



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 2: Survey of Adoptive Parents (SAP)

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

Section A: Demographics

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

A1. What is your age?

_____ years old

A1a. Are you Spanish, Hispanic, or Latino?

1. Yes
2. No

A1b. 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

In this survey, we'd like to ask some questions about your adopted child, [CHILD].

A2. How old is [CHILD]?

_____ years old

A2a. Is [CHILD] Spanish, Hispanic, or Latino?

1. Yes
2. No

A2b. What is [CHILD]'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

A2c. Which pronoun does [CHILD] use to describe themselves, he, she, or they? We will use refer to [CHILD] using this pronoun throughout the survey.

1. He
2. She
3. They

A3. What is your relationship to [CHILD]?

1. Adoptive mother
2. Adoptive father
3. Birth or biological grandmother
4. Birth or biological grandfather
5. Birth or biological mother
6. Birth or biological father
7. Other relative (please specify): _____
8. Other non-relative (please specify): _____

A4. Where does [CHILD] live now?

1. At our family's house, apartment, or condo
2. At [his/her/their] own house, apartment, condo, dormitory, or military barracks
3. At another adoptive family member's house, apartment, or condo
4. At a birth or biological family member's house, apartment, or condo
5. With friends
6. At a foster parent's house, apartment, or condo
7. At a group home or residential treatment facility
8. At a prison, jail, or juvenile detention center
9. Does not have a home right now, for example, [he/she/they] [is/are] living inside [his/her/their] car, in an abandoned building, on the street, in a park, in a shelter, or [is/are] couch surfing
10. I don't know where [he/she/they] [live/lives]

11. Other (please specify): _____

[If A4 >1]

A5. How old was [CHILD] when [he/she/they] left your home for the first time to live someplace else?
 _____ years old

[If A4= >1]

A6. Why did [CHILD] leave your home the first time? Please answer Yes or No for each option. Answer “Yes” if it was one of the main reasons.

| | Yes | No |
|---|-----|----|
| A6a. For a job, to join the military, or to attend school, college, or another educational program | | |
| A6b. To get married or move in with a boyfriend, girlfriend, or significant other | | |
| A6c. We asked [him/her/them] to leave our home, apartment, or condo | | |
| A6d. [He/she/they] preferred to live with [his/her/their] birth or biological family | | |
| A6e. [He/she/they] preferred to live with another adoptive family member | | |
| A6f. [He/she/they] needed group home or residential services to manage emotions, behaviors, drug, and/or alcohol problems | | |
| A6g. [He/she/they] didn't feel that [his/her/their] gender identity or sexual orientation was accepted | | |
| A6h. [He/she/they] did not feel [his/her their] racial or ethnic identity was accepted | | |
| A6i. Other (please specify): _____ | | |

Please give a brief description of what was going on when [CHILD] left home:

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

A8. Who else lives with you now? Please answer Yes or No for each option.

| | Yes | No |
|---|-----|----|
| A8a. Spouse, romantic partner, or significant other | | |
| [IF A3=5 DO NOT SHOW] A8b. [CHILD]'s birth or biological mother | | |
| [IF A3=6 DO NOT SHOW] A8c. [CHILD]'s birth or biological father | | |
| [IF A3=1 DO NOT SHOW] A8d. [CHILD]'s adoptive mother | | |
| [IF A3=2 DO NOT SHOW] A8e. [CHILD]'s adoptive father | | |
| A8f. [CHILD]'s own child(ren) | | |
| A8g. Another adopted son(s) | | |
| A8h. Birth or biological son(s) | | |
| A8i. Another adopted daughter(s) | | |
| A8j. Birth or biological daughter(s) | | |
| A8k. Other relative (please specify): _____ | | |
| A8l. Other non-relative (please specify): _____ | | |

A9. Are you currently...?

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

A10. [If A9=2 or 3] How old was [CHILD] at the time of your divorce or separation?
_____ years old

Section B: Adoption History

INTROB: Now I would like to ask you about your overall experience with [CHILD].

