



National Survey of Child and Adolescent Well-Being



Survey of Family Well-Being

RTI International • PO Box 12194 • Research Triangle Park, North Carolina 27709 • USA
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. Remember, people with many different backgrounds and types of families will be completing this survey. For this reason, we try to ask about lots of different possible family members, including birth or biological parents, adoptive parents, foster parents, grandparents, other relatives and siblings.

A1. What is your age?

_____ years old

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

1. At my birth or biological parent(s)' house, apartment or condo
2. At my adoptive parent(s)' house, apartment, or condo
3. At my own house, apartment, condo, dormitory, or military barracks
4. At another adoptive family member's house, apartment, or condo
5. At another birth or biological family member's house, apartment, or condo
6. At a foster parent(s)' house, apartment, or condo
7. At a group home or residential treatment facility
8. I do not have a home right now, for example, I am living inside my car, an abandoned building, on the street, in a park, in a shelter, or am couch surfing
9. Other (please specify): _____

A3. For the next question, "school" refers to a junior high or middle school, a high school, a college or university, or a technical or vocational or GED program. "School" also refers to homeschool. Are you currently attending school?

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
4. College, university, technical, or vocational school
5. Graduate or professional degree
6. Other (please specify) _____

A5. Are you Spanish, Hispanic, or Latino?

1. Yes
2. No

A6. What is your race? Select all that apply.

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

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

1. Male
2. Female
3. Don't know

- A8.** How do you describe yourself?
1. Male
 2. Female
 3. Transgender
 4. Do not identify as male, female, or transgender

A8a. Which pronoun do you use to describe yourself, he, she, or they? We will refer to you by this pronoun throughout the survey.

1. He
2. She
3. They

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

1. Straight or heterosexual
2. Lesbian or gay
3. Bisexual

4. Other
5. Don't know

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. Adoption is a process where a person legally assumes the parenting of another child born to someone else. Have you ever been legally adopted?

1. Yes
2. No

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

_____ times

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

B12. [If B11=1] How old were you when you were adopted? Your best guess is fine.

_____ years old

B13. [If B11= 1] How long did you know your adoptive parent(s) before the adoption process started?

1. I didn't know my adoptive parent(s) before the adoption process
2. Less than 6 months
3. 6 months to 1 year
4. More than 1 year to 3 years
5. More than 3 years
6. All my life or as long as I can remember

B13a. [If B11= 1 and B13>1] How close did you feel to your adoptive parent(s) before the adoption process started?

1. Extremely close
2. Very close
3. Moderately close
4. Slightly close
5. Not at all close
6. I was too young to remember

B13b [If B11=1] Do you have other birth or biological siblings who were adopted by the same family?

1. Yes
2. No

B13c [If B11= 1 and B13>1] What was your relationship to your adoptive parent(s) before your adoption?

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

B14. [If B11= 1] Open adoption is when adoptive parents allow contact between birth or biological parents and child. Was [if A1<18-“Is”] your adoption an “open adoption”?

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

B15. [If B11=1] Do [if A1>=18-“When you were a child, did”] you have contact with your birth or biological mother?

1. Yes
2. No

B16. [If B15= 1] How supportive were [if A1<18-“are”] your adoptive parents of your contact with your birth or biological mother?

1. Very supportive
2. Supportive
3. Not very supportive
4. I never discussed contact with my birth or biological mother

B17. [If B15=1] How satisfied were [if A1<18-“are”] you with the ongoing contact you had [if A1<18-“have”] with your birth or biological mother [ifA1>=18-“as a child”]?

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

B15a. [If B11=1] Do [if A1>=18-“When you were a child, did”] you have contact with your birth or biological father?

3. Yes
4. No

B16a. [If B15a= 1] How supportive were [if A1<18-“are”] your adoptive parents of your contact with your birth or biological father?

