National Survey of Adoptive Parents
of Children with Special Health Care Needs

HARDCOPY QUESTIONNAIRE

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NS-CSHCN 2005-2006 KEY QUESTIONS FOR SCREENING IN ADOPTIVE FAMILIES

C10Q03   IF S10Q00 = 04 OR 08 OR S10Q02X04 = 01 OR S10Q02X08 = 01, CONTINUE WITH C10Q03. ELSE, SKIP TO C11Q01.

The next questions will help us better understand the health needs of adopted children.

How old was [S.C.] when the adoption was finalized? By "finalized," I mean when the court papers were signed that completed the adoption process.

C10Q03   ___ ____ VALUE (MUST BE LESS THAN OR EQUAL TO AGE OF CHILD)

(6) DON'T KNOW
(7) REFUSED

INTERVIEWER INSTRUCTION: IF CHILD WAS LESS THAN 1 MONTH AT THE TIME OF ADOPTION, ENTER "0 MONTHS.

C10Q03A   Months (00-12)
Years (Range 00-17)

(CATI PROGRAMMING NOTE: 2 NUMERIC-CHARACTER FIELD FOR

MONTHS

 2 NUMERIC-CHARACTER FIELD FOR YEARS
AGE SHOULD BE CONVERTED TO MONTHS)

C10Q04   Was [S.C.] adopted from another country?

IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(1) YES   [SKIP TO C11Q01] [S.C.] Sorts as International Adoption]
(0) NO
(6) DON'T KNOW
(7) REFUSED

C10Q05   Was [S.C.] residing in foster care prior to being placed for adoption? This includes children placed by private agencies on behalf of a state or county child welfare agency.

IF THE CHILD WAS ADOPTED THROUGH A PRIVATE AGENCY AND THE PRIVATE AGENCY WAS ACTIONG IN ASSOCIATION WITH OR IN

COOPERATION WITH A STATE OR COUNTY WELFARE AGENCY, THEN THIS QUESITON SHOULD BE ANSWERED "YES."
IF A FOSTER PARENT ADOPTED ONE OF THEIR OWN FOSTER CHILDREN, THEN THIS QUESTION SHOULD BE ANSWERED "YES."
IF RESPONDENT SEEMS UPSET BY THIS QUESTION, READ: We ask this question for all children with adoptive parents.

(1) YES	[S.C.] Sorts as Foster Care Adoption]
(0) NO	[S.C.] Sorts as Private Adoption]
(6) DON'T KNOW	[S.C.] Sorts as Private Adoption]
(7) REFUSED	[S.C.] Sorts as Private Adoption]

ELIGIBILITY FOR NSAP:

ADOPT_TYPE (Derived Variable):

    ADOPT_TYPE = Null
    IF C10Q04 = 1 THEN ADOPT_TYPE = 1
    IF C10Q05 = 1 THEN ADOPT_TYPE = 2
    IF C10Q05 = NO, DON'T KNOW, or REFUSED THEN ADOPT_TYPE = 3

AGE AT NSAP Derived Variables

▪ ELIGIBILITY DATE WAS SET WHEN FIRST CSHCN QUESTION WAS ANSWERED
▪ CALCULATE NUMBER OF MONTHS BETWEEN ELIGIBILITY DATE & NSAP START DATE
▪ ADD TO "AGE IN MONTHS" VARIABLE FROM CSHCN DATA FILE
    o DERIVED VARIABLE ESTAGEMO = ESTIMATED AGE IN MONTHS AT NSAP START DATE
    o DERIVED VARIABLE ESTAGEYR = ESTIMATED AGE IN YEARS AT NSAP START DATE
    o DERIVED VARIABLE AGEMONSAP = AGE IN MONTHS AS REPORTED AT AGE
    o DERIVED VARIBLBE AGEYRNSAP = AGE IN YEARS AS REPORTED AT AGE

    NOTE: ESTAGEMO AND ESTAGEYR WILL BE USED AT TO HELP IDENTIFY THE ELIGIBLE CHILD. AGEMONSAP AND AGEYRNSAP WILL BE CALCULATED BASED ON THE CHILD'S CURRENT AGE AS REPORTED BY THE PARENT DURING THE INTERVIEW.
IF (ADOPT_TYPE = 1, 2, OR 3) AND (AGEMONSAP < 216) THEN CASE IS NSAP-ELIGIBLE AND SHOULD PROCEED TO INTRO_1

PROGRAMMING KEY

This key provides information about this instrument to facilitate programming.

- Skip instructions are contained within "<….>" symbols.

- When a skip instruction is not written next to a response option, this response goes to the next item.

- When skipping to an item, include any introductory text before that item. For example, when skipping to C1a, include the text before this item: "Now I would like to ask you a few questions…"

- Textfills are contained within "[…]" symbols.

- "Approximate Year of Adoption" (drives skip at Checkpoint before F19) is calculated as follows: Current Year minus (AGEYRNSAP) plus ([S.C.]'s age at adoption from C1a) = approximate year of adoption

  If approximate year of adoption = 1997 or later ask F19

  Example: Current year = 2006, AGE = 10 years, C1a = years
  $$2006 - 10 + 1 = 1997$$

  The purpose of this calculation is to be sure to include all adoptions that occurred in 1998 or later – even though this will include some in 1997, too. The cutoff is 1997 b/c a child could have been adopted in 1998 but appear to have been adopted in 1997 if the adoption finalization happened earlier in the year than their birthday and the interview is taking place after the child's birthday for the current year.

- Adoption group drives numerous skips throughout this instrument. Below are the definitions of the three adoption groups.
    - NOTE: The 2005-06 CSHCN questionnaire did not include a question asking whether the adoption was finalized (it assumed that the adoption was finalized as question C10Q03 asks how old [S.C.] was when the adoption was finalized). The 2007 NSCH does include that question and makes finalization a requirement for being eligible for NSAP. For CSHCN-NSAP, we'll take an adoption case that falls into one of the following three categories.

      IF C10Q04=YES: International Adoption
      IF C10Q05=YES: Foster Care Adoption
      IF C10Q05=NO OR DON'T KNOW OR REFUSED: Private Adoption

QUESTIONNAIRE TEXTFILLS

There are several textfills that appear repeatedly throughout the instrument. To avoid cluttering the instrument with the same logic rules over and over, the textfill rules are provided here:

[S.C.]'s Name:

Textfill Child's name for [S.C.] throughout instrument

Gender:

> IF C2Q03=1, [S.C.] IS MALE, use male pronouns (he, him, his, etc…)
> IF C2Q03=2, [S.C.] IS FEMALE, use female pronouns (she, her, etc….)

Household Textfill:

Use "You" or "Your"… (do not use "spouse/partner" textfill) if there is only one adoptive parent in the HH. Specifically:
> IF (S10Q00 = 04 OR 08) AND (S10Q01 = NO OR DON'T KNOW OR REFUSED) OR
> IF (S10Q00 = 04 OR 08) AND (S10Q02 INDEX does not = 04 OR 08) OR
> IF (S10Q00 does not = 04 OR 08) AND (S10Q02 INDEX = 04 OR 08) OR
> IF (S3_N = 3 OR 4)

TEXTFILL = "You or/and your spouse" or "Your or/and your spouse's"….if there are two adoptive parents in the HH and they are spouses. Specifically:
> IF (S10Q00 = 04 OR 08) AND (S10Q02 INDEX = 04 OR 08) AND (S3_N = 1) OR
> IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 1)

TEXTFILL = "You or/and your partner" or "Your or/and your partner's"….if there are two adoptive parents in the HH and they are partners. Specifically:
> IF (S10Q00 = 04 OR 08) AND (S10Q02 INDEX = 04 OR 08) AND (S3_N = 2) OR
> IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 2)

TEXTFILL:
Use "My spouse and I were"
> IF (S10Q00 = 04 or 08) AND (S10Q02 = 04 or 08) AND (S3_N = 1) OR
> IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 1)

Use "My partner and I were"
> IF (S10Q00 = 04 or 08) AND (S10Q02 = 04 or 08) AND (S3_N = 2) OR
> IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 2)

Use "I was"
> IF S3_N = 3,4,6, OR 7

TEXTFILL:
Use "or your spouse's"
> IF (S10Q00 = 04 or 08) AND (S10Q02 = 04 or 08) AND (S3_N = 1) OR
> IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 1)

Use "or your partner's"
>IF (S10Q00 = 04 or 08) AND (S10Q02 = 04 or 08) AND (S3_N = 2)   OR
>IF (S10Q00 does not = 04 or 08) AND (S10Q02 INDEX = 04 and 08) AND (S3_N = 2)

Time of Adoption Textfill:

IF (AGEYRNSAP) minus ([S.C.]'s age at adoption from C1a) = 1 or 0 use textfill: "Since the time of [S.C.]'s adoption".

IF (AGEYRNSAP) minus ([S.C.]'s age at adoption from C1a) = 2 or more use textfill: "During the last 12 months".

NSAP SCREENER

TIMESTAMP_SECTION_S1 (all time stamps captured in the format yyyymmddhhmmss)

INTRO_1   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. On [FILL INTDATE] we conducted a nationwide telephone survey on children's health with an adult at this phone number about a child who would now be about [FILL ESTAGEYR] years old. The CDC is interested in speaking with this [FILL ESTAGEYR]-year old's [FILL mother / father / mother or father] again.

NSAP_
INTRO   IF ADOPTIVE MOTHER IN HH BUT NO ADOPTIVE FATHER ((S10Q00=04 OR S10Q02=04) AND (S10Q00 NE 08 AND S10Q02 NE 08)), FILL "MOTHER" AND "SHE." IF ADOPTIVE FATHER IN HH BUT NO ADOPTIVE MOTHER ((S10Q00=08 OR S10Q02=08) AND (S10Q00 NE 04 AND S10Q02 NE 04)), FILL "FATHER" AND "HE." IF BOTH ADOPTIVE MOTHER AND FATHER IN HH (((S10Q00=04 OR S10Q02=04) AND (S10Q00=08 OR S10Q02=08)) OR ((S10Q00 NE 04 AND NE 08) AND S10Q02=04 AND 08)), FILL "MOTHER OR FATHER" AND "HE OR SHE."

Is [FILL: mother/father] available?

(1) Yes, speaking with that person	<GO TO S1PRE>
(2) Yes, mother/father comes to phone	<GO TO NSAP_INTRO2>
(3) No, not available now	<GO TO S1PRE3>
(4) No, parent has moved	<GO TO R_CONTACT>
(5) Do not know this person	<GO TO NSAP_TERM> [set ITS=71]
(6) No, parent is deceased	<IF TWO ADOPTIVE PARENTS IN HH, GO TO OTH_PAR ELSE GO TO F1Q_PAR>
(7) No, youth is deceased	<GO TO F1Q_CHLD>

NOTE: IF NSAP_INTRO equals 5 (or 4 in some cases), the case would be eligible for locating via Accurint. If a new telephone number can be found via Accurint, it will be loaded and dialed.

ON-SCREEN INTERVIEWER LOCATING HELP & INSTRUCTION:
   o   CHILD'S NAME OR INITIALS:
   o   CHILD'S GENDER:
REMEMBER, YOU NEED TO FIND EITHER ONE OF [S.C.]'S ADOPTIVE PARENTS. THE ADOPTIVE PARENT MIGHT NOT BE THE 2005 R.

OTH_PAR   I'm sorry to hear that. Please accept my condolences.
Would the [TEX TFILL: ESTAGEYR]-year old's [TEXT FILL: IF C2Q04=1 'father' / ELSE IF C2Q04=2 'mother / ELSE 'other parent]' happen to be available? "

    (01) YES   <GO TO NSAP_INTRO2 (ONCE PARENT COMES TO THE PHONE)>
    (02) NO   <GO TO S1PRE3>

F1Q_CHLD   I'm sorry to hear that. I do not need to continue. Thank you, and please accept my condolences. Goodbye.   <SET AS INELIGIBLE=3>

F1Q_PAR   I'm sorry to hear that. I do not need to continue. Thank you, and please accept my condolences. Goodbye.   <SET AS INELIGIBLE=3>

R_CONTACT   Could you please tell me [him/her] new telephone number?

    (1) YES   <GO TO R_NPHONE>
    (2) NO   <GO TO R_NAME>

    NOTE: If the case gets to R_CONTACT and a new telephone number is provided, CATI will dial that new number on subsequent calls. If a name but no telephone number is provided, that information will be used to conduct an Accurint search. If no name and no telephone number provided, an Accurint search on the original number will be conducted.

R_NPHONE_1   What is [him/her] telephone number?
    ___ ____ ____ - ____ ____ ____ - ____ ____ ____ ____

R_NPHONE_
TYPE   Is that a landline or cellular telephone number?

    (1) LANDLINE
    (2) CELLULAR

R_NPHONE
2   Does this person have another number that you would like to provide?

    (1) YES   <GO TO R_PH_2>
    (2) NO   <GO TO R NAME>

R_PH_2   What is this telephone number?
    ___ ____ ____ - ____ ____ ____ - ____ ____ ____ ____

R_PH_TYPE2   Is that a landline or cellular telephone number?

    (1) LANDLINE
    (2) CELLULAR

R_NPHONE
3   Does this person have another number that you would like to provide?

    (1) YES   <GO TO R_PH_3>

	(2) NO	<GO TO R NAME>
R_PH_3	What is this telephone number?	
	___ ____ ____ - ____ ____ ____ - ____ ____ ____ ____	

R_PH_TYPE3 Is that a landline or cellular telephone number?

(1) LANDLINE
(2) CELLULAR

R_NAME   Could you please tell me [him/her] name?

(1) YES	<GO TO R_FIRSTNAME>
(2) NO	<GO TO NSAP_TERM>

R_FIRST
NAME   What is [his/her] first and last name?

FIRST NAME: _____

R_LAST
NAME   What is [his/her] first and last name?

LAST NAME: _____

<GO TO NSAP_TERM>

INTRO2   Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. On [FILL INTDATE] we conducted a nationwide telephone survey on children's health with an adult at this phone number about a child who would now be about [FILL ESTAGEYR] years old.

[IF (01<=S10Q00<=08), THEN READ: The person we spoke with told us [FILL: IF (01<=S10Q00<=04): she/ IF (05<=S10Q00<=08): he] was the child's [FILL: IF (01<=S10Q00<=04): mother/ IF (05<=S10Q00<=08): father]. Are you this child's parent?]
[ELSE IF (S10Q00 LT 01 OR GT 08)], THEN READ: Are you this child's parent?]