B11. [IF A3≠5 OR 6] Adoption is a process where a person legally assumes the parenting of another child born to someone else. Have you legally adopted [CHILD], that is, have you signed court papers to complete [CHILD]'s adoption process?

1. Yes
2. No

B12. [If A9=1 and A8b=no or A8c=no] Has your spouse legally adopted [CHILD], that is, have they signed court papers to complete [CHILD]'s adoption process?

1. Yes
2. No

B13. [If B11 =2 and A3≠5 OR 6, and A4=1] How many years have you lived with [CHILD]?

_____ years

B13a. [If B11 =2, A3≠5 OR 6, and A4≠] How many years did you live with [CHILD]?

[If B13=0 or B13a=0 display: "Please ask [CHILD]'s adoptive parent or adult who raised [CHILD] to complete the rest of the survey"/ask to speak to the adoptive parent or adult who raised [CHILD] to complete interview. If adoptive parent or adult who raised [CHILD] is not available or cannot complete the survey, continue with interview. If B13 >0, continue]

B14. [If B11=1] How old was [CHILD] at the time of their adoption?

_____ years old

B15. [If A3≠5 OR 6] Before [his/her/their] adoption, what was your relationship to [CHILD]?

1. Grandparent
2. Aunt or uncle
3. Sister or brother

4. Stepmother or stepfather
5. Other relative
6. Other non-relative
7. Foster parent
8. I had no prior relationship to [him/her/them]

B16. [If A3≠5 OR 6] How long did you know [CHILD] before the adoption process started?

1. I did not know [him/her/them] before the adoption process started
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 [his/her/their] life

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

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

B18. [If A3≠5 OR 6] Did you adopt other birth or biological siblings of [CHILD]?

1. Yes
2. No

B19. Open adoption is when adoptive parents allow contact between birth or biological parents and child. Is [CHILD]'s adoption an "open adoption"?

1. Yes
2. No

B20. [if B19=1]

[IF A2<18 years- "With whom does your child have contact? Please answer Yes or No for each option.

OR

[IF A2>18 years] When [he/she/they] was/were a child, with whom did [he/she/they] have contact?
Please answer Yes or No for each option.

| | Yes | No |
|---|-----|----|
| B20a. Birth or biological mother | | |
| B20b. Birth or biological father | | |
| B20c. Other birth or biological relatives | | |

B20d. [if B20a=yes] [If A2>=18 years- “Before [he/she/they] turned 18”], How supportive [If A2<18 years- “are” /If A2>=18 years- “were”] you of the contact between [CHILD] and [his/her/their] birth or biological mother?

1. Very supportive
2. Supportive
3. Not very supportive
4. We never discussed contact with [his/her/their] birth or biological mother

B21. [If B20d=1, 2, or 3] Tell us more about why you [If A2<18 years and B20d=1 or 2, “are supportive”; If A2>=18 and B20d=1 or 2, “were supportive”; If A2<18 and B20d=3, “are not supportive”; If A2>=18 and B20d=3, “were not supportive”] about [CHILD]’s contact with [his/her/their] birth or biological mother.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

B21b. [if B20b=yes] [If A2>=18 years- “Before he/she/they turned 18”], How supportive [If A2<18 years- “are” /If A2>=18 years- “were”] you of the contact between [CHILD] and [his/her/their] birth or biological father?

1. Very supportive
2. Supportive
3. Not very supportive
4. We never discussed contact with [his/her/their] birth or biological father

B21c. [If B21b=1, 2, or 3] Tell us more about why you [If A2<18 years and B21b=1 or 2, “are supportive”; If A2>=18 and B21b=1 or 2, “were supportive”; If A2<18 and B21b=3, “are not supportive”; If A2>=18 and B21b=3, “were not supportive”] about your [CHILD]’s contact with [his/her/their] birth or biological father.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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

- Primary parents/caregivers during childhood
- Number of siblings during childhood
- Household income during childhood
- Size of household during childhood
- Birth vs. adopted relationship to family members

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

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

Section C: Post Adoption Instability Experiences

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

C22. [If A2>=18 years] First, think about important events in your life before [CHILD] turned 18. What is one event in your life **before he/she/they turned 18** that you remember well? Please provide a brief description, for example, moved to a new home, started a new job, or bought a new car.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

C23. [If A2>=18 years] Now, think about important events in your life that happened after [CHILD]'s adoption, but before he/she/they turned 18. What is one event in your life **after his/her/their adoption, but before he/she/they turned 18** that you remember well? Please provide a brief description, for example, first day of school or their first birthday as part of your family.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If A2<18 years] Next, we want to ask about some life experiences after [CHILD]'s adoption. We are interested in learning whether there were times when he/she/they did not live with you **after their adoption**.

