



National Survey of Child and Adolescent Well-Being



Survey of Family Well-Being

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Sponsored by: Administration for Children and Families
Conducted by: RTI International

Instrument 1: Survey of Adopted Youth, Young Adults, and Adults (SAY)

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

Section A: Demographics

INTROA: This first set of questions will ask some basic information about you.

A1. What is your age?

_____ (Fill in years)

[CATI ONLY: DK/REFUSED]

A2. Where do you live **now**....?

1. At the home I share with my parent(s)
2. At the home where you live alone
3. At the home you share with others
4. At another family member's home
5. At a foster parent's home
6. At a treatment facility
7. You do not have a home right now (are living inside your car, an abandoned building, couch surfing, on the street, in a park or shelter)
8. Other (*please specify*): _____

A3. Are you **currently** attending school? *DISPLAY/READ DEFINITION:* By "school" we mean a junior high or middle school, a high school, or a college or university, or a technical or vocational school or GED program. Please include homeschooling as well.

1. Yes
2. No

A4. What is the highest level of school you have **completed?**

1. Less than 11th grade
2. 12th grade
3. GED course
4. College/university/technical/vocational school
5. Graduate /professional degree
6. Other (*please specify*) _____

A5. 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

A6. 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

A7. What sex were you assigned at birth, on your original birth certificate?

1. Male
2. Female
3. I don't know the answer
4. Refused

A8. How do you describe yourself?

1. Male
2. Female
3. Transgender
4. Do not identify as male, female, or transgender

A9. Which of the following best represents how you think of yourself?

1. Straight (heterosexual)
2. Lesbian or Gay
3. Bisexual
4. Something else
5. I don't know the answer

A10. What is your date of birth?

mm/dd/yyyy

Section B: Adoption History

INTROB: Now we would like to ask you about your overall life experience.

B11. Have you ever been adopted? *DISPLAY/READ DEFINITION: Adoption: Adoption is a process where a person legally assumes the parenting of another child born to someone else. Parent: By parent, we mean the primary caregiver (such as a relative or grandparent) or parent (mother or father) who raised you during your childhood.*

1. Yes
2. No

B11a. [If B11=Yes] How many times have you been adopted?

_____ Number of times

[If B11=YES and if B11a>1] You indicated you were adopted [FILL B5a NUMBER OF TIMES] times, however for the remainder of the survey, we will focus on the last/most recent adoption.

B12. [If B11=Yes] How old were you when you were adopted? *If you don't know your exact age at adoption, please provide the age you think you were at that time.*

_____ (Fill in years)

B13. [If B11= Yes] How long did you know your adoptive parent(s) before you were adopted?

1. I didn't know my adoptive parent(s) before the adoption
2. Less than 6 months
3. 6 to 12 months
4. 13 to 24 months
5. 25 to 48 months
6. All my life

B13a. [If B11= Yes and B13>1] How close did you feel to your adoptive parent(s) before you were adopted?

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

B13b [If B11=Yes] Do you have other birth or biological siblings who were adopted by the same family?

1. Yes
2. No

B13c [If B11= Yes and B13>1] What was your relationship to your adoptive parent prior to your adoption?

1. Biological or birth grandparent
2. Another relative, like an aunt, uncle, or cousin
3. Non-relative foster parent
4. Other (specify)

B14. [If B11= Yes] Was your adoption an “open adoption”? DISPLAY/READ DEFINITION: By “open adoption” we mean a form of adoption where the biological, or birth, parents participate in the adoption process and where there is contact between birth parents and the child after the adoption.

1. Yes
2. No
3. Don't know

B15. [If B11=Yes] When you were a child, did you have contact with your birth parent(s)?

1. Yes
2. No

B16. [If B15= Yes] How supportive were your adoptive parents of your contact with your birth parent(s)?

1. Very supportive
2. Supportive
3. Not very supportive
4. We never discussed contact with my birth parent(s)

B17. [If B15=Yes] How satisfied were you with the ongoing contact you had with your birth parent(s) as a child?

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

Note: These childhood family structures 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.