1. Very supportive
2. Supportive
3. Not very supportive
4. We never discussed contact with my birth or biological father

B17a. [If B15a=1] How satisfied are [if A1<18-“are”] you with the ongoing contact you had [if A1<18-“have”] with your birth or biological father [ifA1>=18-“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. [If A2 does not equal 1 “in my adoptive parent(s) home”] How old were you when you stopped living with your [adoptive] parent(s)?

_____ years old

[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 answer Yes or No for each option. Answer “Yes” if it was one of the main reasons you left home.

	Yes	No
B19a. To get a job, to join the military, or to attend school, college, or another educational program		
B19b. To get married or move in with a boyfriend, girlfriend, or significant other		
B19c. My [adoptive] parent(s) asked me to leave their home, apartment, or condo		
B19d. To move in with my birth or biological family [do not include this response option if B11=no]		

B19e. To move in with another [adoptive] family member		
B19f. To get group home or residential services to manage emotions, behaviors, drug, and/or alcohol problems		
B19g. My gender identity or sexual orientation was not accepted by my [adoptive] parent(s)		
My racial or ethnic identity was not accepted by my [adoptive] parents		
B19h. Other (please specify): _____		

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

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

B20. Who lives with you now? Please answer Yes or No for each option.

	Yes	No
B20a. Birth or biological mother		
B20b. Birth or biological father		
B20c. Adoptive mother		
B20d. Adoptive father		
B20e. Adoptive sister or brother		
B20f. Birth or biological sister or brother		
B20g. Spouse		
B20h. My own child(ren)		
B20i. Boyfriend, girlfriend, or other romantic partner		
B20j. Other relative		
B20k. Other non-relative (please specify): _____		

Section C: Post Adoption Instability Experiences

[If B11=2, the phrase “after your adoption,” will be deleted and references to “adoptive parent(s)” will be replaced only with “parent(s)”]

INTROC: [If B11=1 and A1>=18 years] Next, we want to ask you about some life experiences.

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, for example, had a special birthday or met your best friend.

[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, for example, learned to drive or met my first boyfriend, girlfriend, or romantic partner.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If B11=1 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, for example, moved to a different school or met your best friend.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If B11= 2 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 in your life **before you turned 18** that you remember well? Please provide a brief description, for example, moved to a different school or met your best friend.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If B11= 2 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, for example, moved to a different school or met your best friend.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[DISPLAY AS INTRO BEFORE C22 only if B11=1] We are interested in learning whether there were times when you did not live with your adoptive parent(s) **after your adoption, but before you turned 18**. We will ask you separately about times you may have left your adoptive home to live in foster care, a group home or residential treatment center, juvenile detention, or to live with other relatives. We realize that you may have lived in many of these places before coming to live with your adoptive parent(s). Or, you may have lived in these places while living with your parent(s) before your adoption was finalized. For this interview, we are only interested in learning about whether there were times when you did not live with your parents **after your adoption was finalized** [if A2>=18 years-**“and before you turned 18 years old”**].

[DISPLAY AS INTRO BEFORE C22 only if B11=2] We are interested in learning whether there were times during your childhood when you did not live with your parent(s). We will ask you separately about times you may have left your home to live in foster care, a group home or residential treatment center, juvenile detention, or to live with other relatives. For this interview, we are only interested in learning about whether there were times when you did not live with your parents [if A2>=18 years-**“before you turned 18 years old”**].

C22. First, I want to ask you about time in foster care. Here, foster care refers to a child living with a foster parent who is not related to the child, for example, not living with their grandparent or some other relative and not living in a group home. [**After your adoption**], did you ever spend time in foster care?

1. Yes
2. No

C23. [If C22=1] With how many different foster families have you lived [**after your adoption**]?

_____ families

C24. [If C22= 1; If C23>1, insert “first”] How old were you when you [first] moved from your [adoptive] parent(s)’ home to live with a foster family?

_____ years old

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

1. Less than 2 months
2. 2 to 6 months
3. More than 6 months to 1 year
4. More than 1 year to 3 years
5. More than 3 years to 5 years
6. More than 5 years

C25. [If C22= 1; If C23>1, insert “first”] When you [first] moved from your [adoptive] parent(s)’ home to a foster family, did you still have contact with...? Please answer Yes, No, or Not Applicable (NA) for each option.