(1) YES   <GO TO NSAP_INTRO2A>
(2) NO   <GO TO S1PRE3>

NSAP_
INTRO2A   We are interested in speaking with you again because we are doing a survey about the experiences of adoptive parents and the person in this household who responded to the earlier survey told us that [FILL: IF S10Q00=4: she was [S.C.]'s adoptive mother/ ELSE IF S10Q00=8: he was [S.C.]'s adoptive father/ ELSE IF (S10Q02 INDEX = 04 AND NOT 08): [S.C.]'s adoptive mother lives in this household/ ELSE IF (S10Q02 INDEX = 08 AND NOT 04): [S.C.]'s

adoptive father lives in this household/ ELSE IF (S10Q02 INDEX = 04 AND 08): [S.C.]'s adoptive mother and father live in this household]. I have a few questions to ask to determine if you are eligible for the survey.

Are you [S.C.]'s adoptive parent?

(1) YES   <GO TO S1PREB>
(2) NO   <GO TO S1PRE3>

S1PRE   [IF NSAP_INTRO = 1, THEN READ: We are doing a survey about the experiences of adoptive parents and the person in this household who responded to the earlier health survey told us that [FILL: IF S10Q00=4: she was [S.C.]'s adoptive mother/ ELSE IF S10Q00=8: he was [S.C.]'s adoptive father/ ELSE IF (S10Q02 INDEX = 04 AND NOT 08): [S.C.]'s adoptive mother lives in this household/ ELSE IF (S10Q02 INDEX = 08 AND NOT 04): [S.C.]'s adoptive father lives in this household/ ELSE IF (S10Q02 INDEX = 04 AND 08): [S.C.]'s adoptive mother and father live in this household]. I have a few questions to ask to determine if you are eligible for the survey.

Are you [S.C.]'s adoptive parent?

(1) YES   <GO TO S1PREB>
(2) NO   <GO TO S1PRE3>
INTERVIEWER: PLEASE VERIFY THAT RESPONDENT IS [S.C.]'s ADOPTIVE PARENT.

S1PRE3   When would be a good time to reach [S.C.]'s [IF NSAP_INTRO = 1 OR 2 READ: adoptive] parent?

(1) R IS AVAILABLE NOW   <GO TO NSAP_INTRO2>
(2) SCHEDULE APPOINTMENT   < GO TO CB1>
(3) THERE IS NO ADOPTIVE PARENT IN HOUSEHOLD
                                          <GO TO NSAP_TERM>

NSAP_
TERM   Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

S1PREB   What is your relationship to [S.C.]?

(1)   ADOPTIVE MOTHER
(2)   ADOPTIVE FATHER
(6)   DON'T KNOW
(7)   REFUSED

INTERVIEWER INSTRUCTION: THIS QUESTION SHOULD ONLY BE ASKED IF YOU NEED TO CLARIFY THE RESPONDENT'S GENDER.

AGE　　　　　When we last spoke, [S.C.] was (CSHCN age in years/mos). How old is [he/she] now?

_____
(6)　　　DON'T KNOW
(7)　　　REFUSED

AGEUNIT: SELECT UNIT
(1)　　　YEARS
(2)　　　MONTHS

PROGRAMMING NOTE: CALCULATE AGEMONSAP AND AGEYRNSAP HERE.
IF AGEMONSAP is ≥ 216 months old (i.e., child is 18 years old or older), case is not eligible for CSHCN-NSAP. SET INELIGIBLE = 1 AND GO TO NSAP_TERM2

INHOUSE:　　Is [S.C.] still living with you?

(1)　　　YES　　　　　　<GO TO CONSENT_INTRO >
(2)　　　NO　　　　　　<GO TO NSAP_TERM3 AND SET INELIGIBLE = 2 >
(6)　　　DON'T KNOW
(7)　　　REFUSED

NSAP_
TERM2　　　We are only interviewing parents whose child is less than 18 years old. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

NSAP_
TERM3　　　We are only interviewing parents if the child still resides in their household. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions.

CONSENT_INTRO
　　　　　Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose　　not to answer any question you don't wish to answer or stop at any time. Whether or not you take part in this survey has no effect on any benefits you may receive and there are no known risks. We are required by Federal law to develop and follow strict procedures to protect your information and use your answers only for statistical research. I can describe these laws if you wish. In appreciation for your time in taking the survey, we will send you $ [Text Fill: IF NSAP_INCENT=<null>, then use 25 / ELSE use NSAP_INCENT]. The survey will take about half an hour. In order to review

my work, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

: The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee of the National Center for Health Statistics, the National Center for Immunization and Respiratory Diseases, and its agent, the National Opinion Research Center who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to $250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) CONTINUE, RECORDING ACCEPTABLE
(2) CONTINUE, DO NOT RECORD

<**Checkpoint CPS1:**

        IF C10Q04=1 (International Adoption), GO TO S1_N; ELSE GO TO CPS3>

S1_N   From what country was [S.C.] adopted?

        DROP DOWN LIST FROM STATE DEPARTMENT

        BRAZIL
        CHINA (MAINLAND)
        COLOMBIA
        ETHIOPIA
        GUATEMALA
        HAITI
        INDIA
        JAMAICA
        KAZAKHSTAN
        LIBERIA
        MEXICO
        MOLDOVA
        NEPAL
        NIGERIA
        PHILLIPINES
        POLAND
        RUSSIA
        SOUTH KOREA
        TAIWAN
        THAILAND
        UKRAINE
        OTHER <GO TO S1AA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <IF OTHER IS NOT SELECTED, GO TO S1B>

S1AA   _____
        (6)   DON'T KNOW
        (7)   REFUSED

S1B   In what country was [S.C.]'s adoption completed? Was it in the U.S., the child's country of origin, or both?

        (1)   IN THE UNITED STATES
        (2)   THE CHILD'S COUNTRY OF ORIGIN
        (3)   BOTH THE U.S. AND THE COUNTRY OF ORIGIN
        (4)   ADOPTION IS NOT FINALIZED YET
        (6)   DON'T KNOW
        (7)   REFUSED

S3_A   When we spoke to you for the previous survey, you and [S.C.]'s other adoptive parent lived in the same house. Is this still correct?

    (1)   YES
    (0)   NO   < SET S3_N TO 4 AND GO TO CPS4 >
    (6)   DON'T KNOW   < SET S3_N TO 4 AND GO TO CPS4 >
    (7)   REFUSED   < SET S3_N TO 4 AND GO TO CPS4 >

S3_N   What is your relationship to [S.C.]'s other adoptive parent who lives in this household?

    (1)   SPOUSE/HUSBAND/WIFE
    (2)   PARTNER/BOYFRIEND/GIRLFRIEND
    (3)   OTHER
    (4)   THERE IS NO OTHER ADOPTIVE PARENT IN THIS HOUSEHOLD
    (6)   DON'T KNOW
    (7)   REFUSED

S4_N   Were you married to [S.C.]'s other adoptive parent at the time of [S.C.]'s adoption?

    (1)   YES   <IF S3_N=1 GO TO S6; ELSE GO TO S4A>
    (0)   NO   < GO TO S6 >
    (6)   DON'T KNOW   < GO TO S6 >
    (7)   REFUSED   < GO TO S6 >

S4A   Are you still married to this person?

    (1)   YES   <GO TO S6>
    (0)   NO
    (6)   DON'T KNOW
    (7)   REFUSED

S6   Before you [TEXTFILL: and your spouse/partner] adopted [S.C.], were you [TEXTFILL: or your spouse/partner] already related to him/her? For example, were you [TEXTFILL: or your spouse/partner] [S.C.]'s grandparent, aunt/uncle, or other relative?

                (1)   YES
                (0)   NO
                (6)   DON'T KNOW
                (7)   REFUSED

S7   Did you [TEXTFILL: or your spouse/partner] know [S.C.] before [TEXTFILL: if S6=1: you considered adopting [him/her]; if S6 ne 1: being matched with [him/her] for adoption]?

                (1)   YES   <If ADOPT_TYPE = International or Private GO TO C41>
                (0)   NO   <If ADOPT_TYPE = International or Private GO TO C41>
                (6)   DON'T KNOW   <If ADOPT_TYPE = International or Private GO TO C41>
                (7)   REFUSED   <If ADOPT_TYPE = International or Private GO TO C41>

S8   Were you [TEXTFILL: or your spouse/partner] [S.C.]'s foster parent at the time you began the adoption process?

                (1)   YES
                (0)   NO   <GO TO S9>
                (6)   DON'T KNOW   <GO TO S9>
                (7)   REFUSED   <GO TO S9>

S8A   Are you currently a licensed foster parent?

                (1)   YES
                (0)   NO   <GO TO CPS10>
                (6)   DON'T KNOW   <GO TO CPS10>
                (7)   REFUSED   <GO TO CPS10>

S8B   In the past three months have you cared for foster children in your home?

                (1)   YES   <GO TO CPS10>
                  (0)   NO   <GO TO CPS10>
                  (6)   DON'T KNOW   <GO TO CPS10>
                  (7)   REFUSED   <GO TO CPS10>

S9   At any time before the adoption was finalized, were you [TEXTFILL: or your
               spouse/partner] [S.C.]'s foster parent?

               (1)   YES
               (0)   NO
               (6)   DON'T KNOW
               (7)   REFUSED

<**Checkpoint CPS10:**
               IF S8= 1 OR S9= 1 GO TO S10; ELSE GO TO S14A>

S10   Did you [TEXTFILL: or your spouse/partner] become a foster parent with the
               intent to adopt a child from the foster care system?

               (1)   YES
               (0)   NO
               (6)   DON'T KNOW
               (7)   REFUSED

S11   How long was [S.C.] living in your home before his/her case goal became
               adoption?

               READ IF NECESSARY: How long was (child) living in your home before you
               decided you wanted to adopt [him/her] from the foster care system?

               S11_Y   __ Years
               S11_M   __Months
                               (6)   DON'T KNOW
                               (7)   REFUSED

               INTERVIEWER INSTRUCTION: ENTER 0 IF GOAL WAS ALWAYS
               ADOPTION

S12   Did you [TEXTFILL: or your spouse/partner] feel pressured by the child welfare
               agency to adopt [S.C.]?

               (1)   YES
               (0)   NO
               (6)   DON'T KNOW
               (7)   REFUSED

S13   When you [TEXTFILL: and your spouse/partner] were making your decision to adopt [S.C.] were other options such as [TEXTFILL: IF S8=1: continuing as/ELSE: becoming] (his/her) foster parent or becoming (his/her) legal guardian discussed with you?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

S14A.   Were any of the following agencies involved in the adoption of [S.C.]:

Public child welfare agency, that is, the state or county department of social services?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

S14B.   Private agency under contract with public child welfare agency (for example, Catholic Charities, Lutheran Social Services)?

<READ IF NECESSARY: Were any of the following agencies involved in the adoption of [S.C.]>

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

S15.   Was S.C.'s adoption an interstate adoption?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

<HELP SCREEN: Prior to [S.C.] coming to live with you, did you and [S.C.] live in different states?>

CHARACTERISTICS

TIMESTAMP_SECTION_C1

C41.   Now I would like to ask you a few questions about [S.C.] and the experience of adopting (him/her). Overall, was your [TEXTFILL: and your spouse's/partner's] experience with your adoption agency or attorney very positive, positive, mixed (positives and negatives about equal), negative, or very negative?

      (1)   VERY POSITIVE
      (2)   POSITIVE
      (3)   MIXED
      (4)   NEGATIVE
      (5)   VERY NEGATIVE
      (6)   THERE WAS NO ATTORNEY OR AGENCY
      (96)   DON'T KNOW
      (97)   REFUSED

C1A.   How old was [S.C.] when his/her adoption was finalized?

<AGE CHECK: C1A MUST BE < OR = AGEYRNSAP>

[TI INSTRUCTION: ENTER 6 FOR DON'T KNOW AND 7 FOR REFUSED]

    C1A_year: ___ years and
    C1A_month: ___ months

[TI INSTRUCTION: IF LESS THAN ONE YEAR OLD, ENTER "0" FOR YEARS]

[TI INSTRUCTION: IF LESS THAN ONE MONTH OLD, ENTER "0" FOR MONTHS]

OR

    C1A_week: ___ weeks   [RANGE: 0-52]
                  (6)   DON'T KNOW
                  (7)   REFUSED

C1B.   How old was [S.C.] when he/she was first placed in your home?

<AGE CHECK: C1B MUST BE < OR = AGEYRNSAP>

[TI INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED]

        C1B_year: ___ years and
        C1B_month: ___ months

[TI INSTRUCTION: IF LESS THAN ONE YEAR OLD, ENTER "0" FOR YEARS]

[TI INSTRUCTION: IF LESS THAN ONE MONTH OLD, ENTER "0" FOR MONTHS]

OR

        C1B_week: ___ weeks   [RANGE: 0-52]
                         (6)   DON'T KNOW
                         (7)   REFUSED

C1C.   Has [S.C.] ever lived with his/her birth family?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C2_N.   Just before being placed with you, where did [S.C.] live?

[TI INSTRUCTION: SELECT ONLY ONE.]

(1) A FOSTER FAMILY   <GO TO C4_N>
(2) ANOTHER ADOPTIVE FAMILY   <GO TO C4_N>
(3) BIRTH PARENTS   <GO TO C4_N>
(4) WITH MEMBERS OF HIS/HER BIRTH FAMILY
OTHER THAN PARENTS   <GO TO C4_N>
(5) A GROUP HOME IN THE U.S. FOSTER CARE SYSTEM,
THAT IS, A HOME WITH 4 FOSTER CHILDREN OR MORE
                                     <GO TO C4_N>
(6) A RESIDENTIAL TREATMENT FACILITY IN THE U.S.,
THAT IS, A FACILITY WHERE LARGE NUMBERS OF
CHILDREN AND YOUTH LIVE   <GO TO C4_N>
(7) AN INSTITUTION OR ORPHANAGE   <GO TO C4_N>
(8) A HOSPITAL OR HEALTH CLINIC   <GO TO C4_N>

(9) SOMEPLACE ELSE NOT MENTIONED	<GO TO C2A>
(10) ADOPTED AT BIRTH	<GO TO C4_N>
(96) DON'T KNOW	<GO TO C4_N>
(97) REFUSED	<GO TO C4_N>

<HELP SCREEN: A HOSPITAL OR HEALTH CLINIC WOULD BE AN EXTENDED HOSPITAL OR CLINIC STAY, NOT JUST THE COUPLE DAYS STAY WHILE MOTHER GAVE BIRTH.>

C2A.　(specify) _____

    (6)　　DON'T KNOW
    (7)　　REFUSED

C4_N.　　To your knowledge, does [S.C.] have birth siblings, that is, brothers or sisters of [S.C.], including half siblings?