1. *Child race/ethnicity*
2. *Child sex and gender identify (when available)*
3. *Child date of birth*
4. *Primary parents/caregivers during childhood*

5. *Number of siblings during childhood*
6. *Biological vs. adopted relationship to family members*

Note: These characteristics of the 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.

1. *Parent gender/race*
2. *Marital status; if divorced, child age at time of divorce*
3. *Prior relationship to adoptive parent before adoption (kin, former foster parent, new relationship)*

B18. How old were you when you stopped living with a [adoptive] parent(s)?

_____ (Fill in years)

[If question A2 is not "In my parent(s) home"]

[If B11=Yes, use "adoptive parents"; otherwise use "parents"]

B19. Why did you stop living with your [adoptive] parent(s)? *Please select which of these were the main reasons you left home.*

1. You joined the military or left to attend school/college
2. You wanted to be independent
3. You left to get married, have children, or move in with a boyfriend, girlfriend or significant other
4. You went to live with your birth family
5. You did not get along with your [adoptive] parent(s)
6. You did not feel safe in your home because of violence or abuse
7. Your [adoptive] parent(s) locked you out or threw you out of home
8. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
9. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
10. You needed help to manage substance use problems and had to move to get services
11. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
12. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
13. Your [adoptive] parent(s) could not afford to take care of you
14. Your [adoptive] parent(s) divorced/separated
15. You did not feel accepted for your racial or ethnic identity
16. You did not feel accepted for your gender identity or sexual orientation
17. Other (please specify): _____

Please give a brief description of what was going on when you left home:

[OPEN FILL] _____

B20. Who lives with you now? *Please select all that apply*

1. Birth mother (biological mother)
2. Birth father (biological father)
3. Adoptive mother
4. Adoptive father
5. Sister or brother
6. Spouse
7. My own children
8. Boyfriend or girlfriend
9. Other relative
10. Other non-relative

Section C: Post Adoption Instability Experiences

[If B11=No, the phrase “since your adoption,” will be deleted and references to “adoptive parent(s)” will be replaced only with “parent(s)”]

INTROC: [If B11=Yes and A1>=18 years] Next, we want to ask you about some life experiences **after** your adoption.

C21a_1. First, think about important events in your life **before you turned 18**. What is one event in your life **before you turned 18** that you remember well? *Please provide a brief description (e.g., learned to drive; met my first boyfriend/girlfriend/romantic partner).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

C21b_1. Now, think about important events in your life that happened **after your adoption, but before you turned 18**. What is one event **after your adoption, but before you turned 18** that you remember well? *Please provide a brief description (e.g., learned to drive; met my first boyfriend/girlfriend/romantic partner).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY AS INTRO BEFORE C12] We are interested in learning whether there were times when you did not live with your adoptive parent(s) during this time in your life that occurred **after your adoption, but before you turned 18**.

[If B11=Yes and A1<18 years] Next, we want to ask you about some life experiences **after** your adoption.

C21a_2. First, think about important events in your life that happened **after your adoption**. What is one event **after your adoption** that you remember well? *Please provide a brief description (e.g., moved to a different school, met my best friend).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY AS INTRO BEFORE C22] We are interested in learning whether there were times when you did not live with your adoptive parent(s).

[If B11= No and A1>=18 years] Next, we want to ask you about events **before you turned 18**.

C21a_3. First, think about important events in your life **before you turned 18**. What is one event your life **before you turned 18** that you remember well? *Please provide a brief description (e.g., moved to a different school, met my best friend).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY AS INTRO BEFORE C12] Now we want to ask you about any times during your childhood when you did not live with your parent(s) **before you turned 18**.

[If B5= No and A1<18 years] Next, we want to ask you about events during your childhood.

C21a_4. First, think about important events in your life **up to this point**. What is one event in your life that you remember well? *Please provide a brief description (e.g., moved to a different school, met my best friend).*

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY AS INTRO BEFORE C22] Now we want to ask you about any times during your childhood when you did not live with your [adoptive] parent(s).

C22. [**Since your adoption**], have you ever spent time in foster care? *DISPLAY/READ DEFINITION: Foster care is living with a foster parent who was not related to you (not living with your grandparent or some other relative).*

1. Yes
2. No

C23. [If C22=Yes] With how many different foster families have you lived [**since your adoption**]?