	Yes	No	Not applicable
C25a. Your adoptive parent(s)			
C25b. Your adoptive sibling(s)			
C25c. Your birth or biological parent(s)			
C25d. Your birth or biological sibling(s)			
C25e. Other relatives			

C26. [If C22= 1; 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] parent(s)’ home to a foster family. Which of the following describes your family situation at that time? Please answer Yes or No for each option.

	Yes	No
C26a. You did not feel accepted by your [adoptive] family		
C26b. You did not feel safe in your home because of violence or abuse		
C26c. You did not feel safe in your home because of another family member’s mental health, drug, or alcohol problems		
C26d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C26e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C26f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C26g. You needed help to manage your drinking or drug use		
C26h. Your gender identity or sexual orientation was not accepted		
C26i. Your racial or ethnic identity was not accepted		
C26j. Other (please specify)		

C27. [If C22= Yes; If C23>1, insert “first”] During the time when you [first] moved from your [adoptive] parent(s)’ home to a foster family, did you receive any of the following services? Please answer Yes or No for each option.

	Yes	No
C27a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C27b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C27c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C27d. Drug or alcohol treatment services		
C27e. Job training or support with independent living or other life skills		

C27f. Other (please specify): _____		
-------------------------------------	--	--

C28. [If C22=1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C28a. [if C28=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

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

1. Less than 2 months
2. 2 to 6 months
3. More than 6 months to 1 year
4. More than 1 year to 3 years
5. More than 3 years to 5 years
6. More than 5 years

[IF B13c=1, use "another"]

C29. [After your adoption], did you ever live **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=1and B11= 2] Was this grandparent your...?

1. Adoptive grandparent
2. Birth or biological grandparent

C30. [If C29=1] How many times have you gone to live **without** your [adoptive] parent(s) in a grandparent's home?

_____ times

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

_____ years old

C31. [If C29= 1; If C30>1, insert “the first time” otherwise use “when”] When you [first] went to stay at this grandparent’s home, did you still have contact with ...? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C31a. Your adoptive parent(s)			
C31b. Your adoptive sibling(s)			
C31c. Your birth or biological parent(s)			
C31d. Your birth or biological sibling(s)			
C31e. Other relatives			

C32. [If C29= 1; 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 this grandparent’s home **without** your [adoptive] parents. Which of the following describes your family situation at that time? Please answer Yes or No for each option

	Yes	No
C32a. You did not feel accepted by your [adoptive] family		
C32b. You did not feel safe in your home because of violence or abuse		
C32c. You did not feel safe in your home because of another family member’s mental health, drug, or alcohol problems		
C32d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C32e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C32f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C32g. You needed help to manage your drinking or drug use		
C32h. Your gender identity or sexual orientation was not accepted		
C32i. Your racial or ethnic identity was not accepted		
C32j. Other (please specify)		

C33. [If C29= 1; If C30>1 insert ‘first’] During the time when you [first] went to live in this grandparent’s home without your [adoptive] parent(s), did you receive any of the following services? Please answer Yes or No for each option.

	Yes	No
C33a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C33b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing		

schools		
C33c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C33d. Drug or alcohol treatment services		
C33e. Job training or support with independent living or other life skills		
C33f. Other (please specify): _____		

C34. [If C29= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C34a. [if C34=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C35. [If C29=1, use “another relative’s home”] [After your adoption], did you ever live **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= 1] Who was this relative?

1. Adoptive aunt, uncle or cousin
2. Birth or biological aunt, uncle or cousin
3. Birth or biological sister or brother
4. Adoptive sister or brother
5. Birth or biological parent
6. Another relative (please specify): _____

C37. [If C35= 1] How many times have you gone to live **without** your [adoptive parents] in a relative’s home?

_____ times

C38. [If C35= 1; If C37>1 insert “the first time” otherwise use “when”] How old were you [the first time/when] you moved from your [adoptive] parent(s) home to a relative’s home?