(1)	YES	
(0)	NO	<GO TO C8_N>
(6)	DON'T KNOW	<GO TO C8_N>
(7)	REFUSED	<GO TO C8_N>

C5_N.　　Have any of [S.C.]'s birth siblings including half siblings ever been available for adoption?

(1)	YES	
(0)	NO	<GO TO C8_N>
(6)	DON'T KNOW	<GO TO C8_N>
(7)	REFUSED	<GO TO C8_N>

C6_N.　　Were you [TEXTFILL: or your spouse/parent] interested in adopting any of [S.C.]'s birth siblings?

(1)	YES	
(0)	NO	<GO TO C8_N>
(6)	DON'T KNOW	<GO TO C8_N>
(7)	REFUSED	<GO TO C8_N>

C7_N.   Have you adopted any of [S.C.]'s birth siblings?

     (1)   YES
     (0)   NO
     (3)   NOT YET, BUT PLANNING TO OR IN THE PROCESS OF ADOPTING
     (6)   DON'T KNOW
     (7)   REFUSED

C8_N.   Do you [TEXTFILL: or your spouse/partner] have biological children?

     (1)   YES
     (0)   NO   <GO TO C9_N >
     (6)   DON'T KNOW   <GO TO C9_N >
     (7)   REFUSED   <GO TO C9_N >

   C8A.   How many?   _____

     (6)   DON'T KNOW
     (7)   REFUSED

C8B.   TEXTFILL: IF C8A=1: Was this child/IF C8A>1: Were any of these children) born before S.C.'s adoption?

     (1)   YES   <IF C8A=1, GO TO C9_N; ELSE GO TO C8C>
     (0)   NO   <GO TO C9_N>
     (6)   DON'T KNOW   <GO TO C9_N>
     (7)   REFUSED   <GO TO C9_N>

   C8C.   How many?   _____

     (6)   DON'T KNOW
     (7)   REFUSED

C9_N.   Do you [TEXTFILL: or your spouse/partner] have adopted children other than [S.C.] [TEXTFILL IF C7_N=1: and [S.C.]'s birth siblings]?

     (1)   YES
     (0)   NO   <GO TO C12_INTRO>
     (6)   DON'T KNOW   <GO TO C12_INTRO >
     (7)   REFUSED   <GO TO C12_INTRO >

   C9A.   How many?   _____

(6)   DON'T KNOW
(7)   REFUSED

C9B.   [TEXTFILL: IF C9A=1: Was this child / IF C9A>1: Were any of these children] adopted before [S.C.]?

(1)   YES   <IF C9A=1, GO TO C10_N; ELSE GO TO C9C>
(2)   NO   <GO TO C9D>
(6)   DON'T KNOW   <GO TO C9D>
(7)   REFUSED   <GO TO C9D>

C9C.   How many?   _____

<IF C9A=C9C, GO TO C10_N; If C9A ne C9C, go to C9D>

(6)   DON'T KNOW   <GO TO C10_N>
(7)   REFUSED   <GO TO C10_N>

C9D.   [TEXTFILL: IF C9A=1: Was this child / IF C9a>1: Were any of these children] adopted at the same time as S.C.?

(1)   YES   <IF C9A=1 or C9A – C9C =1, GO TO C10_N; ELSE GO TO C9E>
(0)   NO   <GO TO C10_N >
(6)   DON'T KNOW   <GO TO C10_N >
(7)   REFUSED   <GO TO C10_N >

C9E.   How many?   _____

(6)   DON'T KNOW
(7)   REFUSED

C10_N.   Did you [TEXTFILL: or your spouse/partner] adopt the other child or children through the United State foster care system, through a private adoption in the United States, or through an international adoption? [SELECT ALL THAT APPLY]

(1)   UNITED STATES FOSTER CARE SYSTEM
(2)   PRIVATE ADOPTION IN THE U.S.
(3)   INTERNATIONAL ADOPTION
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint** CPC11**:** IF C10Q04 = 1 (INTERNATIONAL ADOPTION) and C10_N = 3 (INTERNATIONAL ADOPTION): GO TO C11_N; ELSE GO TO C12_INTRO>

C11_N.　　　　Were the other children adopted from the same country as S.C.?

　　　　　　　(1)　　YES
　　　　　　　(0)　　NO
　　　　　　　(6)　　DON'T KNOW
　　　　　　　(7)　　REFUSED

C12_INTRO.　There are many reasons why people decide to adopt a child. I am going to read a list of possible reasons why people sometimes choose to adopt. For each reason, please tell me whether or not this was one of the reasons why you [TEXTFILL: or your spouse/partner] chose adoption.

C12A.　[TEXTFILL: My spouse/partner and I were/ I was] unable to have a biological child.

　　　　　　　<READ IF NECESSARY: Please tell me whether or not this was one of the reasons that you [TEXTFILL: or your spouse/partner] had for adopting [S.C.]>

　　　　　　　(1)　　YES
　　　　　　　(0)　　NO
　　　　　　　(6)　　DON'T KNOW
　　　　　　　(7)　　REFUSED

C12B.　[TEXTFILL: My spouse/partner and I / I] wanted to expand [TEXTFILL: S3_N=1 OR 2 "our"/ S3_N=3,4,6,7 "my"] family.

　　　　　　　<READ IF NECESSARY: Please tell me whether or not this was one of the reasons that you [TEXTFILL: or your spouse/partner] had for adopting [S.C.]>

　　　　　　　(1)　　YES
　　　　　　　(0)　　NO
　　　　　　　(6)　　DON'T KNOW
　　　　　　　(7)　　REFUSED

<**Checkpoint** CPC12C**:** IF C7_N = 1 OR C8B = 1 OR C9B = 1 OR C9D = 1, THEN ASK C12C. ELSE GO TO CPC12E >

C12C.　[TEXTFILL: My spouse/partner and I / I] wanted a sibling for another child.

　　　　　　　<READ IF NECESSARY: Please tell me whether or not this was one of the reasons that you [TEXTFILL: or your spouse/partner] had for adopting [S.C.]>

　　　　　　　(1)　　YES
　　　　　　　(0)　　NO
　　　　　　　(6)　　DON'T KNOW
　　　　　　　(7)　　REFUSED

<Checkpoint CPC12E: IF C7_N = 1, THEN ASK C12E. ELSE GO TO C12F>

C12E.   [TEXTFILL: I/we] already adopted S.C.'s sibling.

        <READ IF NECESSARY: Please tell me whether or not this was one of the reasons that you [TEXTFILL: or your spouse/partner] had for adopting [S.C.]>

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

C12F.   [TEXTFILL: My spouse/partner and I / I] wanted to adopt a child in need of a permanent family

        <READ IF NECESSARY: Please tell me whether or not this was one of the reasons that you [TEXTFILL: or your spouse/partner] had for adopting [S.C.]>

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

C12G.   Was there another reason that I did not mention?

        (1)   YES
        (0)   NO   <GO TO C13_N>
        (6)   DON'T KNOW   <GO TO C13_N>
        (7)   REFUSED   <GO TO C13_N>

    C12GA.What was the other reason? (specify) _____
        (6)   DON'T KNOW
        (7)   REFUSED

C13_N.   Do any of your [TEXTFILL: or your spouse's/partner's] relatives have adopted children?

        (1)   YES
        (0)   NO   <GO TO C14>
        (6)   DON'T KNOW   <GO TO C14>
        (7)   REFUSED   <GO TO C14>

C13A.   Did any of your [TEXTFILL: or your spouse's/partner's] relatives adopt in the same manner as you did – that is, were any of these children adopted through

[TEXTFILL: IF C10Q05=1 a foster care/ ELSE IF C10Q04=1 an international/ IF C10Q05=NO/DON'T KNOW/REFUSED a private] adoption?

    (1)   YES
    (0)   NO
    (6)   DON'T KNOW
    (7)   REFUSED

C14.   Do any of your [TEXTFILL: or your spouse's/partner's] friends or close acquaintances have adopted children?

    (1)   YES
    (0)   NO   <GO TO C15_N>
    (6)   DON'T KNOW   <GO TO C15_N>
    (7)   REFUSED   <GO TO C15_N>

C14A.   Did any of your [TEXTFILL: or your spouse's/partner's] friends or acquaintances adopt in the same manner as you did – that is, were any of these children adopted through a/an [TEXTFILL: foster care/international/private] adoption?

    (1)   YES
    (0)   NO
    (6)   DON'T KNOW
    (7)   REFUSED

C15_N.   Were you adopted as a child?

    (1)   YES
    (0)   NO   <IF S3_N=1 OR 2: GO TO C15b; ELSE GO TO C16_N>
    (6)   DON'T KNOW   <IF S3_N=1 OR 2: GO TO C15b; ELSE GO TO C16_N >
    (7)   REFUSED   <IF S3_N=1 OR 2: GO TO C15b; ELSE GO TO C16_N >

C15A.   How old were you when you were adopted?

[TI INSTRUCTION: ENTER 6 FOR DON'T KNOW AND 7 FOR REFUSED]

    C15A_year: ___ years and
    C15A_month: ___ months

[TI INSTRUCTION: IF LESS THAN ONE YEAR OLD, ENTER "0" FOR YEARS]

[TI INSTRUCTION: IF LESS THAN ONE MONTH OLD, ENTER "0" FOR MONTHS]

OR

        C15A_week: ___ weeks   [RANGE: 0-52]

(6)   DON'T KNOW   <IF S3_N=1 OR 2: GO TO C15B; ELSE GO TO C16_N>

(7)   REFUSED   <IF S3_N=1 OR 2: GO TO C15B; ELSE GO TO C16_N>

C15B.   Was your spouse/partner adopted as a child?

(1)   YES
(0)   NO   <GO TO C16_N>
(6)   DON'T KNOW   <GO TO C16_N>
(7)   REFUSED   <GO TO C16_N>

C15C.   How old was your spouse/partner when he/she was adopted?

        C15C_year: ___ years and
        C15C_month: ___ months

[IF LESS THAN ONE YEAR OLD, ENTER "0" FOR YEARS]

OR

        C15C_week: ___ weeks
                (6)   DON'T KNOW
               (7)   REFUSED

C16_N.   Do you [TEXTFILL: or your spouse/partner] have siblings who were adopted?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C17_N.   Compared to yourself, is [S.C.] a different race or ethnicity or from a different culture?
(1) YES   <IF S3_N=2 OR 1, GO TO C17A; ELSE GO TO C18A>
(0) NO   <IF S3_N=2 OR 1, GO TO C17A; ELSE GO TO C21A>

(6) DON'T KNOW   <IF S3_N=2 OR 1, GO TO C17A; ELSE GO TO C21A>

(7) REFUSED   <IF S3_N=2 OR 1, GO TO C17A; ELSE GO TO C21A>

C17A.   Is [S.C.] a different race or ethnicity or from a different culture than your spouse/partner?

(1) YES
(0) NO   <IF C17_N=1, GO TO C18A; ELSE GO TO C21A>
(6) DON'T KNOW   <IF C17_N=1, GO TO C18A; ELSE GO TO C21A>
(7) REFUSED   <IF C17_N=1, GO TO C18A; ELSE GO TO C21A>

C18A.   Since the time of the adoption, has your family done any of the following:

Lived in or moved to a racially or culturally diverse neighborhood

(1) YES
(0) NO
(6) DON'T KNOW
(7) REFUSED

C18B.   Lived or moved where [S.C.] can attend schools that are racially or culturally diverse?

<READ IF NECESSARY: Since the time of the adoption, has your family done any of the following>

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C18C.   Were involved in religious, social, tribal or recreational groups or activities that reflect [TEXTFILL: his/her] race or ethnicity or culture

<READ IF NECESSARY: Since the time of the adoption, has your family done any of the following>
(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C18D.   Chosen multiracial or multicultural entertainment such as movies or plays that
         reflect [TEXTFILL: his/her] race or ethnicity or culture

         <READ IF NECESSARY: Since the time of the adoption, has your family done
         any of the following>

         (1)   YES
         (0)   NO
         (6)   DON'T KNOW
         (7)   REFUSED

C18E   Chosen child care providers, teachers or other role models similar to
         [TEXTFILL: his/her] race or ethnicity

         <READ IF NECESSARY: Since the time of the adoption, has your family done
         any of the following>

         (1)   YES
         (0)   NO
         (6)   DON'T KNOW
         (7)   REFUSED

C18F   Participated in racial/ethnic holidays that reflect [TEXTFILL: his/her]
         race or ethnicity or culture

         <READ IF NECESSARY: Since the time of the adoption, has your family done
         any of the following>

         (1)   YES
         (0)   NO
         (6)   DON'T KNOW
         (7)   REFUSED

C18G   Have friends who share [TEXTFILL: his/her] racial or ethnic or cultural
         background

         <READ IF NECESSARY: Since the time of the adoption, has your family done
         any of the following>

         (1)   YES
         (0)   NO
         (6)   DON'T KNOW
         (7)   REFUSED

C18H   Prepared foods associated with [TEXTFILL: his/her] racial or ethnic or cultural background

<READ IF NECESSARY: Since the time of the adoption, has your family done any of the following>

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C18I   Read books to your child about [TEXTFILL: his/her] racial or ethnic or cultural group or heritage

<READ IF NECESSARY: Since the time of the adoption, has your family done any of the following>

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C19_N   Would you [TEXTFILL: or your spouse/partner] encourage others to adopt transracially or transculturally?