C24. [If A2<18 years] First, think about important events in your life that happened after [CHILD]'s adoption. What is one event in your life **after his/her/their adoption** that you remember well? Please provide a brief description, for example, first day of school or bought a new house.

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

Now, we want to ask about times when [CHILD] may have stopped living with you. We will ask you separately about times [he/she/they] 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. We realize that your child may have lived in many of these places before coming to live with you or before [his/her/their] adoption was finalized. But, for this survey,

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

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

C25. 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 [CHILD]'s adoption**, did [he/she/they] live in foster care?

1. Yes
2. No

C26. How many different foster families has [CHILD] lived with after [his/her/their] adoption?

_____ families

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

_____ years old

C28. [If C25=1; If C26>1, insert "first"] How long did [CHILD] live with this [first] foster family after [he/she/they moved] from your 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

C30. [If C25=1; If C26>1, insert "first"] When [CHILD] [first] moved from your home to a foster family, did you still have contact with [him/her/them]?

1. Yes
2. No

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

| | Yes | No |
|---|-----|----|
| C31a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C31b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C31c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C31d. We could not afford services [he/she/they] needed | | |
| C31e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C31f. [He/she/they] did not feel accepted as part of our family | | |
| C31g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C31h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |

| | | |
|---|--|--|
| C31i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C31j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C32a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C32b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C32c. Adoption support services from the child welfare system | | |
| C32d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C32e. Drug or alcohol treatment services | | |
| C32f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy. | | |
| C32g. Other (please specify): _____ | | |

C33. [If C25=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C34. [IF C33=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C29. [If C25=1; If C26>1] How much **total time** did [CHILD] spend in foster care after [he/she/they] moved from your home? If [he/she/they] has lived with more than one foster family, consider the total amount of time [he/she/they] have spent in foster care after [his/her/their] adoption.

- 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 A3=3 or 4, use "another"]

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

1. Yes
2. No

C36. [If C35=1] Was this grandparent [CHILD]'s adoptive grandparent or birth or biological grandparent?

1. Adoptive grandparent
2. Birth or biological grandparent

C37. [If C35=1] How many times has [CHILD] gone to live **without** you in a grandparent's home?
 _____ times

C38. [C35=1; if C37>1 insert "the first time" otherwise use "when"] How old was [CHILD] [the first time/when] [he/she/they] left your home to live in a grandparent's home?
 _____ years old

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

1. Yes
2. No

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

| | Yes | No |
|---|-----|----|
| C40a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C40b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C40c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C40d. We could not afford services [he/she/they] needed | | |
| C40e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C40f. [He/she/they] did not feel accepted as part of our family | | |
| C40g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C40h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C40i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C40j. Other (please specify): | | |

C41. [If C35=1; if C37>1, insert "first"] During the time when [CHILD] [first] moved from your home to a grandparent's home, did you, your family, or [CHILD] receive any of the following services? Please 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 [CHILD] with changing schools | | |
| C41c. Adoption support services from the child welfare system | | |
| C41d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C41e. Drug or alcohol treatment services | | |
| C41f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C41g. Other (please specify): _____ | | |

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

1. Yes
2. No

C43. [if C42=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C44. After [CHILD]'s adoption, did [he/she/they] ever live **without** you in (a) [another] relative's home? This includes relatives related to the child by birth or adoption. Please do not include [CHILD]'s grandparent's home. [If A2>=18 years: Please think only about those times that happened before your child turned 18 years old.]

