him/herself to be loved)?

1. Yes
2. No

**H161.** During [CHILD]'s childhood, did [CHILD] have a problem with his/her mental health? *Please include any emotional, behavioral, learning, or attention problems.*

1. Yes
2. No

**H162.** [If A2>=18] During [CHILD]'s childhood, did [CHILD] have a problem with his/her drug or alcohol use? *Please include any alcohol or drug abuse problem.*

1. Yes
2. No
  
- 3.

**H163.** How often [IF A2= <18, insert “have you experienced”/IF A2>=18, insert “did you experience”] stress as a parent of [CHILD’s NAME]?

1. Never
2. A few times a year
3. Once or twice a month
4. About once a week
5. Several times a week
6. Every day

**H164.** How difficult [IF A2= <18, insert “is”/IF A2>=18, insert “was”] it to be the parent of [CHILD’s NAME]?

1. Not at all difficult
2. A little difficult
3. Difficult
4. Very difficult
5. Extremely difficult

**H165.** [If H164=3, 4, or 5] How old was [CHILD] when you felt parenting became difficult?  
\_\_\_\_\_ (Fill in age in years)

**H166.** [If H164=3, 4, or 5 and H165<18] Please select the kind of difficulties you experienced with [CHILD]? *Please select Yes or No for each provided option.*

1. Defiance
2. Verbal aggression
3. Physical aggression
4. Running away
5. Threatening to or harming him/herself
6. Problems in school
7. Difficulties making friends
8. Committing a crime
9. Alcohol or drug misuse
10. Sexualized behaviors
11. Depression or anxiety
12. Sleep problems/night terrors
13. Other (*please specify*): \_\_\_\_\_

**H167.** [If H164=3, 4, or 5] In what ways did the difficulties you had with [CHILD's NAME] affect you?  
*Please select all that apply.*

1. Did not affect me
2. Mental health problems
3. Physical health problems
4. Problems with social life
5. Relationship problems (with my spouse or partner)
6. Financial difficulties
7. Employment difficulties
8. Other (*please specify*): \_\_\_\_\_

**H168.** Now I have a few questions about your personal experiences with the Coronavirus Disease 2019 outbreak, also referred to as COVID-19.

How much has COVID-19 changed your family income or employment situation?

1. No change.
2. Mild. There has been a small change, but I can still meet all needs and pay bills.
3. Moderate. I have had to make cuts, but I can still meet my basic needs and pay my bills.
4. Severe. I am unable to meet my basic needs or pay my bills.

**H169.** How much has COVID-19 changed your access to extended family and non-family social supports?

1. No change.
2. Mild. I continue my visits with social distancing, regular phone calls, video calls or social media contacts.
3. Moderate. I have lost in-person and remote contact with a few people, but not all of my supports.
4. Severe. I have lost all in-person and remote contact with my supports.

**H170.** How much stress have you experienced due to COVID-19?

1. None.
2. Mild. I worry occasionally or experience minor stress-related symptoms (feeling a little anxious, sad, or angry; or having mild trouble sleeping).
3. Moderate. I worry frequently or experience moderate stress-related symptoms (feeling moderately anxious, sad, or angry; or having moderate or occasional trouble sleeping).
4. Severe. I worry all the time or experience severe stress-related symptoms (feeling extremely anxious, sad or angry; or having severe or frequent trouble sleeping).

**H171.** How much stress or disagreement is there in your family due to COVID-19?

1. None.
2. Mild. My family members are occasionally short-tempered with one another; but there is no physical violence.
3. Moderate. My family members are frequently short-tempered with one another; or children my home get in physical fights with one another.
4. Severe. My family members are frequently short-tempered with one another; or adults my home throw things at one another, knock over furniture, hit or harm one another.

**Section I: Open Ended Question**

**[IF A3=5 or 6 GO TO END]**

**INTROI:** This is our last question.

**I172.** Is there anything else about your adoption experience that you would like to share?

[OPEN FILL]