(1)   YES   <GO TO C21A>
(0)   NO   <GO TO C20>
(6)   DON'T KNOW   <GO TO C20>
(7)   REFUSED   <GO TO C21A>

C20   Why not?   _____
                 (6)   DON'T KNOW
                 (7)   REFUSED

C21A   At the time you began thinking about adopting a child which of the following types of adoption did you consider..

adoption from U.S. foster care

(1)   YES
(2)   NO
(6)   DON'T KNOW
(7)   REFUSED

C21B   international adoption

                    <READ IF NECESSARY: At the time you began thinking about adopting a child which of the following types of adoption did you consider.. >

                    (1)   YES
                    (2)   NO
                    (6)   DON'T KNOW
                    (7)   REFUSED

C21C.   private U.S. adoption

                    <READ IF NECESSARY: At the time you began thinking about adopting a child which of the following types of adoption did you consider.. >

                    (1)   YES
                    (2)   NO
                    (6)   DON'T KNOW
                    (7)   REFUSED

<**Checkpoint** CPC22:
IF C10Q05=NO, DON'T KNOW OR REFUSED and S6 does not = 1 and S7 does not = 1, GO TO C22;
IF C10Q04=1 and S6 does not = 1 and S7 does not = 1, GO TO C23A_N;
IF C10Q05=1 and S6 does not = 1 and S7 does not = 1, GO TO C24A;
ELSE (i.e. Relative Adoptions) GO TO C36_INTRO>

C22A. Earlier you indicated that you adopted [S.C.] through a domestic private adoption. I am going to read a list of reasons to you for choosing this type of adoption. For each reason that I read to you please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption.

        Thought [TEXTFILL: I/We] would get a child sooner

        (READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic adoption)

                    (1)   YES
                    (0)   NO   <GO TO C22B>
                    (6)   DON'T KNOW   <GO TO C22B>
                    (7)   REFUSED   <GO TO C22B>

C22AA Was this a very important reason, somewhat important reason, or not an important reason?

    (1) VERY IMPORTANT REASON
    (2) SOMEWHAT IMPORTANT REASON
    (3) NOT IMPORTANT
    (6) DON'T KNOW
    (7) REFUSED

C22B (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)
Didn't think [TEXTFILL: I/We] would qualify to adopt a child internationally.

    (1) YES
    (0) NO   <GO TO C22C>
    (6) DON'T KNOW <GO TO C22C>
    (7) REFUSED   <GO TO C22C>

C22BA Was this a very important reason, somewhat important reason, or not an important reason?

    (1) VERY IMPORTANT REASON
    (2) SOMEWHAT IMPORTANT REASON
    (3) NOT IMPORTANT
    (6) DON'T KNOW
    (7) REFUSED

C22C (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

Adoption workers or lawyer discouraged [TEXTFILL: me/us] from trying to adopt a child from the foster care system.

    (1) YES
    (0) NO   <GO TO C22D>
    (6) DON'T KNOW <GO TO C22D>
    (7) REFUSED   <GO TO C22D>

C22CA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22D   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

        Wanted an infant.

        (1)   YES
        (0)   NO   <GO TO C22E>
        (6)   DON'T KNOW   <GO TO C22E>
        (7)   REFUSED   <GO TO C22E>

C22DA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22E   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

        Wanted a healthy child

        (1)   YES
        (0)   NO   <GO TO C22F>
        (6)   DON'T KNOW   <GO TO C22F>
        (7)   REFUSED   <GO TO C22F>

C22EA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22F   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

Wanted a child the same race/ethnicity as our family

        (1)   YES
        (0)   NO   <GO TO C22G>
        (6)   DON'T KNOW   <GO TO C22G>
        (7)   REFUSED   <GO TO C22G>

C22FA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22G   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

Wanted a closed adoption, that is, no information exchange or contact with child's birth family

        (1)   YES
        (0)   NO   <GO TO C22H>
        (6)   DON'T KNOW   <GO TO C22H>
        (7)   REFUSED   <GO TO C22H>

C22GA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22H   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

        Previously adopted another child through a private, domestic adoption

        (1)   YES
        (0)   NO   <GO TO C22I>
        (6)   DON'T KNOW   <GO TO C22I>
        (7)   REFUSED   <GO TO C22I>

C22HA   Was this a very important reason, somewhat important reason, or not an important reason?

        (1)   VERY IMPORTANT REASON
        (2)   SOMEWHAT IMPORTANT REASON
        (3)   NOT IMPORTANT
        (6)   DON'T KNOW
        (7)   REFUSED

C22I   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a domestic private adoption)

        Did you have another reason for choosing a private, domestic adoption that I did not mention?

        (1)   YES
        (0)   NO   <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
        (6)   DON'T KNOW<If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
        (7)   REFUSED   <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

    C22IA What was this reason that I did not mention? _____

C22IAA   Was this a very important reason, somewhat important reason, or not an important reason?

     (1)   VERY IMPORTANT REASON
                <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
     (2)   SOMEWHAT IMPORTANT
                <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
     (3)   NOT IMPORTANT
                <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
     (6)   DON'T KNOW
                <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
     (7)   REFUSED
                <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

C23A_N.   Earlier you indicated that you adopted [S.C.] through an international adoption. I am going to read a list of reasons to you for choosing this type of adoption. For each reason that I read to you please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing an international adoption.

Interest in a particular culture
     (1)   YES
     (0)   NO   <GO TO C23B>
     (6)   DON'T KNOW   <GO TO C23B>
     (7)   REFUSED   <GO TO C23B>

C23AA   Was this a very important reason, somewhat important reason, or not an important reason?

     (1)   VERY IMPORTANT REASON
     (2)   SOMEWHAT IMPORTANT REASON
     (3)   NOT IMPORTANT
     (6)   DON'T KNOW
     (7)   REFUSED

C23B   Adoption workers or lawyer encouraged [TEXTFILL: IF (S3_N=3,4,6,7 "me" / IF S3_N= 1 OR 2 "us"] to adopt internationally

<READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing an international adoption>

(1)   YES
(0)   NO   <GO TO C23C>
(6)   DON'T KNOW   <GO TO C23C>
(7)   REFUSED   <GO TO C23C>

C23BA   Was this a very important reason, somewhat important reason, or not an important reason?

(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C23C   Adoption workers or lawyer discouraged [TEXTFILL: me/us] from trying to adopt a child from the U.S.

<READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing an international adoption>

(1)   YES
(0)   NO   <GO TO C23D>
(6)   DON'T KNOW   <GO TO C23D>
(7)   REFUSED   <GO TO C23D>

C23CA   Was this a very important reason, somewhat important reason, or not an important reason?

(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C23D   Wanted an infant

<READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing an international adoption>

(1)   YES
(0)   NO   <GO TO C23E>
(6)   DON'T KNOW   <GO TO C23E>
(7)   REFUSED   <GO TO C23E>

C23DA   Was this a very important reason, somewhat important reason, or not an important reason?

(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C23E   Wanted a closed adoption, that is, no information exchange or contact with child's birth family

<READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing an international adoption>

(1)   YES
(0)   NO   <GO TO C23F>
(6)   DON'T KNOW   <GO TO C23F>
(7)   REFUSED   <GO TO C23F>

C23EA   Was this a very important reason, somewhat important reason, or not an important reason?
(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C23F   Thought it would be too difficult to adopt a child from the U.S.

            <READ IF NECESSARY: please tell me whether or not this was one of your
            [TEXTFILL: or your spouse's/partner's] reasons for choosing an international
            adoption>

            (1)   YES
            (0)   NO   <GO TO C23G>
            (6)   DON'T KNOW   <GO TO C23G>
            (7)   REFUSED   <GO TO C23G>

C23FA   Was this a very important reason, somewhat important reason, or not an
            important reason?
            (1)   VERY IMPORTANT REASON
            (2)   SOMEWHAT IMPORTANT REASON
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

C23G   Didn't think I would qualify to adopt a child from the U.S.

            <READ IF NECESSARY: please tell me whether or not this was one of your
            [TEXTFILL: or your spouse's/partner's] reasons for choosing an international
            adoption>

            (1)   YES
            (0)   NO   <GO TO C23H>
            (6)   DON'T KNOW   <GO TO C23H>
            (7)   REFUSED   <GO TO C23H>

C23GA   Was this a very important reason, somewhat important reason, or not an
            important reason?

            (1)   VERY IMPORTANT REASON
            (2)   SOMEWHAT IMPORTANT REASON
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

C23H   Thought I/we would get a child sooner

              <READ IF NECESSARY: please tell me whether or not this was one of your
              [TEXTFILL: or your spouse's/partner's] reasons for choosing an international
              adoption>

              (1)   YES
              (0)   NO   <GO TO C23I>
              (6)   DON'T KNOW   <GO TO C23I>
              (7)   REFUSED   <GO TO C23I>

C23HA   Was this a very important reason, somewhat important reason, or not an
              important reason?

              (1)   VERY IMPORTANT REASON
              (2)   SOMEWHAT IMPORTANT REASON
              (3)   NOT IMPORTANT
              (6)   DON'T KNOW
              (7)   REFUSED

C23I   Not interested in the children available for adoption in the U.S.

              <READ IF NECESSARY: please tell me whether or not this was one of your
              [TEXTFILL: or your spouse's/partner's] reasons for choosing an international
              adoption>

              (1)   YES
              (0)   NO   <GO TO C23K>
              (6)   DON'T KNOW   <GO TO C23K>
              (7)   REFUSED   <GO TO C23K>

C23IA   Was this a very important reason, somewhat important reason, or not an
               important reason?

               (1)   VERY IMPORTANT REASON
               (2)   SOMEWHAT IMPORTANT REASON
               (3)   NOT IMPORTANT
               (6)   DON'T KNOW
               (7)   REFUSED

               C23IAA.   Why did you think that children available for adoption in the
               U.S. would not be the best option for you?
               _____
               (6)   DON'T KNOW
               (7)   REFUSED

C23K.   Previously adopted another child internationally

               <READ IF NECESSARY: please tell me whether or not this was one of your
               [TEXTFILL: or your spouse's/partner's] reasons for choosing an international
               adoption>

               (1)   YES
               (0)   NO   <GO TO C23L>
               (6)   DON'T KNOW   <GO TO C23L>
               (7)   REFUSED   <GO TO C23L>

               C23KA Was this a very important reason, somewhat important reason, or not an
               important reason?

               (1)   VERY IMPORTANT REASON
               (2)   SOMEWHAT IMPORTANT REASON
               (3)   NOT IMPORTANT
               (6)   DON'T KNOW
               (7)   REFUSED

C23L   Did you have another reason for choosing an international adoption that I did not
               mention?

               (1)   YES
               (0)   NO   <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
               (6)   DON'T KNOW<If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
               (7)   REFUSED   <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

          C23LA   What was this reason that I did not mention? _____

C23LB Was this a very important reason, somewhat important reason, or not an
important reason?

      (1)   VERY IMPORTANT REASON
                        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
      (2)   SOMEWHAT IMPORTANT REASON
                        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
      (3)   NOT IMPORTANT
                        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
      (6)   DON'T KNOW
                        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
      (7)   REFUSED
                        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

C24A Earlier you indicated that you adopted [S.C.] through a foster care adoption. I
am going to read a list of reasons to you for choosing this type of adoption. For
each reason that I read to you please tell me whether or not this was one of your
[TEXTFILL: or your spouse's/partner's] reasons for choosing a foster care
adoption.

Thought [TEXTFILL: I/We] would get a child sooner

      (1)   YES
      (0)   NO   <GO TO C24B>
      (6)   DON'T KNOW   <GO TO C24B>
      (7)   REFUSED   <GO TO C24B>

C24AA Was this a very important reason, somewhat important reason, or not an
important reason?

      (1)   VERY IMPORTANT REASON
      (2)   SOMEWHAT IMPORTANT REASON
      (3)   NOT IMPORTANT
      (6)   DON'T KNOW
      (7)   REFUSED

C24B   (READ IF NECESSARY: Please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a foster care adoption)

Adopting from U.S. foster care was less costly than adopting internationally or privately

(1)   YES
(0)   NO   <GO TO C24C>
(6)   DON'T KNOW   <GO TO C24C>
(7)   REFUSED   <GO TO C24C>

C24BA Was this a very important reason, somewhat important reason, or not an important reason?

(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C24C   Wanted an older child

<READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a foster care adoption>

(1)   YES
(0)   NO   <GO TO C24D>
(6)   DON'T KNOW   <GO TO C24D>
(7)   REFUSED   <GO TO C24D>

C24CA Was this a very important reason, somewhat important reason, or not an important reason?

(1)   VERY IMPORTANT REASON
(2)   SOMEWHAT IMPORTANT REASON
(3)   NOT IMPORTANT
(6)   DON'T KNOW
(7)   REFUSED

C24D   Wanted a child with special needs

      <READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a foster care adoption>

      (1) YES
      (0) NO   <GO TO C24E>
      (6) DON'T KNOW <GO TO C24E>
      (7) REFUSED   <GO TO C24E>

   C24DA Was this a very important reason, somewhat important reason, or not an important reason?

      (1) VERY IMPORTANT REASON
      (2) SOMEWHAT IMPORTANT REASON
      (3) NOT IMPORTANT
      (6) DON'T KNOW
      (7) REFUSED

C24E   Previously adopted another child through the foster care system

      <READ IF NECESSARY: please tell me whether or not this was one of your [TEXTFILL: or your spouse's/partner's] reasons for choosing a foster care adoption>
      (1) YES
      (0) NO   <GO TO C24F>
      (6) DON'T KNOW <GO TO C24F>
      (7) REFUSED   <GO TO C24F>

   C24EA Was this a very important reason, somewhat important reason, or not an important reason?

      (1) VERY IMPORTANT REASON
      (2) SOMEWHAT IMPORTANT REASON
      (3) NOT IMPORTANT
      (6) DON'T KNOW
      (7) REFUSED

C24F   Did you have another reason for choosing to adopt a child from foster care that I did not mention?

    (1) YES
    (0) NO   <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (6) DON'T KNOW<If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (7) REFUSED <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

C24FA What was this reason that I did not mention? _____

C24FAA   Was this a very important reason, somewhat important reason, or not an important reason?

    (1) VERY IMPORTANT REASON
        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (2) SOMEWHAT IMPORTANT REASON
        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (3) NOT IMPORTANT
        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (6) DON'T KNOW
        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>
    (7) REFUSED
        <If S6 ne 1, GO TO C25, ELSE go to C36_INTRO>

C25   At the time of the adoption, did the adoption agency or attorney offer any options for an open adoption?