1. Yes
2. No

C45. [If C44=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): _____

C46. [If C44=1] How many times has [CHILD] gone to live **without** you to live in this relative's home?
 _____ times

C47. [If C44=1; If C46>1 insert “the first time” otherwise use “when”]

How old was [CHILD] [the first time/when] [he/she/they] moved from your home to this relative’s home?

_____ years old

C48. [If C42=1; If C45>1 insert “first”] When [CHILD] [first] moved from your home to this relative’s home, did you still have contact with [him/her/them]?

1. Yes
2. No

C49. [If C44=1; If C46>1 insert “first”] Next, we would like to understand what was going on in your family when [CHILD] [first] moved from your home to this 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. We did not feel safe at home because of [CHILD]’s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C40b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C40c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C40d. We could not afford services [he/she/they] needed | | |
| C40e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C40f. [He/she/they] did not feel accepted as part of our family | | |
| C40g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C40h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C40i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C40j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C50a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C50b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C50c. Adoption support services from the child welfare system | | |
| C50d. Support group, in-person, online, or by phone with other adoptive parents or children | | |

| | | |
|--|--|--|
| C50e. Drug or alcohol treatment services | | |
| C50f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C50g. Other (please specify): _____ | | |

C51. [If C39=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C52. [If C51=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C53. After [CHILD]'s adoption, did [he/she/they] ever live **without** you 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? [A2>=18 years: Please think only about the times before your child turned 18 years old.]

1. Yes
2. No

C54. [If C53=1] How many times has [CHILD] gone to live at another adult's home **without** you?
 _____times

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

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

1. Yes
2. No

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

| | Yes | No |
|---|-----|----|
| C57a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C57b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C57c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C57d. We could not afford services [he/she/they] needed | | |
| C57e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |

| | | |
|--|--|--|
| C57f. [He/she/they] did not feel accepted as part of our family | | |
| C57g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C57h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C57i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C57j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C58a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C58b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C58c. Adoption support services from the child welfare system | | |
| C58d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C58e. Drug or alcohol treatment services | | |
| C58f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C58g. Other (please specify): _____ | | |

C59. [If C54=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C60. [If 59=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C61. 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 [CHILD]'s adoption, did [he/she/they] ever run away from your home? [A2>=18 years: Please think only about the times before [he/she/they] turned 18 years old].

1. Yes
2. No

C62. [If C61=1] After [CHILD]'s adoption, how many times has [he/she/they] run away from your home?

_____ times

C63. [If C61=1; If C62>1 insert “the first time” otherwise use “when”] How old was [CHILD] [the first time/when] [he/she/they] ran away from your home?

_____ years old

C64. [If C61=1; If C62>1 insert “first”] When [CHILD] [first] ran away from your home, did you still have contact with [him/her/them]?

1. Yes
2. No

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

| | Yes | No |
|---|-----|----|
| C65a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C65b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C65c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C65d. We could not afford services [he/she/they] needed | | |
| C65e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C65f. [He/she/they] did not feel accepted as part of our family | | |
| C65g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C65h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C65i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C65j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C66a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C66b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C66c. Adoption support services from the child welfare system | | |
| C66d. Support group, in-person, online, or by phone with other adoptive parents or children | | |

| | | |
|--|--|--|
| C66e. Drug or alcohol treatment services | | |
| C66f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C66g. Other (please specify): _____ | | |

C67. [If C61=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C68. [if C67=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

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

1. Yes
2. No

C70. [If C69=1] To the best of your knowledge, how many separate times has [CHILD] spent one or more nights homeless without you?

_____ times

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

_____ years old

C72. [If C69=1; if C70>1 insert "first"] When [CHILD] [first] spent a night homeless without you, did you still have contact with [him/her/them]?