_____ years old

C39. [If C35= 1; If C37>1 insert “first”] When you [first] went to stay at a relative’s home, did you still have contact with...? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C39a. Your adoptive parent(s)			
C39b. Your adoptive			

sibling(s)			
C39c. Your birth or biological parent(s)			
C39d. Your birth or biological sibling(s)			
C39e. Other relatives			

C40. [If C35= 1; 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] parent(s)’ home to a relative’s home. Which of the following describes your family situation at that time? Please answer Yes or No for each option.

	Yes	No
C40a. You did not feel accepted by your [adoptive] family		
C40b. You did not feel safe in your home because of violence or abuse		
C40c. You did not feel safe in your home because of another family member’s mental health, drug, or alcohol problems		
C40d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C40e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C40f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C40g. You needed help to manage your drinking or drug use		
C40h. Your gender identity or sexual orientation was not accepted		
C40i. Your racial or ethnic identity was not accepted		
C40j. Other (please specify)		

C41. [If C35= 1; If C37>1 insert ‘first’] During the time when you [first] moved from your [adoptive] parent(s)’ home to a relative’s home, did you receive any of the following services? Please answer Yes or No for each option.

	Yes	No
C41a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C41b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C41c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C41d. Drug or alcohol treatment services		
C41e. Job training or support with independent living or other life skills		
C41f. Other (please specify): _____		

C42. [If C35= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C42a. [if C42=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C43. [After your adoption], did you ever live **without** your [adoptive] parent(s) at another adult's home, for example, an older friend's home, with a friend's family or parent(s), with a boyfriend or girlfriend or romantic partner's parent(s), or 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= 1] How many times have you gone to live at another adult's home **without** your [adoptive] parent(s)?

_____ times

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

_____ years old

C46. [If C43= 1; If C44>1 insert 'first'] When you [first] went to live at another adult's home, did you still have contact with....? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C46a. Your adoptive parent(s)			
C46b. Your adoptive sibling(s)			
C46c. Your birth or biological parent(s)			
C46d. Your birth or biological sibling(s)			
C46e. Other relatives			

C47. [If C43= 1, 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 answer Yes or No for each option.

	Yes	No
C47a. You did not feel accepted by your [adoptive] family		
C47b. You did not feel safe in your home because of violence or abuse		
C47c. You did not feel safe in your home because of another family member's		

mental health, drug, or alcohol problems		
C47d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C47e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C47f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C47g. You needed help to manage your drinking or drug use		
C47h. Your gender identity or sexual orientation was not accepted		
C47i. Your racial or ethnic identity was not accepted		
C47j. Other (please specify)		

C48. [If C43= 1; 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 answer Yes or No for each option.

	Yes	No
C48a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C48b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C48c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C48d. Drug or alcohol treatment services		
C48e. Job training or support with independent living or other life skills		
C48f. Other (please specify): _____		

C49. [If C43= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C49a. [if C49=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C50. Running away is defined in the following way: a minor leaving home for over 24 hours or going missing for more than 24 hours and their parent or guardian not knowing where he/she/they was/were. **[After your adoption]** did you ever run away from your [adoptive] parents' home? [A1>=18 years]

1. Yes
2. No

C51. [If C50= 1] [After your adoption], how many times have you run away from your [adoptive]

parent(s)' home?

_____ times

C52. [If C50=1; If C51>1 insert 'the first time'] How old were you [the first time] you ran away from your [adoptive] parent(s)' home?

_____ years old

C53. [If C50= 1; If C51>1 insert 'first'] When you [first] ran away from your [adoptive] parent(s), did you still have contact with ...? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C53a. Your adoptive parent(s)			
C53b. Your adoptive sibling(s)			
C53c. Your birth or biological parent(s)			
C53d. Your birth or biological sibling(s)			
C53e. Other relatives			

C54. [If C50= 1; 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 answer Yes or No for each option.