   <HELP SCREEN: By open adoption, we mean sharing written information such as letters or email, or in-person visits between you [TEXTFILL: or your spouse/partner] and the birth family or between your child and the birth family?>

    (1) YES < If C10Q04=1, GO TO C25A; ELSE GO TO C26>
    (0) NO < If C10Q04=1, GO TO C25A; ELSE GO TO C26>
    (6) DON'T KNOW
        < If C10Q04=1, GO TO C25A; ELSE GO TO C26>
    (7) REFUSED
        < If C10Q04=1, GO TO C25A; ELSE GO TO C26>

C25A   Were you [TEXTFILL: or your spouse/partner] required to provide post-adoption
             reports to the child's country of origin?

             <HELP SCREEN: These could be reports to either the government or to any
             other organization in the country of origin.>

             (1)   YES
             (0)   NO   <GO TO C26>
             (6)   DON'T KNOW   <GO TO C26>
             (7)   REFUSED   <GO TO C26>

C25AA   How many post-adoption reports were filed?

             ___
             (6)   DON'T KNOW
             (7)   REFUSED

C25AB.   Will you [TEXTFILL: or your spouse/partner] be providing post-adoption
             reports in the future?

             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

C26   Was there any kind of pre-adoption agreement in which you agreed to provide
             information about [S.C.] to one or both of his/her birth parents or other birth
             family members?

             (1)   YES
             (0)   NO   <GO TO C28>
             (6)   DON'T KNOW   <GO TO C28>
             (7)   REFUSED   <GO TO C28>

C26A   Was this agreement written or verbal?
             (1)   WRITTEN
             (2)   VERBAL
             (3)   BOTH
             (6)   DON'T KNOW
             (7)   REFUSED

C27   Was information ever provided?

                    (1)   YES
                    (0)   NO
                    (6)   DON'T KNOW
                    (7)   REFUSED

C28   Since the time of [S.C.]'s adoption, have you, [TEXTFILL: SPOUSE OR PARTNER], or [S.C.] <u>ever</u> had contact with his/her birth family members?

          [INTERVIEWER INSTRUCTION: DEFINITION OF CONTACT SHOULD BE: LETTERS, EMAILS, TELEPHONE CALLS OR IN-PERSON VISITS]:

                    (1)   YES
                    (2)   NO   <GO TO C36_INTRO>
                    (6)   DON'T KNOW   <GO TO C36_INTRO>
                    (7)   REFUSED   <GO TO C36_INTRO>

C28A   Since the time of [S.C.]'s adoption, how often has [S.C.] had contact with his/her Birthparent(s)

                    (1)   NEVER   <GO TO CPC29>
                    (2)   ONCE A YEAR OR EVERY FEW YEARS
                    (3)   A FEW TIMES A YEAR
                    (4)   ABOUT EVERY MONTH OR MORE
                    (6)   DON'T KNOW   <GO TO CPC29>
                    (7)   REFUSED   <GO TO CPC29>

C28B   How comfortable are you [TEXTFILL: and your spouse/partner] with [S.C.] having contact with his/her birth parents? Would you say very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

          [INTERVIEWER INSTRUCTION: IF OPINIONS DIFFER BETWEEN RESPONDENT AND SPOUSE/PARTNER, ASK FOR RESPONDENT'S OPINION]

                    (1)   VERY COMFORTABLE
                    (2)   SOMEWHAT COMFORTABLE
                    (3)   SOMEWHAT UNCOMFORTABLE
                    (4)   VERY UNCOMFORTABLE
                    (6)   DON'T KNOW
                    (7)   REFUSED

<**CHECKPOINT CPC29**: If C4_N = NO, DON'T KNOW, or REFUSED GO TO C30/ ELSE go to C29>

C29   Since the time of S.C.'s adoption, how often has S.C. had contact with birth brothers or sisters who do not live in your household

     (1) NEVER   <GO TO C30>
     (2) ONCE A YEAR OR EVERY FEW YEARS
     (3) A FEW TIMES A YEAR
     (4) ABOUT EVERY MONTH OR MORE
     (6) DON'T KNOW   <GO TO C30>
     (7) REFUSED   <GO TO C30>

C29A   How comfortable are you [TEXTFILL: and your spouse/partner] with [S.C.] having contact with his/her birth brothers or sisters who do not live in your household? Would you say very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

     [INTERVIEWER INSTRUCTION: IF OPINIONS DIFFER BETWEEN RESPONDENT AND SPOUSE/PARTNER, ASK FOR RESPONDENT'S OPINION]

     (1) VERY COMFORTABLE
     (2) SOMEWHAT COMFORTABLE
     (3) SOMEWHAT UNCOMFORTABLE
     (4) VERY UNCOMFORTABLE
     (6) DON'T KNOW
     (7) REFUSED

C30   Since the time of S.C.'s adoption, how often has S.C. had contact with other birth relatives such as birth grandparents, birth aunts and uncles, etc…

     (1) NEVER   <GO TO C31>
     (2) ONCE A YEAR OR EVERY FEW YEARS
     (3) A FEW TIMES A YEAR
     (4) ABOUT EVERY MONTH OR MORE
     (6) DON'T KNOW   <GO TO C31>
     (7) REFUSED   <GO TO C31>

C30A   How comfortable are you [TEXTFILL: and your spouse/partner] with [S.C.] having contact with his/her other birth relatives? Would you say very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

      (1)   VERY COMFORTABLE
      (2)   SOMEWHAT COMFORTABLE
      (3)   SOMEWHAT UNCOMFORTABLE
      (4)   VERY UNCOMFORTABLE
      (6)   DON'T KNOW
      (7)   REFUSED

C31   These next questions are about any contact that you [or your spouse/partner] have had with [S.C.]'s birth family.

Since [S.C.]'s adoption was finalized, have you [or your spouse/partner] ever had planned contact with [S.C.]'s birth parents or other extended birth family?

[INTERVIEWER DEFINITION OF CONTACT SHOULD BE: LETTERS, EMAILS, OR IN-PERSON VISITS]

      (1)   YES
      (0)   NO   <GO TO C36_INTRO>
      (6)   DON'T KNOW   <GO TO C36_INTRO>
      (7)   REFUSED   <GO TO C36_INTRO>

C32   Was this contact with:

Birthparent(s)?

      (1)   YES
      (0)   NO
      (6)   DON'T KNOW
      (7)   REFUSED

<CHECKPOINT CPC33: If C4_N = NO, DON'T KNOW, or REFUSED then GO TO C34/ ELSE go to C33>

C33   Brothers/sisters living elsewhere?

             <READ IF NECESSARY: Was this contact with >

             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

C34   Other blood relatives (grandparents, aunts/uncles)?

             <READ IF NECESSARY: Was this contact with >
             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

C35   Do you [TEXTFILL: or your spouse/partner] **currently** stay in contact with
             [S.C.]'s birth parents or other extended birth family?

             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

C36_INTRO   These next questions are about information you may have received about [S.C.]
before adopting [him/her].
C36   Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]…

<**Checkpoint** CPC36A**:** IF ADOPT_TYPE not= FOSTER CARE go to C36B/ ELSE Go to
C36A>

C36A   Receive or review the child's case record

             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

C36B   Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner] Discuss the child's past with an adoption caseworker

      (1) YES
      (0) NO
      (6) DON'T KNOW
      (7) REFUSED

C36C   Discuss the child's past with an adoption attorney

      <READ IF NECESSARY: Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]>

      (1) YES
      (0) NO
      (6) DON'T KNOW
      (7) REFUSED

<Checkpoint CPC36D: IF C1A<3 YEARS GO TO C36E
/ ELSE IF (C1A= 6 or 7)   AND (AGEYRNSAP < 3), GO TO CPC36F
/ ELSE, go to C36D >

C36D   Receive or review a written psychological report

      <READ IF NECESSARY: Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]>

      (1) YES   <GO TO C36DA>
      (0) NO   <GO TO C36E>
      (6) DON'T KNOW <GO TO C36E>
      (7) REFUSED   <GO TO C36E>

C36DA   Did you [TEXTFILL: or your spouse/partner] consult with a professional of your choosing regarding the contents of the psychological report?

      (1) YES
      (0) NO
      (6) DON'T KNOW
      (7) REFUSED

C36E   Receive or review information about [S.C.]'s medical history

        <READ IF NECESSARY: Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]>

        (1) YES   <GO TO C36EA>
        (0) NO   <GO TO CPC36F>
        (6) DON'T KNOW   <GO TO CPC36F>
        (7) REFUSED   <GO TO CPC36F>

C36EA   Did you [or your spouse/partner] consult with a professional of your choosing regarding [S.C.]'s medical history?

        (1) YES
        (0) NO
        (6) DON'T KNOW
        (7) REFUSED

<Checkpoint CPC36F: IF C1A<5 YEARS, or IF (C1A= 6 or 7) AND (AGEYRNSAP<5) , GO TO C38 / ELSE GO TO C36F

C36F   Receive or review records of [S.C.]'s school or educational history, such as grades or test scores

        <READ IF NECESSARY: Prior to [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]>

        (1) YES   <GO TO C36FA>
        (0) NO   <GO TO C38>
        (6) DON'T KNOW   <GO TO C38>
        (7) REFUSED   <GO TO C38>

C36FA   Did you [TEXTFILL: or your spouse/partner] consult with a professional of your choosing regarding [S.C.]'s school or educational records?

        (1) YES
        (0) NO
        (6) DON'T KNOW
        (7) REFUSED

C38   Do you believe that the agency knew important information about [S.C.] that they did not share with you [TEXTFILL: or your spouse/partner] before [S.C.]'s adoption was finalized?

              (1)   YES
              (0)   NO
              (6)   DON'T KNOW
              (7)   REFUSED

C3A   These next questions are about problems your child may have experienced before being adopted by you. You may not know the answers, but please answer to the best of your knowledge. We ask these questions to all parents.

              Before [S.C.] first came to your home, how likely was it that he/she was…

              Would you say very likely, likely, unlikely, or very unlikely?

	Very likely	Likely	Unlikely	Very unlikely	CHILD ADOPTED AT BIRTH	DON'T KNOW	REFUSED
a. Physically abused	1	2	3	4	0	6	7
b. Sexually abused	1	2	3	4	0	6	7
c. Neglected	1	2	3	4	0	6	7
d. Exposed to drugs or alcohol before birth?	1	2	3	4	0	6	7
e. Emotionally abused	1	2	3	4	0	6	7

              <CATI INSTRUCTIONS: FOR EACH SCREEN C3A-C3E, READ IF NECESSARY: Before [S.C.] first came to your home, how likely was it that he/she was >

              <HELP SCREEN: These questions may not apply to your child, but it is important that we ask these questions of everyone. >

C42_INTRO   The next few questions concern the child's mental health and while these questions may sound similar to previously asked questions, they ask about different conditions.

C44   I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that [S.C.] had the condition, even if (he/she) does not have the condition now

Post-Traumatic Stress Disorder (PTSD)?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT HAS NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE CHILD HAS THE CONDITION.

IF A DOCTOR OR OTHER HEALTH CARE PROVIDER HAS NOT TOLD THE RESPONDENT THAT THE CHILD HAS THE CONDITION, BUT THE RESPONDENT INSISTS THAT THE CHILD HAS THE CONDITION, WE STILL NEED TO CODE THE ANSWER AS "NO."

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C45   Attachment disorder

<READ IF NECESSARY: Has a doctor or other health care provider ever told you that [S.C.] had the condition >

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

<CHECKPOINT CPC46: IF AGEMONSAP < 24 MONTHS, SKIP TO CHECKPOINT CPC42

C46   Oppositional Defiant Disorder (ODD)

<READ IF NECESSARY: Has a doctor or other health care provider ever told you that [S.C.] had the condition >

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

C47   Conduct disorder

            <READ IF NECESSARY: Has a doctor or other health care provider ever told
            you that [S.C.] had the condition >
            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

<CHECKPOINT CPC42: If AGEMONSAP < 36 months, skip to CPC53>

C42   Mental health professionals include psychiatrists, psychologists, psychiatric
            nurses, and clinical social workers. Since the time the adoption was finalized,
            has [S.C.] received any treatment or counseling from a mental health
            professional?

            (1)   YES
            (0)   NO   <GO TO CPC49>
            (6)   DON'T KNOW   <GO TO CPC49>
            (7)   REFUSED   <GO TO CPC49>

<CHECKPOINT CPC43: If AGEMONSAP < 96 months, skip to CPC53>

C43   Since the time the adoption was finalized, has [S.C.] been placed in a psychiatric
            hospital, group home, or residential treatment center?
            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

<**Checkpoint CPC49:** If AGEYRNSAP <13 Years of age, GO TO C53_INTRO/ ELSE go to
C49>

C49   Has [S.C.] ever had any alcohol or drug problems?

            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

C50   Has [S.C.] ever been arrested or in trouble with the police?

            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

C51   Has [S.C.] ever (TEXTFILL: been pregnant /gotten someone pregnant)?

    (1) YES
    (0) NO   <GO TO CPC53 >
    (6) DON'T KNOW   <GO TO CPC53 >
    (7) REFUSED   <GO TO CPC53 >

C52   Does [S.C.] have biological children of his/her own?

    (1) YES
    (0) NO
    (6) DON'T KNOW
    (7) REFUSED

<CHECKPOINT CPC53: If AGEMONSAP < 12 months, Go to W1_INTRO/ ELSE Go TO C53_INTRO>

C53_INTRO The next few questions concern [S.C.]'s native language and education experiences.

C53   What was the first language [S.C.] learned to speak?

    Drop down list of languages

    (1) ENGLISH   < GO TO CPC55>
    (2) CHINESE   < GO TO CPC55>
    (3) RUSSIAN   < GO TO CPC55>
    (4) SPANISH   < GO TO CPC55>
    (5) KOREAN   < GO TO CPC55>
    (6) UKRAINIAN < GO TO CPC55>
    (7) OTHER   <GO TO C53A>
    (96) DON'T KNOW < GO TO CPC55>
    (97) REFUSED   < GO TO CPC55>

  C53A SPECIFY _____

<**Checkpoint CPC55:** GO TO C55>

C55   Does [S.C.] have any developmental problems for which (he/she) has a written intervention plan called an [TEXTFILL:IF AGEMONSAP < 36 MONTHS, INSERT: Individualized Family Services Plan or an IFSP?; IF AGEMONSAP ≥ 36 MONTHS, INSERT: Individualized Education Program or IEP?]

HELP SCREEN (C55): Some young children have developmental delays or other problems for which they receive services from a program called Early Intervention Services or Special Education. Children receiving these services have a written intervention plan called an IFSP if the child is 3 or under, or an IEP if older than about 3 years. Services on an IFSP or an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; service coordination or other services needed to support the child's development.