1. Yes
2. No

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

| | Yes | No |
|--|-----|----|
| C73a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C73b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal | | |

| | | |
|--|--|--|
| thoughts | | |
| C73c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C73d. We could not afford services [he/she/they] needed | | |
| C73e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C73f. [He/she/they] did not feel accepted as part of our family | | |
| C73g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C73h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C73i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C73j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C74a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C74b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C74c. Adoption support services from the child welfare system | | |
| C74d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C74e. Drug or alcohol treatment services | | |
| C74f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C74g. Other (please specify): _____ | | |

C75. [If C69=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C76. [If C75=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C77. After [CHILD]'s adoption, did [he/she/they] ever spend at least one night in juvenile detention or was [he/she/they] ever taken into custody for an illegal or delinquent offense? [A2>=18 years: Please think only about the times before [he/she/they] turned 18 years old].

1. Yes
2. No

C78. [If C77=1] How many times has [CHILD] spent at least one night in detention?

_____ times

C79. How many times has [CHILD] been taken into custody?

_____ times

C80. [If C77=1; If C78 or C79>1 insert “the first time”] How old was [CHILD] [the first time] [he/she/they] spent at least one night in detention or was taken into custody?

_____ years old

C81. [If C77=1; If C78 or C79>1 insert “first”] When [CHILD] [first] spent at least one night in detention or was taken into custody, did you still have contact with [him/her/them]?

1. Yes
2. No

C82. [If C77=1; If C78 or C79>1 insert “first”] Next, we would like to understand what was going on in your family when [CHILD] spent at least one night in detention or was taken into custody. Which of the following describes your family situation at that time? Please answer Yes or No for each option.

| | Yes | No |
|---|-----|----|
| C82a. We did not feel safe at home because of [CHILD]’s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C82b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C82c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C82d. We could not afford services [he/she/they] needed | | |
| C82e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C82f. [He/she/they] did not feel accepted as part of our family | | |
| C82g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C82h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C82i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C82j. Other (please specify): | | |

C83. [If C77=1; If C78 or C79>1 insert “first”] During the [first] time when [CHILD] spent at least one night in detention or was taken into custody, did you, your family, or [CHILD] receive any of the following services? Please 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 [CHILD] with changing schools | | |
| C83c. Adoption support services from the child welfare system | | |

| | | |
|--|--|--|
| C83d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C83e. Drug or alcohol treatment services | | |
| C83f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C83g. Other (please specify): _____ | | |

C84. [If C77=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C85. [If C84=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C86. Transitional housing is a temporary accommodation before permanent housing. After [CHILD]'s adoption, did [he/she/they] ever live in a transitional housing program without you? [A2>=18 years: Please think only about the times before [he/she/they] turned 18 years old.]

1. Yes
2. No

C87. [If C86=1] How many times has [CHILD] gone to live in a transitional housing program without you?
 _____ Number of times

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

_____ years old

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

1. Yes
2. No

C90. [If C86=1; If C87>1 insert "first"] Next, we would like to understand what was going on in your family when [CHILD] [first] moved from your 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 |
|---|-----|----|
| C90a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C90b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |

| | | |
|--|--|--|
| C90c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C90d. We could not afford services [he/she/they] needed | | |
| C90e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C90f. [He/she/they] did not feel accepted as part of our family | | |
| C90g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C90h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C90i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C90j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C91a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C91b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C91c. Adoption support services from the child welfare system | | |
| C91d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C91e. Drug or alcohol treatment services | | |
| C91f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C91g. Other (please specify): _____ | | |

C92. [If C86=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C93. [if C92=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

C94. 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 professional, interdisciplinary team. After [CHILD]'s adoption, has [he/she/they] ever lived in a group home or a

residential treatment center? [A2>=18 years: Please think only about the times before he/she/they turned 18 years old.]

1. Yes
2. No

C95. [If C94=1] How many separate times has [CHILD] lived in a group home or residential treatment center after [his/her/their] adoption? Please include any stay that lasted more than 1 night. Do not include time spent in a juvenile detention.

_____ times

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

_____ years old

C97. [If C94=1; If C95>1 insert "first"] When [CHILD] [first] moved from your home to a group home or residential treatment center, did you still have contact with [him/her/them]?