	Yes	No
C54a. You did not feel accepted by your [adoptive] family		
C54b. You did not feel safe in your home because of violence or abuse		
C54c. You did not feel safe in your home because of another family member's mental health, drug, or alcohol problems		
C54d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C54e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C54f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C54g. You needed help to manage your drinking or drug use		
C54h. Your gender identity or sexual orientation was not accepted		
C54i. Your racial or ethnic identity was not accepted		
C54j. Other (please specify)		

C55. [If C50= 1; If C51>1 insert 'first'] During the time when you [first] ran away from your [adoptive] parent(s)' home, did you receive any of the following services? Please answer Yes or No for each option.

	Yes	No

C55a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C55b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C55c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C55d. Drug or alcohol treatment services		
C55e. Job training or support with independent living or other life skills		
C55f. Other (please specify): _____		

C56. [If C50= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C56a. [if C56=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

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

1. Yes
2. No

C58. [If C57= 1] How many separate times have you spent one or more nights homeless without your [adoptive] parents?

_____ times

C59. [If C57= 1; 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)?

_____ years old

C60. [If C57= 1; 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 answer Yes, No, or Not applicable for each answer choice.

	Yes	No	Not applicable
C60a. Your [adoptive] parent(s)			
C60b. Your [adoptive] sibling(s)			
C60c. Your birth or			

biological parent(s)			
C60d. Your birth or biological sibling(s)			
C60e. Other relatives			

C61. [If C57= 1; 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 answer Yes or No for each option.

	Yes	No
C61a. You did not feel accepted by your [adoptive] family		
C61b. You did not feel safe in your home because of violence or abuse		
C61c. You did not feel safe in your home because of another family member's mental health, drug, or alcohol problems		
C61d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C61e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C61f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C61g. You needed help to manage your drinking or drug use		
C61h. Your gender identity or sexual orientation was not accepted		
C61i. Your racial or ethnic identity was not accepted		
C61j. Other (please specify)		

C62. [If C50= 1; 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 answer Yes or No for each option.

	Yes	No
C62a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C62b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C62c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C62d. Drug or alcohol treatment services		
C62e. Job training or support with independent living or other life skills		
C62f. Other (please specify): _____		

C63. [If C50= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C63a. [if C63=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C64. [After your adoption], did you ever spend 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= 1]

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

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

C66. [If C64= 1; 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?

_____ years old

C67. [If C64= 1; 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 answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C67a. Your adoptive parent(s)			
C67b. Your adoptive sibling(s)			
C67c. Your birth or biological parent(s)			
C67d. Your birth or biological sibling(s)			
C67e. Other relatives			

C68. [If C64= 1; 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 answer Yes or No for each option.

	Yes	No
C68a. You did not feel accepted by your [adoptive] family		
C68b. You did not feel safe in your home because of violence or abuse		

C68c. You did not feel safe in your home because of another family member's mental health, drug, or alcohol problems		
C68d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C68e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C68f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C68g. You needed help to manage your drinking or drug use		
C68h. Your gender identity or sexual orientation was not accepted		
C68i. Your racial or ethnic identity was not accepted		
C68j. Other (please specify)		

C69. [If C64= 1; 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 answer Yes or No for each option.

	Yes	No
C69a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C69b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C69c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C69d. Drug or alcohol treatment services		
C69e. Job training or support with independent living or other life skills		
C69f. Other (please specify): _____		

C70. [If C64= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C70a. [if C70=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C71. Transitional housing is a temporary accommodation before permanent housing. [After your adoption], did you ever live 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.]

1. Yes
2. No

C72. [f C71= 1] How many times have you gone to live in a transitional housing program without your [adoptive] parent(s)?

_____ times

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

_____ years old

C74. [If C71= 1; If C72>1 insert 'first'] When you [first] moved from your [adoptive] parent(s)' home to live in a transitional housing program, did you still have contact with...? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C74a. Your adoptive parent(s)			
C74b. Your adoptive sibling(s)			
C74c. Your birth or biological parent(s)			
C74d. Your birth or biological sibling(s)			
C74e. Other relatives			

C75. [If C71= 1; 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] parent(s)' home to a transitional housing program. Which of the following describes your family situation at that time? Please answer Yes or No for each option.