_____ (Fill in number of families)

C24. [If C22= Yes; If C23>1, insert "first"] How old were you when you [first] moved from your [adoptive] parents' home to live with a foster family?

_____ (Fill in years)

C24a. [If C22=Yes; If C23>1, insert "first"] How long did you live with this [first] foster family after you moved from your [adoptive] parent's home?

_____ (Fill in months or years)

C24b. [If C22=Yes; If C23>1] How much total time did you spend in foster care after you moved from your [adoptive] parents' home?

_____ (Fill in months or years)

C25. [If C22= Yes; If C23>1, insert "first"] When you [first] moved from your [adoptive] parents' home to a foster family, did you still have contact with...? *Please select Yes, No, Not Applicable (NA) for each answer choice.*

- | | |
|-----------------------------|-----------|
| a. Your adoptive parent(s) | Yes/No/NA |
| b. Your adoptive sibling(s) | Yes/No/NA |
| c. Your birth parent(s) | Yes/No/NA |
| d. Your birth sibling(s) | Yes/No/NA |
| e. Other relatives | Yes/No/NA |

C26. [If C22= Yes; If C23>1, insert "first"] Next, we would like to understand what was going on in your [adoptive] family when you [first] moved from your [adoptive] parents' 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. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C27. [If C22= Yes; If C23>1, insert "first"] During the time when you [first] moved from your [adoptive] parents' home to a foster family, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other:(*please specify*): _____

C28. [If C22=Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C28a. [if C28=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

[IF B13c=1, use "another"]

C29. [Since your adoption], have you ever lived **without** your [adoptive] parent(s) in a [another] grandparent's home? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

1. Yes
2. No

C29a. [If C29=Yes and B11= Yes] Was this grandparent your...?

1. Adoptive grandparent
2. Birth grandparent

C30. [If C29=Yes] How many times have you gone to live **without** your [adoptive] parent(s) in a grandparent's home?

_____ Number of times

C30a. [If C29= Yes; If C30>1, insert "first"] How old were you when you [first] moved from your [adoptive] parents' home to live with your grandparent?

_____ (Fill in years)

C31. [If C29= Yes; If C30>1, insert "the first time" otherwise use "when"] When you [first] went to stay at a grandparent's home, did you still have contact with ...? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C32. [If C29= Yes; If C30>1 insert 'first'] Next, we would like to understand what was going on in your [adoptive] family when you [first] went to live in a grandparent's home without your [adoptive] parents. Which of the following describes your family situation at that time? *Please select Yes or No for each option*

1. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior

6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C33. [If C29= Yes; If C30>1 insert 'first'] During the time when you [first] went to live in a grandparent's home without your [adoptive] parent(s), did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C34. [If C29= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C34a. [if C34=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C35. [If C29=Yes, use "another relative's home"] [Since your adoption], have you ever lived **without** your [adoptive] parents in [another] relative's home? [*Please do not include your grandparent's home.*] [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

1. Yes
2. No

C36. [If C35= 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*): _____

C37. [If C35= Yes] How many times have you gone to live **without** your [adoptive parents] in a relative's home?

_____ Number of times

C38. [If C35= Yes; If C37>1 insert "the first time" otherwise use "when'"] How old were you [the first time/when] you moved from your [adoptive] parents' home to a relative's home?

_____ [Fill in years]

C39. [If C35= Yes; If C37>1 insert "first"] When you [first] went to stay at a relative's home, did you still have contact with...? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C40. [If C35= Yes; If C37>1 insert "first"] Next, we would like to understand what was going on in your adoptive family when you [first] moved from your [adoptive] parents' 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. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C41. [If C35= Yes; If C37>1 insert 'first'] During the time when you [first] moved from your [adoptive] parents' home to a relative's home, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C42. [If C35= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C42a. [if C42=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C43. [Since your adoption], have you ever lived **without** your [adoptive] parent(s) 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)? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

1. Yes
2. No

C44. [If C43= Yes] How many times have you gone to live at another adult caregiver's home **without** your [adoptive] parent(s)?