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

<**Checkpoint CPC56:** IF AGEYRNSAP IS <5 YEARS OF AGE, GO TO W1_INTRO; ELSE Go to C56>

C56. *^NSAP   Would you describe [S.C.]'s school performance in reading and language arts as excellent, very good, good, fair or poor?

        (1)   EXCELLENT
        (2)   VERY GOOD
        (3)   GOOD
        (4)   FAIR
        (5)   POOR
        (6)   NOT IN SCHOOL   <GO TO CPK7Q05>
        (6)   DON'T KNOW
        (7)   REFUSED

C56A. *^NSAP   Would you describe [S.C.]'s school performance in math as excellent, very good, good, fair or poor?

        (1)   EXCELLENT
        (2)   VERY GOOD
        (3)   GOOD
        (4)   FAIR
        (5)   POOR
        (6)   DON'T KNOW
        (7)   REFUSED

K7Q05　　　　Since starting kindergarten, has [he/she] repeated any grades?

        (1)　　YES
        (0)　　NO
        (6)　　DON'T KNOW
        (7)　　REFUSED

<**Checkpoint CPC57:** Ask C57 and C58 only if AGEYRNSAP = OR > 10 years ; ELSE GO TO W1_INTRO>

C57　　　　[TEXTFILL: IF (AGEYRNSAP - C1A) = 2 or more "During the past 12 months" / ELSE IF (AGEYRNSAP - C1A) = 1 or 0 "Since [S.C.]'s adoption was finalized" / ELSE IF C1A=6 or 7 "During the past 12 months."], how many times has [S.C.] skipped school, cut classes without your permission, or refused to go to school? Was it …

        (1)　　NEVER
        (2)　　ONCE
        (3)　　TWO OR MORE TIMES
        (6)　　DON'T KNOW
        (7)　　REFUSED

C58　　　　Including both in-school and out-of-school suspensions, [TEXTFILL: IF (AGEYRNSAP - C1A) = 2 or more "During the past 12 months" / ELSE IF (AGEYRNSAP - C1A) = 1 or 0 "Since [S.C.]'s adoption was finalized" / ELSE IF C1A=6 or 7 "During the past 12 months."], has [S.C.] been suspended or expelled from school?

        (1)　　YES
        (0)　　NO
        (6)　　DON'T KNOW
        (7)　　REFUSED

PARENT AND CHILD WELL-BEING (W)

TIMESTAMP_SECTION_WB1

W1_INTRO   The next series of questions are about how you, your child, and your family are doing. By family, we mean the people in your family who live in your household.

K7Q70_INTROI am going to read a list of items that sometimes describe children. For each item, please tell me how often this was true for [S.C.] during the past month. Would you say never, rarely, sometimes, usually, or always?

QUESTION STEM: [Please tell me if this statement was never, rarely, sometimes, usually, or always true for [S.C.] during the past month.]

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES
(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

[CATI: DISPLAY QUESTION STEM FOR EACH OF THE FOLLOWING SCREENS.]

K7Q70 [He/She] argues too much.

K7Q73 [He/She] gets along well with other children.

K7Q74 [He/She] is disobedient.

K7Q75 [He/She] is stubborn, sullen, or irritable.

K7Q76 [He/She] tries to understand other people's feelings.

K7Q77 [He/She] tries to resolve conflicts with classmates, family, or friends.

K7Q79 [He/She] is unhappy, sad, or depressed.

W1 *NSAP   How would you describe your relationship to [S.C.]? Would you say very warm and close, somewhat warm and close, somewhat distant, or very distant?

<HELP SCREEN: Please describe your relationship as it exists now>

(1)   VERY WARM AND CLOSE
(2)   SOMEWHAT WARM AND CLOSE

(3)   SOMEWHAT DISTANT
(4)   VERY DISTANT
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPW1A:** IF(S3_N IS NOT 1 OR 2), SKIP W1A and GO TO CPW2>

W1A   How would you describe your [TEXTFILL: spouse's/partner's] relationship to [S.C.]? Would you say very warm and close, somewhat warm and close, somewhat distant, or very distant?

HELP SCREEN: Please describe their relationship as it exists now

(1)   VERY WARM AND CLOSE
(2)   SOMEWHAT WARM AND CLOSE
(3)   SOMEWHAT DISTANT
(4)   VERY DISTANT
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPW2:** IF AGEMONSAP <6 months old, GO TO W7; ELSE GO TO W2>

W2 *NSAP   How often is [S.C.] affectionate or tender with you? Would you say never, rarely, sometimes, usually or always?

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES
(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

W3   How satisfied are you with how affectionate or tender [S.C.] is with you? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

(1)   VERY SATISFIED
(2)   SOMEWHAT SATISFIED
(3)   SOMEWHAT DISSATISFIED
(4)   VERY DISSATISFIED
(6)   DON'T KNOW
(7)   REFUSED

W4 *^{NSAP}   Do you feel that [S.C.] and you make decisions about (his/her) life together.
Would you say never, rarely, sometimes, usually or always?

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES
(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

W5 *^{NSAP}   During the past month, how often have you felt that you just did not understand
(him/her). Would you say never, rarely, sometimes, usually or always?

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES
(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

W6 *^{NSAP}   During the past month, how often have you felt that you can really trust
(him/her). Would you say never, rarely, sometimes, usually or always?

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES
(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

K8Q34   During the past month, how often have you felt angry with [him/her]? [**READ
RESPONSES AS NECESSARY**: Would you say never, rarely, sometimes,
usually, or always?]

(1)   NEVER
(2)   RARELY
(3)   SOMETIMES

(4)   USUALLY
(5)   ALWAYS
(6)   DON'T KNOW
(7)   REFUSED

K8Q30   **CATI INSTRUCTION (K8Q30):** IF C2Q04 = (1) Mother OR (2) Father FILL "parenthood". ELSE FILL "raising children".

In general, how well do you feel you are coping with the day to day demands of (parenthood/raising children)? Would you say that you are coping very well, somewhat well, not very well, or not well at all?

(1)   VERY WELL
(2)   SOMEWHAT WELL
(3)   NOT VERY WELL
(4)   NOT WELL AT ALL
(6)   DON'T KNOW
(7)   REFUSED

W7   Thinking about [S.C.]'s relationship with you, would you say things are better than you ever expected, about what you expected, or more difficult than you ever expected?

(1)   BETTER THAN YOU EVER EXPECTED
(2)   ABOUT WHAT YOU EXPECTED
(3)   MORE DIFFICULT THAN YOU EVER EXPECTED
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPW8:** IF (S3_N=1 OR 2) GO to W8/ ELSE Go to CPW9>

W8.   Thinking about [S.C.]'s relationship with your [TEXTFILL: spouse/partner], would you say things are better than you ever expected, about what you expected, or more difficult than you ever expected?

(1)   BETTER THAN YOU EVER EXPECTED
(2)   ABOUT WHAT YOU EXPECTED
(3)   MORE DIFFICULT THAN YOU EVER EXPECTED
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPW9**: IF C8_N = NO/DON'T KNOW/REFUSED AND C9_N = NO/DON'T KNOW/REFUSED) OR AGEYRNSAP <1 YEAR GO TO W12 / ELSE GO TO W9_INTRO>

W9_INTRO   Now I would like to ask you to think about how [S.C.] gets along with other children in your family.

W9   In general, how often does [S.C.] experience difficulty in getting along with other children in the household? Would you say never, rarely, sometimes, usually or always?

              (1)   NEVER
              (2)   RARELY
              (3)   SOMETIMES
              (4)   USUALLY
              (5)   ALWAYS
              (6)   DON'T KNOW
              (7)   REFUSED

              [TI INSTRUCTION: BY "CHILDREN IN THE HOUSEHOLD" WE MEAN THOSE CHILDREN WHO LIVE PERMANENTLY IN THIS HOUSEHOLD. DO NOT INCLUDE CHILDREN STAYING WITH THE RESPONDENT TEMPORARILY.]

W12   Overall, how has having [S.C.] in your life affected your family? By family, we mean your family who live in your household. Would you say it has affected your family very positively, somewhat positively, somewhat negatively, very negatively, or mixed?

              (1)   VERY POSITIVELY
              (2)   SOMEWHAT POSITIVELY
              (3)   MIXED
              (4)   SOMEWHAT NEGATIVELY
              (5)   VERY NEGATIVELY
              (6)   DON'T KNOW
              (7)   REFUSED

W13   So far, how has having [S.C.] in your life compared with what you thought it would be like? Would you say it is better than you expected, about what you expected, or more difficult than you expected?

              (1)   BETTER THAN YOU EVER EXPECTED
              (2)   ABOUT WHAT YOU EXPECTED
              (3)   MORE DIFFICULT THAN YOU EVER EXPECTED
              (6)   DON'T KNOW
              (7)   REFUSED

<**Checkpoint CPW14:** IF AGEYRNSAP <5 YEARS Go to W15/ ELSE Go to W14>

W14   Overall, how do you think [S.C.] feels about being adopted? Would you say [S.C]… feels positive about it, feels mostly positive about it, feels mostly negative about it, or feels negative about it?

         (1)   FEELS POSITIVE ABOUT IT
         (2)   FEELS MOSTLY POSITIVE ABOUT IT
         (3)   FEELS NEITHER POSITIVE NOR NEGATIVE ABOUT IT
         (4)   FEELS MOSTLY NEGATIVE ABOUT IT
         (5)   FEELS NEGATIVE ABOUT IT
         (6)   CHILD DOES NOT KNOW HE/SHE IS ADOPTED
         (96)   DON'T KNOW
         (97)   REFUSED

W15   If you [TEXTFILL: and your spouse/partner] knew everything about [S.C.] before the adoption that you now know, how might that have affected your decision to accept him/her for adoption? Would you have….

     Definitely accepted the child, probably accepted the child, probably not accepted the child, or definitely not accepted the child.

         (1)   WOULD HAVE DEFINITELY ACCEPTED THE CHILD
         (2)   WOULD HAVE PROBABLY ACCEPTED THE CHILD
         (3)   WOULD HAVE PROBABLY <u>NOT </u>ACCEPTED THE CHILD
         (4)   WOULD HAVE DEFINITELY <u>NOT </u>ACCEPTED THE CHILD
         (6)   DON'T KNOW
         (7)   REFUSED

W16   Given your [TEXTFILL: and your spouse's/partner's] experience of adoption with this child, would you recommend adoption to others?

         (1)   YES
         (2)   NO
         (3)   DEPENDS
         (6)   DON'T KNOW
         (7)   REFUSED

W17   Since the adoption was finalized, has [S.C.] ever lived outside of your home for two weeks or longer?

     INTERVIEWER INSTRUCTION: DO NOT INCLUDE EXTENDED VACATIONS

         (1)   YES
         (0)   NO   <GO TO CPW18>

	(6)	DON'T KNOW	<GO TO CPW18>
	(7)	REFUSED	<GO TO CPW18>

W17A   How many times?

    ____

(6) DON'T KNOW
(7) REFUSED

W17B   Was [S.C.]'s time away from home related to problems or conflicts among family members?

	(1)	YES	
	(0)	NO	<GO TO CPW18>
	(6)	DON'T KNOW	<GO TO CPW18>
	(7)	REFUSED	<GO TO CPW18>

W17C   As a result of [S.C.]'s time away from your home did the situation… improve, stay about the same, or get worse?

(1)   IMPROVE
(2)   STAY ABOUT THE SAME
(3)   GET WORSE
(4)   NOT APPLICABLE/STAY AWAY FROM HOME NOT RELATED
       TO PROBLEMS
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPW18:** IF (W12 = 4 OR 5) OR (W15 = 3 OR 4) GO TO W18 / ELSE GO TO CPF1>

W18   Have you [TEXTFILL: or your spouse/partner] ever thought about ending this adoption?

	(1)	YES	
	(0)	NO	<GO TO CPF1>
	(6)	DON'T KNOW	<GO TO CPF1>
	(7)	REFUSED	<GO TO CPF1>

W19   Have you [TEXTFILL: or your spouse/partner] ever taken any action to end this adoption?

    (1) YES
    (0) NO   < GO TO W23>
    (6) DON'T KNOW <GO TO CPF1>
    (7) REFUSED   <GO TO CPF1>

W20A   What actions have you [TEXTFILL: or your spouse/partner] taken?

    (1) SPOKE TO CASEWORKER ABOUT IT
        <IF "OTHER" also selected, GO TO W20AA; ELSE GO TO W20B>
    (2) SPOKE WITH ATTORNEY ABOUT IT
        <IF "OTHER" also selected, GO TO W20AA; ELSE GO TO W20B>
    (3) OTHER   <GO TO W20AA>
    (6) DON'T KNOW
        <IF "OTHER" also selected, GO TO W20AA; ELSE GO TO W20B>
    (7) REFUSED
        <IF "OTHER" also selected, GO TO W20AA; ELSE GO TO W20B>

   W20AA. Specify:_____

W20B   How old was [S.C.] when this action took place?

    ___years   <GO TO W21A_INTRO>
    (6) DON'T KNOW
    (7) REFUSED

    IF LESS THAN ONE YEAR, ENTER 0 FOR YEARS AND GO TO W20BA

   W20BA ___ months
    (6) DON'T KNOW
    (7) REFUSED

W21A_INTRO I am going to read a list of reasons some parents may take this action. Please tell me if each was a very important, somewhat important, or not important reason for you.

W21A   Child behavioral or education problems.

            <READ IF NECESSARY: Was this a very important, somewhat important, or
            not important reason for taking action to end the adoption?>

            (1)   VERY IMPORTANT
            (2)   SOMEWHAT IMPORTANT
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

W21B   Child did not get along with siblings

            <READ IF NECESSARY: Was this a very important, somewhat important, or
            not important reason for taking action to end the adoption?>

            (1)   VERY IMPORTANT
            (2)   SOMEWHAT IMPORTANT
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

W21E   Child's medical problems

            <READ IF NECESSARY: Was this a very important, somewhat important, or
            not important reason for taking action to end the adoption?>

            (1)   VERY IMPORTANT
            (2)   SOMEWHAT IMPORTANT
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

W21D   Financial reasons

            <READ IF NECESSARY: Was this a very important, somewhat important, or
            not important reason for taking action to end the adoption?>

            (1)   VERY IMPORTANT
            (2)   SOMEWHAT IMPORTANT
            (3)   NOT IMPORTANT
            (6)   DON'T KNOW
            (7)   REFUSED

W21C   Other family problems not associated with child

              <READ IF NECESSARY: Was this a very important, somewhat important, or
              not important reason for taking action to end the adoption?>

              (1)   VERY IMPORTANT
              (2)   SOMEWHAT IMPORTANT
              (3)   NOT IMPORTANT
              (6)   DON'T KNOW
              (7)   REFUSED

W21F   Were there any other important reasons?