1. Yes
2. No

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

| | Yes | No |
|---|-----|----|
| C98a. We did not feel safe at home because of [CHILD]'s behavior, for example, [he/she/they] was/were harming me or my spouse, siblings, or pets | | |
| C98b. [He/she/they] needed help to manage emotions or behaviors, such as school problems, not following rules, being disruptive to family life, or having suicidal thoughts | | |
| C98c. [He/she/they] needed help to manage [his/her/their] drinking or drug use | | |
| C98d. We could not afford services [he/she/they] needed | | |
| C98e. We told [him/her/them] that [he/she/they] could not live with us anymore because of his/her/their behavior | | |
| C98f. [He/she/they] did not feel accepted as part of our family | | |
| C98g. [He/she/they] did not feel his/her/their ethnic or racial identity was accepted | | |
| C98h. He/she/they did not feel safe at home because there were other family member difficulties, such as mental health or drug or alcohol problems | | |
| C98i. [He/she/they] did not feel his/her/their gender identity or sexual orientation was accepted | | |
| C98j. Other (please specify): | | |

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

| | Yes | No |
|---|-----|----|
| C99a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| C99b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| C99c. Adoption support services from the child welfare system | | |
| C99d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| C99e. Drug or alcohol treatment services | | |
| C99f. Financial assistance from an agency or program to provide care or support for [CHILD]. This includes receiving an adoption subsidy | | |
| C99g. Other (please specify): _____ | | |

C100. [If C94=1] Did [CHILD] ever return to live with your family?

1. Yes
2. No

C101. [if C100=2] Did [CHILD] keep in contact with anyone from your family?

1. Yes
2. No

[If for any instability episode “Did [CHILD] keep in contact with anyone from your family? = Yes]

C102. When we asked you about things that may have happened in [CHILD]’s life, you mentioned that [he/she/they] stopped living with you at some point but that [he/she/they] kept in contact with someone from your family. Tell us more about this contact with [him/her/them].

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

[If for any instability episode “Did [CHILD] ever return to live with your family” = Yes]

C103. When we asked you about things that may have happened in [CHILD]’s life, you mentioned that [he/she/they] stopped living with you at some point but that [he/she/they] returned to live with you.

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

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

Section D: Post Adoption Services and Support

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

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

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

| | Yes | No |
|--|-----|----|
| D104a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| D104b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| D104c. Adoption support services from the child welfare system | | |
| D104d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| D104e. Drug or alcohol treatment services | | |
| D104f. Healthcare services, for example from a pediatrician or primary care physician | | |
| D104g. Financial assistance from an agency or program to provide care or support for your child, such as an adoption subsidy | | |
| D104h. Job training or support with independent living or other life skills | | |
| D104i. Other (please specify): | | |

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

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

| | Yes | No |
|--|-----|----|
| D105a. Mental health services, for example, individual, group, or family therapy, inpatient care, or home-based services | | |
| D105b. Educational supports, for example, Individualized Education Plan, 504 plan, special education classes, tutoring, or support to help [CHILD] with changing schools | | |
| D105c. Adoption support services from the child welfare system | | |
| D105d. Support group, in-person, online, or by phone with other adoptive parents or children | | |
| D105e. Drug or alcohol treatment services | | |
| D105f. Healthcare services, for example from a pediatrician or primary care physician | | |
| D105g. Financial assistance from an agency or program to provide care or support for your child | | |
| D105h. Job training or help with independent living skills | | |
| D105i. Other (please specify): | | |

D105a. [IF YES to financial support/adoption subsidy in D105] How helpful did you find the financial assistance, or amount of the adoption subsidy, in meeting [CHILD]'s needs?

1. Very Helpful
2. Helpful
3. Not helpful

D106. [If yes to any type of service in D105] How helpful were the services overall?

1. Very Helpful
2. Helpful
3. Not helpful

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

1. Yes
2. No

[If D107=Yes] Could you please describe them?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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

D110. After the adoption, who helped or supported you? Please answer Yes or No for each option.

| | Yes | No |
|--|-----|----|
| D110a. Your relatives | | |
| D110b. Your adoptive child's relatives | | |
| D110c. Friends, neighbors, coworkers, or faith or church members | | |
| D110d. In-person or online adoptive parents' group | | |
| D110e. Your counselor or therapist | | |
| D110f. Caseworker or adoption agency staff | | |
| D110g. Other (please specify) | | |

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

1. Yes
2. No

D117. Was [CHILD]'s adoption ever terminated or legally ended by a court order?