	Yes	No
C75a. You did not feel accepted by your [adoptive] family		
C75b. You did not feel safe in your home because of violence or abuse		
C75c. You did not feel safe in your home because of another family member's mental health, drug, or alcohol problems		
C75d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C75e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C75f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C75g. You needed help to manage your drinking or drug use		
C75h. Your gender identity or sexual orientation was not accepted		
C75i. Your racial or ethnic identity was not accepted		
C26j. Other (please specify)		

C76. [If C71= 1; If C72>1 insert 'first'] During the time when you [first] moved from your [adoptive] parent(s)' home to a transitional housing program, did you receive any of the following services? Please answer Yes or No for each option.

	Ye s	No
C76a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C76b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C76c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C76d. Drug or alcohol treatment services		
C76e. Job training or support with independent living or other life skills		
C76f. Other (please specify): _____		

C77. [If C71= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C77a. [if C77=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C78. A group home is 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. A residential treatment center is a 24-hour inpatient facility that provides a range of therapeutic and support services for children by a team of professionals. [After your adoption], did you ever live 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.]

1. Yes
2. No

C79. [If C78= 1] How many separate times have you lived in a group home or residential treatment center [after you were adopted]?

_____ times

C80. [If C78= 1; 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?

_____ years old

C81. [If C78= 1; If C79>1 insert 'first'] When you [first] moved from your [adoptive] parent(s)' home to a group home or residential treatment center, did you still have contact with...? Please answer Yes, No, or Not applicable for each option.

	Yes	No	Not applicable
C81a. Your adoptive parent(s)			
C81b. Your adoptive sibling(s)			
C81c. Your birth or biological parent(s)			
C81d. Your birth or biological sibling(s)			
C81e. Other relatives			

C82. [If C78= 1; 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] parent(s)' home to a group home or residential treatment center. Which of the following describes your family situation at that time? Please answer Yes or No for each option.

	Yes	No
C82a. You did not feel accepted by your [adoptive] family		
C82b. You did not feel safe in your home because of violence or abuse		
C82c. You did not feel safe in your home because of another family member's mental health, drug, or alcohol problems		
C82d. Your [adoptive] parent(s) did not allow you to live at home, for example, they locked you out or threw you out of their home		
C82e. Your [adoptive] parent(s) or another family member did not feel safe in the home because of your behavior, for example, you were harming your parent, sibling, or pet		
C82f. You needed help to manage your emotions or behaviors, such as school problems, not following rules, or having suicidal thoughts		
C82g. You needed help to manage your drinking or drug use		
C82h. Your gender identity or sexual orientation was not accepted		
C82i. Your racial or ethnic identity was not accepted		
C82j. Other (please specify)		

C83. [If C78= 1; If C79>1 insert 'first'] During the time when you [first] moved from your [adoptive] parent(s)' home to a group home or residential treatment center, did you receive any of the following services? Please answer Yes or No for each option.

	Yes	No
C83a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
C83b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
C83c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
C83d. Drug or alcohol treatment services		
C83e. Job training or support with independent living or other life skills		

C83f. Other (please specify): _____		
-------------------------------------	--	--

C84. [If C78= 1] Did you ever return to live with your [adoptive] family?

1. Yes
2. No

C84a. [if C84=2] Did you continue to keep in contact with anyone from your [adoptive] family?

1. Yes
2. No

C85. [If A1 > =18 years] After you turned 18 years old, did you **ever** spend at least one night homeless, for example, living inside your car, an abandoned building, on the street, in a park, in a shelter, or couch surfing?

1. Yes
2. No

C85a. [If C85=2] **During the past 12 months**, have you spent at least 1 night homeless, for example, living inside your car, an abandoned building, on the street, in a park, in a shelter, or couch surfing?