              (1)   YES
              (0)   NO   <GO TO W22>
              (6)   DON'T KNOW<GO TO W22>
              (7)   REFUSED   <GO TO W22>

     W21FA   What were those reasons? _____
              (6)   DON'T KNOW
              (7)   REFUSED

W22   Are you [TEXTFILL: or your spouse/partner] currently trying to end the
              adoption?

              (1)   YES   <GO TO CPF1>
              (0)   NO
              (6)   DON'T KNOW<GO TO CPF1>
              (7)   REFUSED   <GO TO CPF1>

W23   I am going to read a list of reasons why you [TEXTFILL: or your spouse/partner]
              may have changed your mind about ending it. Please tell me if each was a reason
              you are no longer trying to end the adoption.

W23A   You resolved the problem(s) within family

              <READ IF NECESSARY: Please tell me if this was a reason you are no longer
              trying to end the adoption >

              (1)   YES
              (0)   NO
              (6)   DON'T KNOW
              (7)   REFUSED

W23B   You discussed the situation with other relatives, neighbors, clergy.

        <READ IF NECESSARY: Please tell me if this was a reason you are no longer trying to end the adoption >

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

W23C   You discussed the situation with an adoption worker

        <READ IF NECESSARY: Please tell me if this was a reason you are no longer trying to end the adoption >

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

W23D   You discussed the situation with another adoptive family

        <READ IF NECESSARY: Please tell me if this was a reason you are no longer trying to end the adoption >

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

W23E   You received additional supportive services such as respite care, intensive family preservation, or day care

        <READ IF NECESSARY: Please tell me if this was a reason you are no longer trying to end the adoption >

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

W23F   You engaged in family or individual therapy

            <READ IF NECESSARY: Please tell me if this was a reason you are no longer
            trying to end the adoption >

            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

W23G   You placed the child in a residential program

            <READ IF NECESSARY: Please tell me if this was a reason you are no longer
            trying to end the adoption >

            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

W23H   Were there any other reasons?

            (1)   YES
            (0)   NO   <GO TO CPF1>
            (6)   DON'T KNOW<GO TO CPF1>
            (7)   REFUSED   <GO TO CPF1>

        W23HA What were those reasons?   Specify: _____
            (6)   DON'T KNOW
            (7)   REFUSED

ADOPTION AGREEMENT AND POST ADOPTION SERVICES – FINANCIAL (F)

<**Checkpoint CPF1:** If C10Q04=1 or C10Q05=NO, DON'T KNOW, OR REFUSED, GO TO F11>

F1.   These next few questions are about financial services you may have received related to the adoption of [S.C.].

At the time of [S.C.]'s adoption, was an adoption agreement finalized between your family and the adoption agency? By adoption agreement we mean an agreement made before the finalization of the adoption that may include monthly maintenance payments from the agency, medical coverage, and other services such as therapy.

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

F2.   Do you currently receive a monthly subsidy payment to help you meet the needs of [S.C.]?

(1)   YES   <GO TO F3>
(0)   NO   <GO TO F2A>
(6)   DON'T KNOW   <GO TO F2A>
(7)   REFUSED   <GO TO F2A>

F2A.   Have you ever received an adoption subsidy (payment every month) for [S.C.]?

<HELP SCREEN: An adoption subsidy is a monthly payment>

(1)   YES   <GO TO F3>
(0)   NO   <GO TO F10>
(6)   DON'T KNOW   <GO TO F10>
(7)   REFUSED   <GO TO F10>

CPF3   IF F1=2 GO TO F4 / ELSE GO TO F3

F3.   (If F2=1: Is/ If F2A=1: Was) this monthly subsidy payment written into your adoption agreement?

(1)   YES
(0)   NO

(6)   DON'T KNOW

(7)   REFUSED

F4.   What [TEXTFILL: IF F2=1: is; IF F2a=1: was] the amount per month of the adoption subsidy you [TEXTFILL: IF F2=1: currently receive; IF F2a=1: received] for this child?

$\_\_\_\_$/month   <IF S8=1 OR S9=1 GO TO F4a; ELSE GO TO F5>

(6)   DON'T KNOW<IF S8=1 OR S9=1 GO TO F4a; ELSE GO TO F5>

(7)   REFUSED   <IF S8=1 OR S9=1 GO TO F4a; ELSE GO TO F5>

READ IF NECESSARY: We collect this information so we can compare support levels for different states, racial/ethnic groups, or people with different income levels.

F4A.   [TEXTFILL: IF F2=YES: Is; IF F2a=YES: Was] this monthly amount higher, lower, or the same as the amount you received when you were [S.C.]'s foster parent?

(1)   HIGHER

(2)   LOWER

(3)   SAME AS

(6)   DON'T KNOW

(7)   REFUSED

F5.   Did you request the subsidy or was this subsidy given to you without requesting it?

(1)   I/WE REQUESTED THIS SUBSIDY

(2)   SUBSIDY GIVEN TO ME/US WITHOUT REQUESTING IT
               <GO TO F7>

(6)   DON'T KNOW

(7)   REFUSED

F6A.   Did you request a subsidy because . . .

[S.C.] needed additional services you could not afford?

(1)   YES

(0)   NO

(6)   DON'T KNOW

(7)   REFUSED

F6B.   The child welfare worker or adoption worker suggested that you request one?

                        <READ IF NECESSARY: Did you request a subsidy because >

                        (1)   YES
                        (0)   NO
                        (6)   DON'T KNOW
                        (7)   REFUSED

F6C.   Your attorney suggested you request one?

                        <READ IF NECESSARY: Did you request a subsidy because >

                        (1)   YES
                        (0)   NO
                        (6)   DON'T KNOW
                        (7)   REFUSED

F6D.   Was there any other reason why a subsidy was requested?

                        (1)   YES   <GO TO F6DA>
                        (0)   NO   <If F2=Yes, GO TO F7; ELSE GO TO F8>
                        (6)   DON'T KNOW   <If F2=Yes, GO TO F7; ELSE GO TO F8>
                        (7)   REFUSED   <If F2=Yes, GO TO F7; ELSE GO TO F8>

       F6DA. Specify: _____   <If F2=1, GO TO F7; ELSE GO TO F8>
                        (6)   DON'T KNOW
                        (7)   REFUSED

F7.   Do you feel that the subsidy received for [S.C.] helps to adequately meet [S.C.]'s needs?

                        (1)   YES
                        (0)   NO
                        (6)   DON'T KNOW
                        (7)   REFUSED

F8.   Without a subsidy would you say the likelihood of you having adopted [S.C.] would have been …very likely, likely, unlikely, or very unlikely?

(1) VERY LIKELY   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>
(2) LIKELY   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>
(3) UNLIKELY   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>
(4) VERY UNLIKELY   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>
(6) DON'T KNOW   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>
(7) REFUSED   <IF F1=1, and F2=2, GO TO F9; ELSE GO TO F11>

F9.   Why don't you <u>currently</u> receive an adoption subsidy for [S.C.]? Is it because you no longer need the subsidy, no longer qualify for the subsidy, or some other reason?

        (1)   NO LONGER NEEDED SUBSIDY   <GO TO F11>
        (2)   NO LONGER QUALIFY FOR SUBSIDY   <GO TO F11>
        (3)   SOME OTHER REASON   <GO TO F9A>
        (6)   DON'T KNOW   <GO TO F11>
        (7)   REFUSED   <GO TO F11>

F9A.   What is the reason? _____ <GO TO F11>
        (6)   DON'T KNOW
        (7)   REFUSED

F10.   Why don't you receive an adoption subsidy for [S.C.]? Is it because you

               <INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS "I WOULDN'T QUALIFY" OR "THEY WOULD HAVE TURNED US DOWN" CODE 1: DID NOT REQUEST A SUBSIDY>

        (1) DID NOT REQUEST A SUBSIDY   <GO TO F11>
        (2) WERE TURNED DOWN   <GO TO F11>
        (3) DECLINED THE OFFERED SUBSIDY   <GO TO F11>
        (4) SOME OTHER REASON   <GO TO F10A>
        (6) DON'T KNOW   <GO TO F11>
        (7) REFUSED   <GO TO F11>

F10A. What is the reason? _____ <GO TO F11>
        (6)   DON'T KNOW
        (7)   REFUSED

F11. These next few questions are about costs you may have incurred related to the adoption of [S.C.].

Did you pay anything at the time of the adoption, for example, did you pay for a homestudy or pay an attorney?

READ IF NECESSARY: A homestudy is the process by which an adoption social worker determines your suitability as adoptive parents. It usually includes applications, educational classes, interviews, and visits to the home of the prospective parents.

(1) YES   < IF C10Q04=1 OR C10Q05=NO, GO TO F11B, ELSE GO TO F11A>
(0) NO   <GO TO CPF13>
(6) DON'T KNOW   <GO TO CPF13>
(7) REFUSED   <GO TO CPF13>

F11A. Approximately how much did [S.C.]'s adoption cost?

INTERVIEWER INSTRUCTION: DO NOT READ CATEGORIES

(1)   LESS THAN $5,000   <GO TO F12>
(2)   AT LEAST $5,000 BUT LESS THAN $10,000   <GO TO F12>
(3) $10,000 OR MORE   <GO TO F12>
(6)   DON'T KNOW   <GO TO F12>
(7)   REFUSED   <GO TO F12>

F11B. Approximately how much did [S.C.]'s adoption cost (including [textfill if International: cost of travel to the child's country of origin/ if private: travel], legal fees, etc.)?

(1)   Less than $5,000   <GO TO CPF13>
(2)   At least $5,000 but less than 10,000   <GO TO CPF13>
(3)   At least $10,000 but less than $15,000   <GO TO CPF13>
(4)   At least $15,000 but less than $20,000   <GO TO CPF13>
(5)   At least $20,000 but less than $25,000   <GO TO CPF13>
(6)   At least $25,000 but less than $30,000   <GO TO CPF13>
(7)   At least $30,000 but less than $35,000   <GO TO CPF13>
(8)   At least $35,000 but less than $40,000   <GO TO CPF13>
(9) $40,000 or more   <GO TO CPF13>
(96)   DON'T KNOW   <GO TO CPF13>
(97)   REFUSED   <GO TO CPF13>

F12.   Did the adoption agency reimburse all, some, or none of these expenses?

    (1) ALL
    (2) SOME
    (3) NONE
    (6) DON'T KNOW
    (7) REFUSED

F13_INTRO. These next questions are about your experiences with Medicaid. Some of these questions may seem similar to other questions you have already answered, but they ask about different things.

<**Checkpoint CPF13:** IF F1=1: GO TO F13 / ELSE IF F1=null or missing, 2, 6, or 7: GO TO F14A>

F13.   Was [S.C.]'s Medicaid or state-subsidized health insurance included in the adoption agreement?

    (1) YES
    (0) NO   <GO TO F14A>
    (6) DON'T KNOW
    (7) REFUSED

F13A.   Is any additional medical coverage included in the adoption agreement?

    (1) YES
    (0) NO
    (6) DON'T KNOW
    (7) REFUSED

F14A.   Have you ever used Medicaid to obtain mental health services for [S.C.]?

    (1) YES
    (0) NO   <GO TO F14B>
    (6) DON'T KNOW <GO TO F14B>
    (7) REFUSED   <GO TO F14B>

F14AA.　　How easy or difficult was it to use Medicaid to pay for these mental health services for [S.C.]? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

    (1)　　VERY EASY
    (2)　　SOMEWHAT EASY
    (3)　　SOMEWHAT DIFFICULT
    (4)　　VERY DIFFICULT
    (6)　　DON'T KNOW
    (7)　　REFUSED

F14B.　　Have you ever used Medicaid to obtain dental or orthodontia care for [S.C.]?

    (1)　　YES
    (0)　　NO　　　　　　　<GO TO F14C>
    (6)　　DON'T KNOW　　<GO TO F14C>
    (7)　　REFUSED　　　　<GO TO F14C>

F14BA.　　How easy or difficult was it to use Medicaid to pay for this dental or orthodontia care for [S.C.]? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

    (1)　　VERY EASY
    (2)　　SOMEWHAT EASY
    (3)　　SOMEWHAT DIFFICULT
    (4)　　VERY DIFFICULT
    (6)　　DON'T KNOW
    (7)　　REFUSED

F14C.　　Have you ever used Medicaid to obtain medical care for [S.C.]? Please include health care related to vision and hearing.

    (1)　　YES
    (0)　　NO　　　　　　　<GO TO F15>
    (6)　　DON'T KNOW　　<GO TO F15>
    (7)　　REFUSED　　　　<GO TO F15>

F14CA.   How easy or difficult was it to use Medicaid to pay for these medical services for [S.C.]? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

        (1)   VERY EASY
        (2)   SOMEWHAT EASY
        (3)   SOMEWHAT DIFFICULT
        (4)   VERY DIFFICULT
        (6)   DON'T KNOW
        (7)   REFUSED

F15.   These next few questions are about mental health care [S.C.] may have received during the last 12 months.

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [S.C.] received any treatment or counseling from a mental health professional?

        (1)   YES   <GO TO F16>
        (0)   NO   <GO TO F17>
        (6)   DON'T KNOW   <GO TO F17>
        (7)   REFUSED   <GO TO F17>

F16.   What portion of [S.C.]'s mental health services in the last 12 months was paid for by each of the following sources: would you say none, some, almost all or all of [S.C.]'s mental health services were paid for by …

<**Checkpoint CPF16A:** IF F14A=2 go to F16B/ ELSE Go to F16A >

F16A.   Medicaid?

        <READ IF NECESSARY: What portion of [S.C.]'s mental health services in the last 12 months was paid for by >

        (1)   NONE
        (2)   SOME
        (3)   ALMOST ALL
        (4)   ALL   <GO TO CPF14A_A>
        (6)   DON'T KNOW
        (7)   REFUSED

F16B.   Insurance other than Medicaid?