1. Yes, my parental rights were terminated
2. Yes, my child was legally emancipated with a court order before he/she/they turned 18 years old
3. No, my parental rights were not terminated, instead we just ended our relationship on our own
4. No

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

_____ (Fill date - MM/DD/YYYY)

Section E: Family Relationships

INTROE: These next several questions are about your current relationship with [CHILD] and your relationship with [him/her/them].

E119. How close do you currently feel to [CHILD]?

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

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

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

E121. How much do you feel that [CHILD] belongs in your family?

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

E122. [If A2>=18, insert "During [CHILD's] childhood, before he/she turned 18"] how close did you feel to [him/her/them]?

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

E123. [If A3_PRE=1,2,3,4,7, ELSE SKIP to Section G] Does [CHILD] know that [he/she/they] [is/are] adopted?

1. Yes
2. No

E124. [If A3#5 or 6 and E123=No, SKIP to F136] As children grow up, their questions about adoption often change. What sort of questions has [CHILD] asked you about [his/her/their] birth or biological parents or family over the years? Please answer Yes or No for each option.

| | Yes | No |
|---|-----|----|
| E124a. Questions about [his/her/their] birth or biological mother | | |
| E124b. Questions about [his/her/their] birth or biological father | | |
| E124c. Questions about [his/her/their] birth or biological siblings or other birth or biological family members | | |
| E124d. Questions about why [his/her/their] birth or biological parents could not take care of [him/her/them] | | |

E125. How often do you encourage [CHILD] to talk about [his/her/their] adoption? [If A2>=18 years: "Before [CHILD] turned 18 years old, how often did you encourage [he/she/them] to talk about [his/her/their] adoption?"]

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

E127. Do you think [CHILD] ever worries about being adopted? [If A2>=18 years: "Before [CHILD] turned 18 years old, do you think [he/she/they] worried about being adopted?"]

1. No
2. Yes

E128. Has [CHILD] ever been bullied because [he/she/they] was adopted?

1. Yes
2. No

[If A3_PRE=1 or 2, ELSE SKIP TO SECTION G]

Section F: Adoption Motivation/Experience

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

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

| | Yes | No |
|--|-----|----|
| F136a. I loved [CHILD] | | |
| F136b. [CHILD] was already part of our family as a relative or foster child | | |
| F136c. My spouse, romantic partner, or significant other and I were unable to have a birth or biological child | | |
| F136d. I wanted to expand our family | | |
| F136e. I felt called to adopt [CHILD] for religious or spiritual reasons | | |
| F136f. I wanted a sibling for my birth or biological child(ren) | | |
| F136g. I already adopted [CHILD]'s sibling(s) | | |
| F136h. I knew [CHILD] and wanted to help him/her/them | | |
| F136i. I, or someone close to me, had previously been adopted | | |
| F136j. I wanted to help a child in need of a permanent family | | |
| F136k. My family would be aided financially by an adoption subsidy | | |
| F136l. Other reason (please specify): _____ | | |

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

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

F138. Did you receive training in preparation for their adoption?

1. Yes
2. No

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

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]

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

_____hours

F141. Looking back, how well prepared do you think you were to adopt [CHILD]?

1. Not at all prepared

2. Somewhat prepared
3. Very well prepared

F142. How concerned were you about your readiness to be an adoptive parent to [CHILD] when you first heard details about [his/her/their] child welfare case and history?

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

F143. [If F142=1 or 2] Did you talk to the child welfare agency staff or adoption specialist about your concerns before the adoption process?

1. Yes, I was open and truthful about any concerns
2. Yes, but I downplayed my concerns
3. No, I did not discuss my concerns

Section G: Perceptions of Family Cohesion/Functioning During Childhood

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

INTROG1: For the next set of statements, think of your experiences with [CHILD] [if A2>=18- "during his/her/their childhood, before he/she/they turned 18 years old"]. Please think about all members of your family when answering these questions. Select how often each statement is [if A2>=18- "was"] true for your family.