_____ Number of times

C45. [If C43= Yes; If C44>1 insert 'first'] How old were you when you [first] went to live in another adult caregiver's home **without** your [adoptive] parent(s)?

_____ [Fill in years]

C46. [If C43= Yes; If C44>1 insert 'first'] When you [first] went to live at another adult caregiver's home, did you still have contact with....? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |

4. Your birth sibling(s) Yes/No/NA
5. Other relatives Yes/No/NA

C47. [If C43= Yes, If C44>1 insert 'first'] Next, we would like to understand what was going on in your family when you [first] moved from your [adoptive] parents' home to another adult caregiver's home. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your parent or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C48. [If C43= Yes; If C44>1 insert 'first'] During the time when you [first] moved from your [adoptive] parents' home to another adult caregiver's home, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C49. [If C43= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C49a. [if C49=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C50. [Since your adoption] have you ever run away from your [adoptive] parents' home? [A1>=18 years]
Please think only about those times that happened before you turned 18 years old. DISPLAY/READ DEFINITION: Running away: As a minor, leaving without authorization the home or facility where you were residing for over 24 hours.

1. Yes
2. No

C51. [If C50= Yes] [Since your adoption], how many times have you run away from your [adoptive] parents' home?

_____ Number of times

C52. [If C50=Yes; If C51>1 insert 'the first time'] How old were you [the first time] when you ran away from your [adoptive] parents' home?

_____ [Fill in years]

C53. [If C50= Yes; If C51>1 insert 'first'] When you [first] ran away from your [adoptive] parent(s), did you still have contact with ...? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C54. [If C50= Yes; If C51>1 insert 'first'] Next, we would like to understand what was going on in your [adoptive] family when you [first] ran away. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent or another family member needed help to manage their substance use problems

10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C55. [If C50= Yes; If C51>1 insert 'first'] During the time when you [first] ran away from your [adoptive] parents' home, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C56. [If C50= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C56a. [if C56=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C57. [Since your adoption], has there ever been a time when you spent one or more nights homeless without your [adoptive] parents (living inside a car, an abandoned building, couch surfing, on the street, in a park or in a shelter for the homeless)? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

1. Yes
2. No

C58. [If C57= Yes] How many separate times have you spent one or more nights homeless without your [adoptive] parents (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

C59. [If C57= Yes; If C58>1 insert "the first time" otherwise, insert "when"] How old were you [the first time/when] you spent a night homeless without your [adoptive] parent(s)?

_____ [Fill in years]

C60. [If C57= Yes; If C58>1 insert "first"] When you [first] spent one or more nights homeless without your [adoptive] parent(s), did you still have contact with....? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C61. [If C57= Yes; If C58>1 insert "first"] Next, we would like to understand what was going on in your [adoptive] family when you [first] became homeless. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. You did not get along with your [adoptive] parent(s)
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C62. [If C50= Yes; If C51>1 insert 'first'] During the time when you [first] spent one or more nights homeless without your [adoptive] parent(s), did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C63. [If C50= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C63a. [if C63=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C64. [Since your adoption], have you ever spent at least one night in juvenile detention or have you ever taken into custody for an illegal or delinquent offense? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

1. Yes
2. No

C65. [If C64= Yes]

(a) How many times have you spent at least one night in detention?

_____ Number of times in detention

(b) How many times have you been taken into custody?

_____ Number of times in custody

C66. [If C64= Yes; If C65a or C65b>1 insert "the first time"] How old were you [the first time] when you spent at least one night in detention or were taken into custody?

_____ [Fill in years]

C67. [If C64= Yes; If C65a or C65b>1 insert 'first'] When you [first] spent at least one night in detention or were taken into custody, did you still have contact with....? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C68. [If C64= Yes; If C65a or C65b>1 insert 'first'] Next, we would like to understand what was going on in your [adoptive] family when you [first] spent at least one night in detention or were taken into custody. Which of the following describes your family situation at that time? *Please select Yes or No for each option.*

1. You did not get along with your [adoptive] parents
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse

4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C69. [If C64= Yes; If C65a or C65b>1 insert 'first'] During the time when you [first] spent at least one night in detention or were taken into custody, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C70. [If C64= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C70a. [if C70=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C71. [**Since your adoption**], have you ever lived in a transitional housing program without your [adoptive] parent(s)? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old. DISPLAY/READ DEFINITION: Transitional housing is a temporary accommodation before permanent housing. This would include temporary housing to help prevent homelessness.*

1. Yes
2. No

C72. [f C71= Yes] How many times have you gone to live in a transitional housing program without your [adoptive] parent(s)?