1. Yes
2. No

C86. [If A1 > =18 years] 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 A1<18 or C86=1] **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 A1<18 or C87=1] **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 A1<18 or C88=1] **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?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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 answer yes or no for each option.

	Yes	No
D90a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
D90b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
D90c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
D90d. Drug or alcohol treatment services		
D90e. Healthcare services, for example from a pediatrician or primary care physician		
D90f. Job training or support with independent living or other life skills		
D90g. Other (please specify): _____		

D91. [Before you turned 18] [**after your adoption**], did you ever receive any of the following services? Please answer Yes or No for each option.

	Yes	No
D91a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services		
D91b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help with changing schools		
D91c. Support group, in-person, online, or by phone with others who were adopted or moved from an adoptive home		
D91d. Drug or alcohol treatment services		
D91e. Healthcare services, for example from a pediatrician or primary care physician		
D91f. Job training or support with independent living or other life skills		
D91g. Other (please specify): _____		

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

1. Very helpful

2. Helpful
3. Not helpful

D93. Were there any other services that you would have liked to have received?

1. Yes
2. No

[IF YES] Please describe them here.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

D95. [If “yes” to service need in D90 and “yes” to service receipt in D91] What do you think helped you get the services you received?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

D96. [If B11=Yes] Was your adoption ever terminated or legally ended by a court order?

1. Yes, my adoptive parents' rights were terminated
2. Yes, I was legally emancipated with a court order before I turned 18 years old
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- MM/DD/YYYY]

Section E: Family Relationships

INTROE: These next questions ask about your 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?

_____ parents

[If E96=0 SKIP TO E103]

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 currently feel to this [adoptive] parent?

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

E98. [If E96>1, use “first”] Thinking about this same parent, about how often do you see or have contact with them?

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

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

E99a. [If E96>1, use “first”] Is this [first] [adoptive] parent Spanish, Hispanic, or Latino?

1. Yes
2. No

E99b. [If E96>1, use “first”] What is this [first] [adoptive] parent’s race? Select all that apply.

1. American Indian or Alaska Native

2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other

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

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

E101. [If E96>1] Thinking about this same parent, about how often do you see or have contact with them?

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

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. Yes
2. No

E102b. [If E96>1, use "second"] What is this [second] [adoptive] parent's race? Select all that apply.

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

E103. [If B11=1 and if E96>=1] 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 the identity of at least one of your birth or biological parents?

1. Yes
2. No

E106a. [If E106= 1] How many birth or biological parents' identities do you know?

1. 1
2. 2

E107. [If E106=1; if E106a>1, use [first] and introduction text below:] [For these next set of questions first think about the birth or biological parent that you feel the closest to.]

How close do you currently feel to your [first] birth or biological parent?

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

E108. [If E106=1] Thinking of this same birth or biological parent, about how often do you see or have contact with them?

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

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 or biological parent?

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

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

1. Yes
2. No

E111. [If E106=1 and E106a>1] How close do you currently feel to your second birth or biological parent?

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

E112. [If E106=1 and E106a>1] Thinking of this same parent, about how often do you see or have contact with them?

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

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 or biological parent?

1. Extremely close
2. Very close
3. Moderately close
4. Slightly close

5. Not at all close

E114.

[If B11=1 and if A1 < 18 years old] Do you have any birth or biological sibling(s) who do not live with you now?

OR

[if B11=1 and A1>= 18 years old or older] Before you turned 18, did you have any birth or 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=1] Are there other members of your birth or biological family such as aunts, uncles, or cousins, who do not live with you, but with whom you keep in touch?

1. Yes
2. No

E117. [If B11=1 and if E106=yes] Thinking about your birth or biological 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= 2, 3, or 4] Did you want to be adopted by this family?

1. Yes
2. No

F120. [If F119= 1 OR F118=3] Why did you want to be adopted by this family? Please answer Yes or No for each option.