G145. In my family, we talk about problems. [If A2>=18 years: In my family, we talked about problems.]

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

G146. When we argue, my family listens to "both sides of the story." [If A2>=18 years: When we argued, my family listened to "both sides of the story."]

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

G147. In my family, we take time to listen to each other. [If A2>=18 years: In my family, we took time to listen to each other.]

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

G148. My family pulls together when things are stressful. [If A2>=18 years: My family pulled together when things were stressful.]

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

5. Frequently
6. Very frequently
7. Always

G149. My family is able to solve our problems. [If A2>=18 years: My family was able to solve our problems.]

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

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

INTROG2: For the next set of statements, think of your experiences with [CHILD] [if A2>=18- "during [his/her/their] childhood, before he/she/they turned 18 years"]. Please indicate how often each of the following is [if A2>=18- "was"] true for **you** when you are [if A2>=18- "were"] with [him/her/them].

G150. I am happy being with my child. [If A2>=18 years: I was happy being with my child.]

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

G151. My child and I are very close to each other. [If A2>=18 years: My child and I were very close to each other.]

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

G152. I am able to soothe my child when [he/she/they] [is/are] upset. [If A2>=18 years: I was able to soothe my child when he/she/they was upset.]

1. Never

2. Very rarely
3. Rarely
4. About half of the time
5. Frequently
6. Very frequently
7. Always

G153. I spend time with my child doing what [he/she/they] likes to do. [If A2>=18 years: I spent time with my child doing what [he/she/they] liked to do.]

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

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

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

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

1. Definitely not
2. Probably not
3. Maybe
4. Probably
5. Definitely

G156. [If D117=4] How often do you think about ending [CHILD]'s adoption?

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

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

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

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

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

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

1. Yes
2. No

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

1. Yes
2. No

H160. Do you think [CHILD] has a current problem with attachment or trouble allowing [him/her/themselves] to be loved?

1. Yes
2. No

H161. [If A2>=18] During [CHILD]'s childhood, did [he/she/they] have a problem with [his/her/their] mental health? Please include any emotional, behavioral, learning, or attention problems.

1. Yes
2. No

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

1. Yes
2. No

H164. How difficult [IF A2= <18, insert "is"/IF A2>=18, insert "was"] it to be the parent of [CHILD]?

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

H166. [If H164=2, 3, 4, or 5] Please select the kind of difficulties you experienced with [CHILD]? Please answer Yes or No for each option.

| | Yes | No |
|---|-----|----|
| H166a. Defiance or not following family rules | | |
| H166b. Verbal aggression | | |
| H166c. Physical aggression | | |
| H166d. Running away | | |
| H166e. Threatening to or harming [himself/herself/themselves] | | |
| H166f. Academic or behavioral problems in school | | |
| H166g. Difficulties making friends | | |
| H166h. Committing a crime | | |
| H166i. Alcohol or drug misuse | | |
| H166j. Sexualized behaviors | | |
| H166k. Depression or anxiety | | |
| H166l. Sleep problems or night terrors | | |
| H166m. Other (please specify): | | |

H167. [If H164=2, 3, 4, or 5] In what ways did the difficulties you had with [CHILD] affect you? Please answer Yes or No for each option.

| | Yes | No |
|--|-----|----|
| H167a. Did not affect me | | |
| H167b. Mental health problems | | |
| H167c. Physical health problems | | |
| H167d. Problems with social life | | |
| H167e. Relationship problems with my spouse or partner | | |
| H167f. Financial difficulties | | |
| H167g. Employment difficulties | | |
| H167h. Other (please specify): | | |

H168. 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.

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

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

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

1. None.
2. Mild. I worry occasionally or experience minor stress-related symptoms 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.

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

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

Section I: Open Ended Question

[IF A3=5 or 6 GO TO END]

INTROI: This is our last question.

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

1 Yes

2 No

[IF YES] What would you like to share?

[TEXT BOX FOR AN OPEN-ENDED RESPONSE]