_____ Number of times

C73. [If C71= Yes; If C72>1 insert 'first'] How old were you when you [first] moved from your [adoptive] parents' home to live in a transitional housing program?

_____ [Fill in years]

C74. [If C71= Yes; If C72>1 insert 'first'] When you [first] moved from your [adoptive] parents' home to live in a transitional housing program, did you still have contact with...? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C75. [If C71= Yes; If C72>1 insert 'first'] Next, we would like to understand what was going on in your adoptive family when you [first] moved from your [adoptive] parents' 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. You did not get along with your [adoptive] parents
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage your substance use problems and had to move to get services
8. Your [adoptive] parent(s) or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent(s) or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C76. [If C71= Yes; If C72>1 insert 'first'] During the time when you [first] moved from your [adoptive] parents' home to a transitional housing program, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C77. [If C71= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C77a. [if C77=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C78. [Since your adoption], have you ever lived in a group home or a residential treatment center? [A1>=18 years] *Please think only about those times that happened before you turned 18 years old.*

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

1. Yes
2. No

C79. [If C78= Yes] How many separate times have you lived in a group home or residential treatment center [after you were adopted]?

_____ Number of times

C80. [If C78= Yes; If C79>1 insert 'first'] How old were you when you [first] moved from your [adoptive] parents' home to a group home or residential treatment center?

_____ [Fill in years]

C81. [If C78= Yes; If C79>1 insert 'first'] When you [first] moved from your [adoptive] parents' home to a group home or residential treatment center, did you still have contact with...? *Please select Yes, No, or NA for each answer choice.*

- | | |
|-----------------------------|-----------|
| 1. Your adoptive parent(s) | Yes/No/NA |
| 2. Your adoptive sibling(s) | Yes/No/NA |
| 3. Your birth parent(s) | Yes/No/NA |
| 4. Your birth sibling(s) | Yes/No/NA |
| 5. Other relatives | Yes/No/NA |

C82. [If C78= Yes; If C79>1 insert 'first'] Next, we would like to understand what was going on in your [adoptive] family when you [first] moved from your [adoptive] parents' 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. You did not get along with your [adoptive] parents
2. You did not feel accepted
3. You did not feel safe in your home because of violence or abuse
4. Your [adoptive] parent(s) locked you out or threw you out of home
5. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior
6. You needed help to manage your emotions, behaviors, attention difficulties and had to move to get services
7. You needed help to manage substance use problems and had to move to get services
8. Your [adoptive] parent or another family member needed help to manage their emotions or behaviors
9. Your [adoptive] parent or another family member needed help to manage their substance use problems
10. Your [adoptive] parent(s) could not afford to take care of you
11. You did not feel accepted for your racial or ethnic identity
12. You did not feel accepted for your gender identity or sexual orientation
13. Other (*please specify*): _____

C83. [If C78= Yes; If C79>1 insert 'first'] During the time when you [first] moved from your [adoptive] parents' home to a group home or residential treatment center, did you 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Other (*please specify*): _____

C84. [If C78= Yes] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C84a. [if C84=No] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C85. [If A1 > =18 years and C59<18] After you turned 18 years old, did you ever spend at least one night homeless (living inside your car, an abandoned building, couch surfing, on the street, in a park, in the subway/metro, or in a homeless shelter)?

1. Yes
2. No

C85a. [If C85=Yes] During the past 12 months, have you spent at least 1 night homeless (living inside your car, an abandoned building, couch surfing, on the street, in a park, in the subway/metro, or in a homeless shelter)?

1. Yes
2. No

C86. [If A1 > =18 years and C66<18] After you turned 18 years old, did you ever spend at least one night in detention, jail, or prison?