	Yes	No
F120a. To have a stable family		
F120b. To have long-term family relationships		
F120c. To have someone that loves and cares about me		
F120d. To have someone I can count on		
F120e. To have a home		
F120f. To have a stable school and neighborhood		
F120g. To be able to go to college		
F120h. To have siblings		
F120i. Other (please specify): _____		

F121. [If F119= 2 or F118= 4] What are some reasons you did **not** want to be adopted by this family? Please answer Yes or No for each option.

	Yes	No
F121a. I wanted to go back to biological or birth family		
F121b. I wanted to go back to my neighborhood		
F121c. I wanted to go back to your cultural roots		
F121d. This family was not a good fit		
F121e. Other (please specify): _____		

F122. Are you aware of a court proceeding that made your adoption legal?

1. Yes
2. No

F123. [If F122= 1] 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=1] Who talked to you about being adopted by this family? Please select all that apply.

1. Birth or biological 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 parent(s)' decision to adopt you? Please answer Yes or No for each option.

	Yes	No
F125a. My adoptive parent(s) loved me		
F125b. I was already part of our family as a relative or foster child		
F125c. My adoptive parent(s) were unable to have a birth or biological child		
F125d. My adoptive parent(s) wanted to expand their family		
F125e. My adoptive parent(s) wanted a sibling for their other child(ren)		
F125f. My adoptive parent(s) had already adopted my sibling(s)		
F125g. My adoptive parent(s) knew me before the adoption and wanted to help me		
F125h. My adoptive parent(s), or someone close to them, had previously been adopted		
F125i. My adoptive parent(s) wanted to help a child in need of a permanent family.		
F125j. 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** [If A1>=18-"before you turned 18"]. Please think about all members of your [adoptive] family when answering these questions. Select how often each statement is [was] true for your [adoptive] family.

G126. In my [adoptive] family, we talk about problems. [If A2>=18 years: In my [adoptive] family, we talked 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." [If A2>=18 years: When we argued, my [adoptive] family listened 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. [If A2>=18 years: In my [adoptive] family, we took 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. [If A2>=18 years: My [adoptive] family pulled together when things were 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. [If A2>=18 years: My [adoptive] family was 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** [A1>=18-"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. [If A2>=18 years: I was happy when I was 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 to each other. [If A2>=18 years: My [adoptive] parent and I were very close to each other.]

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. [If A2>=18 years: My [adoptive] parent was a comfort to me when I was 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/they likes to do. [If A2>=18 years: I spent time with my [adoptive] parent doing what he/she/they 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? [If A2>=18 years: How warm was 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 not
2. Probably not
3. Maybe
4. Probably
5. Definitely

[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 COVID-19, the disease caused by the novel coronavirus.

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 my basic 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, such as feeling a little anxious, sad, or angry; or having mild trouble sleeping
3. Moderate. I worry frequently or experience moderate stress-related symptoms, such as 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, such as 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 in my home get in physical fights with one another.
4. Severe. My family members are frequently short-tempered with one another; or adults in 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. Currently, how many people do you feel you can 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? Please answer yes or no for each option.

	Yes	No
I148a. Adoptive parent		
I148b. Birth or biological parent		
I148c. Foster parent		
I148d. Other adoptive relative		
I148e. Other birth or biological relative		
I148f. Spouse or partner		
I148g. Mentor or other community member such as a caseworker or social worker, teacher, or coach		
I148h. Friend, peer, or coworker		
I148i. Therapist, counselor, or doctor		
I148j. Lawyer or court-appointed special advocate, such as CASA		
I148k. Other (please specify):		

I149. When you run into challenges, who is your primary source of support or help?

1. Adoptive parent or guardian
2. Birth or biological parent
3. Foster parent
4. Another adoptive relative
5. Another birth or biological relative
6. Spouse or partner
7. Mentor or other community member such as a caseworker or social worker, teacher, or coach
8. Friend, peer, or coworker
9. Therapist, counselor, or doctor
10. Lawyer or court-appointed special advocate, such as CASA
11. 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?

1 Yes

2 No

[IF YES] What would you like to share?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]