1. Yes
2. No

C86a. [If C86=Yes] During the past 12 months, have you spent at least one night in detention, jail, or prison?

1. Yes
2. No

C87. [If A1>= 18 years and C73<18] After you turned 18 years old, did you ever live in a transitional housing program?

1. Yes
2. No

C87a. [If C87=Yes] During the past 12 months, have you lived in a transitional housing program?

1. Yes
2. No

C88. [If A1> 18 years and C80<18] After you turned 18 years old, did you ever live in a group home or a residential treatment center?

1. Yes

2. No

C88a. [If C88=Yes] During the past 12 months, have you lived in a group home or a residential treatment center?

[If for any instability episode "Did you ever return to live with your adoptive family?" =Yes AND B11=Yes]

C89. When we asked you about things that may have happened in your life, such as running away or going to live somewhere without your adoptive parent(s), you told us that you returned to live with your adoptive family.

Tell us more about why you returned to live with your adoptive family?

[OPEN FILL]

Section D: Post Adoption Services and Support

INTROD: The next questions will ask you about services and supports that you may have needed or received.

[If B11=Yes, all questions.]

[If B11= No, remove “after your adoption.”]

[If A1>=18, insert “Before you turned 18”]

D90. [Before you turned 18] [**after your adoption**], did you feel you 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 changing schools)
3. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Healthcare services (e.g., pediatrician, primary care physician)
7. Other (*please specify*): _____

D91. [Before you turned 18] [**after your adoption**], did you ever 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. Support group (in-person or online) with others who were adopted or moved from an adoptive home
4. Drug or alcohol treatment services
5. Financial assistance or job training
6. Healthcare services (e.g., pediatrician, primary care physician)
7. Other (*please specify*): _____

D92. [If yes to any type of service in D91] How helpful was/were the service(s)?

1. Very helpful
2. Helpful
3. Not helpful

D.93, Were there any other services that you would have liked to receive but didn't? If so, describe them here.

[OPEN FILL]

D94. [If “yes” to service need in D90 and “no” to service receipt in D91] Why do you think you did not get the services you needed?

[OPEN FILL]

D95. [If “no” to service need in D90 and “yes” to service receipt in D91] What do you think helped you get the services you received?

[OPEN FILL]

D96. [If B11=Yes] Was your adoption ever terminated (or legally ended)?

1. Yes, my adoptive parents' rights were terminated
2. Yes, other (*please specify*): _____
3. No, my adoptive parents' rights were not terminated, instead we just ended our relationship on our own
4. No

D97. [If D96=yes] When was your adoption terminated? *Please provide an approximate date.*

_____ [Fill date]

Section E: Family Relationships

INTROE: These next questions ask about your current family relationships.

[If B11=Yes, all questions]

[If B11= No, replace “adoptive parent” with only “parent.”]

E96. How many living [adoptive] parents do you have?

_____ (Fill in number)

E97. [If E96>1 include: First, think about one of your [adoptive] parents] [First, think about one of your [adoptive] parents.] How close do you feel to your [adoptive] parent these days?

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

E98. [If E96>1, use “first”] About how often do you see or have contact with your [first] [adoptive] parent?

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

E99. [If A1 >=18 years and B12<18] [If E96>1, use “first”] During your childhood (before you turned 18 years old) how close did you feel to your [first] [adoptive] parent?

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

E99a. [If E96>1, use “first”] Is this [first] [adoptive] parent 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

E99b. [If E96>1, use “first”] What race is this [first] [adoptive] parent? 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

E100. [If E96>1] Now think about the other [adoptive] parent. How close do you feel to your second [adoptive] parent these days?

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

E101. [If E96>1] About how often do you see or have contact with your second [adoptive] parent)?

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

E102. [If E96>1 and If A1 >= 18 years and B12<18] During your childhood (before you turned 18 years old), how close did you feel to your second [adoptive] parent?

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

E102a. [If E96>1, use “second”] Is this [second] [adoptive] parent 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

E102b. [If E96>1, use “second”] What race is this [second] [adoptive] parent? 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

E103. [If B11=Yes and if D96=4] Thinking about your adoptive family now, how much do you feel that you belong?

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

E104. Thinking about the next five years, how hopeful are you about your future?

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

E105. How supportive are your [adoptive] parents of your future plans?

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

E106. [If B11=yes] Do you know at least one of your birth parents?

1. Yes
2. No

E106a. [If E106= Yes] How many birth parents do you know?

_____ (fill in number)

E107. [If E106=Yes; if D106a>1, use [first] and introduction text below:] *[For these next set of questions first think about the birth parent that you feel the closest to.]*

How close do you feel to your [first] birth parent these days?

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

E108. [If E106=Yes] About how often do you see or have contact with your [first] birth parent?

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

E109. [If A1 >=18 years and if E106=Yes; if E106a>1, use 'first'] During your childhood (before you turned 18 years old), how close did you feel to your [first] birth parent?

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

E110. [If E106=Yes and E106a>1] Do you know your second birth parent?

1. Yes
2. No

E111. [If E106=Yes and E106a>1] How close do you feel to your second birth parent these days?

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

E112. [If E106=Yes and E106a>1] About how often do you see or have contact with your second birth parent?

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

E113. [If A1 >=18 years and if E106a>1] During your childhood (before you turned 18 years old), how close did you feel to your second birth biological parent?

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

E114.

[If B11=yes and if A1 < 18 years old] Do you have any biological sibling(s) who do not live with you now?

OR

[if B11=yes and A1>= 18 years old or older] Before you turned 18, did you have any biological sibling(s) who did not live with you?

1. Yes
2. No
3. Don't Know

E115.

[If A1<18 years] Do you have any adoptive sibling(s) who do not live with you now?

OR

[If A1 >=18 years] Before you turned 18, did you have any adoptive sibling(s) who did not live with you?

1. Yes
2. No

E116. [If B11=yes] Are there other members of your biological family such as aunts, uncles, or cousins, who do not live with you, but with whom you like to keep in touch?

1. Yes
2. No

E117. [If B11=Yes and if E106=yes] Thinking about your birth family now, how much do you feel that you belong?

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

Section F: Adoption Motivations/Experience

[If B11=Yes]

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

F118. Now think back to the time when you were adopted. At that time, were you involved in the decision about being adopted?

1. Yes
2. No, I was too young to understand what was going on
3. No, but I wanted to be part of this family
4. No, and I did not want to be a part of this family

F119. [Skip if F118= 3 or 4] Did you want to be adopted by this family?

1. Yes
2. No

F120. [If F118= 1 OR F118=3] Why did you want to be adopted by this family? *Please select Yes or No for every option:*

1. To have a stable family
2. To have long-term family relationships
3. To have someone that loves and cares about you
4. To have someone you can count on
5. To have a home
6. To have a stable school and neighborhood
7. To be able to go to college
8. To have siblings
9. Other (*please specify*): _____

F121. [If F119= No or F118= d] What are some reasons you did **NOT** want to be adopted by this family? *Please select Yes or No for each option.*

1. Wanted to go back to biological family
2. Wanted to go back to my neighborhood
3. Wanted to go back to your cultural roots
4. This family was not a good fit
5. Other (*please specify*): _____

F122. Were you aware of a court proceeding that made the adoption legal?

1. Yes
2. No

F123. [If F122= Yes] Were you involved with the court proceedings?

1. Yes
2. No
3. I cannot remember

F124. Did anyone talk with you about being adopted by this family?

1. Yes
2. No

F124a. [if F124=Yes] Who talked to you about your adoption?

1. Birth Parent
2. Adoptive Parent
3. Caseworker
4. Someone else (*please specify*): _____

F125. Thinking about why you were adopted, do you think that any of these reasons were part of your parents' decision to adopt you? *Please select Yes or No for each option.*

1. My adoptive parent(s) loved me
2. My adoptive parent(s) were unable to have a biological child.
3. My adoptive parent(s) wanted to expand their family.
4. My adoptive parent(s) wanted a sibling for their other child(ren).
5. My adoptive parent(s) had already adopted my sibling(s).
6. My adoptive parent(s) knew me before the adoption and wanted to help me.
7. My adoptive parent(s), or someone close to them, had previously been adopted
8. My adoptive parent(s) wanted to help a child in need of a permanent family.
9. Other reason? (*please specify*): _____

Section G: Perceptions of Childhood Family Cohesion/Functioning

If B11=Yes, all questions

If B11= No, replace “adoptive family” with only “family.” And, replace “adoptive parent” with only “parent.”

INTROG1: [If A1>=18, use ‘before you turned 18’ and ‘was’] For the next set of statements, think of your experiences **during your childhood** [before you turned 18]. Please think about all members of your [adoptive] family when answering these questions. Please select how often each statement is [was] true for your [adoptive] family.

G126. In my [adoptive] family, we talk about problems.

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

G127. When we argue, my [adoptive] family listens to “both sides of the story.”

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

G128. In my [adoptive] family, we take time to listen to each other.

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

G129. My [adoptive] family pulls together when things are stressful.

1. Never
2. Very rarely
3. Rarely
4. About half the time

5. Frequently
6. Very frequently
7. Always

G130. My [adoptive] family is able to solve our problems.

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

INTROG2: [If A1>=18, use 'before you turned 18' and 'felt'] For the next set of statements, think of your experiences **during your childhood** [before you turned 18]. Please think about the [adoptive] parent to whom you feel [felt] the closest. Please indicate how often each of the following is true for **you**.

G131. I am happy when I am with my [adoptive] parent.

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

G132. My [adoptive] parent and I are very close.

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

G133. My [adoptive] parent is a comfort to me when I am upset.

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

7. Always

G134. I spend time with my [adoptive] parent doing what he/she likes to do.

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

G135. How warm is your relationship with your [adoptive] parent?

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

[If B11=No, SKIP]

G136. If you knew everything about your [adoptive] family that you now know, would you want to be adopted by this this family?

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

[If B11=No SKIP]

G137.

[If A1<18 years and D95=No] How often do you think about ending your adoption?

OR

[If A1>=18 years] Before you were 18, how often did you think about ending your adoption?

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

Section H: Health and Mental Health Status

INTROH: The next questions ask about your health.

H138. In general, would you say your health is...?

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

H139. Do you think you have a problem with your own mental health? *Please include any emotional, behavioral, learning, or attention problems.*

1. Yes
2. No

H140. Do you think you have a problem with your own drug or alcohol use? *Please include any alcohol or drug abuse problems.*

1. Yes
2. No

H141. [If A1>=18] During your childhood, before you turned 18 years old, did you have a problem with your own mental health? *Please include any emotional, behavioral, learning, or attention problems.*

1. Yes
2. No

H142. [If A1>=18] During your childhood, before you turned 18 years old, did you have a problem with your own drug or alcohol use? *Please include any alcohol or drug abuse problems.*

1. Yes
2. No

H143. 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.

H144. 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.

H145. 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).

H146. 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: Support

INTROI: Think of people you can go to if you want to talk to someone about something personal - for instance, if you had something on your mind that was worrying you or making you feel down.

I147. How many people can you go to if you want to talk about something personal?

1. No one
2. 1
3. 2
4. 3
5. 4
6. 5 or more

I148. [If question I147 ≠ “no one”] Who are the people you can talk to about something personal related to you? *Check all that apply.*

1. Adoptive parent
2. Biological parent
3. Another parent (foster parent, stepparent) or relative (spouse, sibling, partner)
4. Mentor or other community member such as a caseworker or social worker, teacher, or coach
5. Friend or peer
6. Therapist, counselor, or doctor
7. Lawyer or court-appointed special advocate (CASA)
8. Other (*please specify*): _____

I149. When you run into challenges, who is your primary source of support or help (*select one*)?

1. Adoptive parent/guardian
2. Biological parent
3. Another parent (foster parent, stepparent) or relative (spouse, sibling, partner)
4. Mentor or other community member such as a caseworker or social worker, teacher, or coach
5. Friend, peer
6. Therapist, counselor, or doctor
7. Lawyer or court-appointed special advocate (CASA)
8. Other (*please specify*): _____

Section J: Open Ended Question

INTROJ: This is our last question.

J150. Is there anything else about your [adoption] experience that you would like to share?

[OPEN FILL]