            <READ IF NECESSARY: What portion of [S.C.]'s mental health services in the
            last 12 months was paid for by >

            (1)   NONE
            (2)   SOME
            (3)   ALMOST ALL
            (4)   ALL   <GO TO CPF14A_A>
            (6)   DON'T KNOW
            (7)   REFUSED

<**Checkpoint CPF16C:** If [S.C.] is not FOSTER CARE (C10Q05 ne 1) GO TO F16d/ ELSE go
to F16C>

F16C.   Child Welfare or Adoption Agency?

            <READ IF NECESSARY: What portion of [S.C.]'s mental health services in the
            last 12 months was paid for >

            (1)   NONE
            (2)   SOME
            (3)   ALMOST ALL
            (4)   ALL   <GO TO CPF14A_A>
            (6)   DON'T KNOW
            (7)   REFUSED

F16D.   You?

            <READ IF NECESSARY: What portion of [S.C.]'s mental health services in the
            last 12 months was paid for by >

            (1)   NONE
            (2)   SOME
            (3)   ALMOST ALL
            (4)   ALL   <GO TO CPF14A_A>
            (6)   DON'T KNOW
            (7)   REFUSED

F16E   Is there any other source helping pay for medical care?

    (1)   YES
    (0)   NO   <GO TO F14A_A>
    (6)   DON'T KNOW   <GO TO F14A_A>
    (7)   REFUSED   <GO TO F14A_A>

  F16EA. What is that source? _____
    (6)   DON'T KNOW
    (7)   REFUSED

F14A_A.   Mental health medications are used to treat difficulties with emotions,
                concentration, or behavior. Have you ever used Medicaid to obtain mental health
                medications for [S.C.]?

    (1)   YES
    (0)   NO   <GO TO F16_A>
    (6)   DON'T KNOW   <GO TO F16_A>
    (7)   REFUSED   <GO TO F16_A>

F14A_AA.   How easy or difficult was it to use Medicaid to pay for these mental health
                medications for [S.C.]? Would you say it was very easy, somewhat easy,
                somewhat difficult, or very difficult?

    (1)   VERY EASY
    (2)   SOMEWHAT EASY
    (3)   SOMEWHAT DIFFICULT
    (4)   VERY DIFFICULT
    (6)   DON'T KNOW
    (7)   REFUSED

F16_A.   What portion of [S.C.]'s mental health medication needs in the last 12 months
                was paid for by each of the following sources:

<**Checkpoint CPF16A_A:** IF F14A_A=2 SKIP F16A_A and go to F16A_B >

F16A_A.   Medicaid?

<READ IF NECESSARY: What portion of [S.C.]'s mental health medication
needs in the last 12 months was paid for by each of the following sources >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO F17 >
(6)   DON'T KNOW
(7)   REFUSED

F16A_B.   Insurance other than Medicaid?

<READ IF NECESSARY: What portion of [S.C.]'s mental health medication
needs in the last 12 months was paid for by each of the following sources >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO F17 >
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPF16A_C:** If [S.C.] is not FOSTER CARE (C10Q05 ne 1) SKIP F16A_C AND
GO TO F16A_D>

F16A_C.   Child Welfare or Adoption Agency?

<READ IF NECESSARY: What portion of [S.C.]'s mental health medication
needs in the last 12 months was paid for by each of the following sources >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO F17 >
(6)   DON'T KNOW
(7)   REFUSED

F16A_D.   You?

               <READ IF NECESSARY: What portion of [S.C.]'s mental health medication
               needs in the last 12 months was paid for by each of the following sources >

               (1)   NONE
               (2)   SOME
               (3)   ALMOST ALL
               (4)   ALL   <GO TO F17 >
               (6)   DON'T KNOW
               (7)   REFUSED

F16A_E.   Is there any other source helping pay for mental health medications?

               <READ IF NECESSARY: What portion of [S.C.]'s mental health medication
               needs in the last 12 months was paid for by each of the following sources >

               (1)   YES
               (0)   NO   <GO TO F17 >
               (6)   DON'T KNOW   <GO TO F17 >
               (7)   REFUSED   <GO TO F17 >

F16A_EA.   What is that source? _____
               (6)   DON'T KNOW
               (7)   REFUSED

F17.   These next few questions are about dental care [S.C.] may have received in the
               last 12 months.

               In the last 12 months did [S.C.] receive any dental or orthodontia care?

               (1)   YES
               (0)   NO   <GO TO F18>
               (6)   DON'T KNOW   <GO TO F18>
               (7)   REFUSED   <GO TO F18>

<**Checkpoint CPF17A:** IF F14B=2 GO TO F17B/ ELSE GO TO F17A >

F17A.   What portion of [S.C.]'s dental or orthodontia care in the past 12 months was
             paid for by each of the following sources:

             Medicaid?

             (1)   NONE
             (2)   SOME
             (3)   ALMOST ALL
             (4)   ALL   <GO TO F18>
             (6)   DON'T KNOW
             (7)   REFUSED

F17B.   What portion of [S.C.]'s dental or orthodontia care in the past 12 months was
             paid for by each of the following sources:

              Insurance other than Medicaid?

             (1)   NONE
             (2)   SOME
             (3)   ALMOST ALL
             (4)   ALL   <GO TO F18>
             (6)   DON'T KNOW
             (7)   REFUSED

<**Checkpoint CPF17C:** If [S.C.] is not FOSTER CARE (C10Q05 ne 1) GO TO F17D/ ELSE Go
to F17C>

F17C.   Child Welfare or Adoption Agency?

             <READ IF NECESSARY: What portion of [S.C.]'s dental or orthodontia care
             in the last 12 months was paid for by each of the following sources >
             (1)   NONE
             (2)   SOME
             (3)   ALMOST ALL
             (4)   ALL   <GO TO F18>
             (6)   DON'T KNOW
             (7)   REFUSED

F17D.   You?

             <READ IF NECESSARY: What portion of [S.C.]'s dental or orthodontia care
             in the last 12 months was paid for by >

             (1)   NONE
             (2)   SOME
             (3)   ALMOST ALL
             (4)   ALL   <GO TO F18>
             (6)   DON'T KNOW
             (7)   REFUSED

F17E.   Is there any other source helping pay for dental care?

             (1)   YES
             (0)   NO   <GO TO F18>
             (6)   DON'T KNOW   <GO TO F18>
             (7)   REFUSED   <GO TO F18>

       F17EA. What is that source? _____
                   (6)   DON'T KNOW
                   (7)   REFUSED

F18.   In the last 12 months has [S.C.] had any medical care including vision and
             hearing?

             (1)   YES
             (0)   NO   <GO TO CPF19>
             (6)   DON'T KNOW   <GO TO CPF19>
             (7)   REFUSED   <GO TO CPF19>

<**Checkpoint CPF18A:** IF (F14C=2) SKIP F18A AND GO TO F18B / ELSE GO TO F18A >

F18A.   What portion of [S.C.]'s medical care in the past 12 months was paid for by each
             of the following sources:

             Medicaid

             (1)   NONE
             (2)   SOME
             (3)   ALMOST ALL
             (4)   ALL   <GO TO CHECKPOINT CPF19>
             (6)   DON'T KNOW
             (7)   REFUSED

F18B.   Insurance other than Medicaid

<READ IF NECESSARY: What portion of [S.C.]'s medical care in the past 12 months was paid for by >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO CHECKPOINT CPF19>
(6)   DON'T KNOW
(7)   REFUSED

<**Checkpoint CPF18C:** If ADOPT_TYPE IS NOT =FOSTER CARE (C10Q05 ne 1) GO TO F18D/ ELSE Go to F18C>

F18C.   Child Welfare or Adoption Agency

<READ IF NECESSARY: What portion of [S.C.]'s medical care
in the last 12 months was paid for by >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO CHECKPOINT CPF19>
(6)   DON'T KNOW
(7)   REFUSED

F18D.   You?

<READ IF NECESSARY: What portion of [S.C.]'s medical care
in the last 12 months was paid for by >

(1)   NONE
(2)   SOME
(3)   ALMOST ALL
(4)   ALL   <GO TO CHECKPOINT CPF19>
(6)   DON'T KNOW
(7)   REFUSED

F18E.   Is there any other source helping pay for medical care?

        (1)   YES
        (0)   NO   <GO TO CPF19>
        (6)   DON'T KNOW   <GO TO CPF19>
        (7)   REFUSED   <GO TO CPF19>

    F18EA.   What is that source? _____
        (6)   DON'T KNOW
        (7)   REFUSED

<Checkpoint CPF19: IF (AGEYRNSAP - C1A) < or = (CURRENT YEAR - 1997), GO TO F19
/ ELSE GO TO F20 / IF C1A = 6 or 7 GO TO F20>

F19.   The next few questions are about other sources of financial support you may
             have received at the time of the adoption.

             At the time of [S.C.]'s adoption, were you [TEXTFILL: or your spouse/partner]
             aware of the federal adoption tax credit?

             INTERVIEWER INSTRUCTION: IF RESPONDENT ASKS ABOUT THE
             FEDERAL TAX CREDIT, TELL THEM THEY SHOULD CONSULT A TAX
             SPECIALIST FOR MORE INFORMATION.

        (1)   YES
        (0)   NO   <GO TO F20>
        (6)   DON'T KNOW
        (7)   REFUSED

F19A.   Did you [TEXTFILL: or your spouse/partner] file for the adoption tax credit on
             your income tax return?

             INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS "WE WILL",
             CODE YES

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

F20.   At the time of [S.C.]'s adoption, did your [TEXTFILL: or your spouse's/partner's] employer provide financial assistance for the adoption?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

POST ADOPTION SUPPORTS – NON-FINANCIAL (NF)

TIMESTAMP_SECTION_NF1

SUPPORT 1

N1.   For the next section, I'm going to ask you about different types of services that you may have received or wanted. Did you [TEXTFILL: or your spouse/partner] ever meet with someone at an adoption agency or post-adoption agency to discuss post-adoption services?

        (1)   YES
        (0)   NO   <GO TO N1C>
        (6)   DON'T KNOW   <GO TO N1C>
        (7)   REFUSED   <GO TO N1C>

N1A.   Was this someone you [TEXTFILL: or your spouse/partner] had contact with prior to [S.C.]'s adoption?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

N1B.   Did you [TEXTFILL: or your spouse/partner] find this to be very helpful, somewhat helpful, or not very helpful to you, your family, or [S.C.]?

        (1)   VERY HELPFUL   <GO TO CPN2>
        (2)   SOMEWHAT HELPFUL   <GO TO CPN2>
        (3)   NOT VERY HELPFUL   <GO TO CPN2>
        (6)   DON'T KNOW   <GO TO CPN2>
        (7)   REFUSED   <GO TO CPN2>

N1C.   Did you [TEXTFILL: or your spouse/partner] want to meet with someone at an adoption agency to discuss post-adoption services and supports after the adoption was finalized?

        <HELP SCREEN: At any time after the adoption was finalized>

        (1)   YES
        (0)   NO   <GO TO CPN2>
        (6)   DON'T KNOW   <GO TO CPN2>
        (7)   REFUSED   <GO TO CPN2>

N1D.   Why weren't you [TEXTFILL: or your spouse/partner] able to meet with someone to discuss post-adoption services and supports? [SELECT ALL THAT APPLY]

    (1)   NO SUCH WORKER AT MY AGENCY
    (2)   AGENCY DID NOT OFFER SERVICES REQUESTED
    (3)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
    (4)   SCHEDULES CONFLICTED
    (5)   NO TIME
    (6)   OTHER   <GO TO N1DA>
    (6)   DON'T KNOW
    (7)   REFUSED

<IF "OTHER NOT SELECTED, GO TO Checkpoint before N2>

N1DA. Specify: _____
    (6)   DON'T KNOW
    (7)   REFUSED

SUPPORT 2

TIMESTAMP_SECTION_NF2

<**Checkpoint CPN2:** IF AGEYRNSAP > OR =5 years, GO TO N2; ELSE GO TO N3>

N2.   Has [S.C.] ever participated in an adoption support group for children or youth?

    (1)   YES
    (0)   NO   <GO TO N2C>
    (6)   DON'T KNOW   <GO TO N2C>
    (7)   REFUSED   <GO TO N2C>

N2A.   Did you find this to be very helpful, somewhat helpful, or not very helpful?

    (1)   VERY HELPFUL
    (2)   SOMEWHAT HELPFUL
    (3)   NOT VERY HELPFUL
    (6)   DON'T KNOW
    (7)   REFUSED

N2B.   Did S.C. find this to be very helpful, somewhat helpful, or not very helpful?

                (1)   VERY HELPFUL
                (2)   SOMEWHAT HELPFUL
                (3)   NOT VERY HELPFUL
                (6)   DON'T KNOW
                (7)   REFUSED

N2BA.   How did you [TEXTFILL: or your spouse/partner] or [S.C.] hear about this support group? [SELECT ALL THAT APPLY]

                (1)   CHILD'S SCHOOL
                (2)   ADOPTION WORKER
                (3)   ADOPTION AGENCY/CHILD WELFARE AGENCY
                (4)   ADOPTION ATTORNEY
                (5)   COMMUNITY OR LOCAL NEWSPAPER
                (6)   ADOPTION WEBSITE OR LISTSERV
                (7)   OTHER PARENTS
                (8)   OTHER   <GO TO N2BAA>
              (96)   DON'T KNOW
              (97)   REFUSED

                <GO TO N3 IF OTHER NOT SELECTED>

      N2BAA. (specify) _____   <GO TO N3>
                (6)   DON'T KNOW   <GO TO N3>
                (7)   REFUSED   <GO TO N3>

N2C.   Did you [TEXTFILL: or your spouse/partner] ever want [S.C.] to participate in an adoption support group?

                (1)   YES   <GO TO N2D>
                (2)   NO   <GO TO N3>
                (6)   DON'T KNOW   <GO TO N3>
                (7)   REFUSED   <GO TO N3>

N2D.   Why wasn't [S.C.] able to participate in a group? [SELECT ALL THAT APPLY]

        (1)   DID NOT KNOW WHERE ONE WAS
        (2)   NONE CLOSE TO US
        (3)   COST
        (4)   CHILD REFUSED OR NOT INTERESTED
        (5)   OTHER (specify:_____) <GO TO N2DA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <GO TO N3 IF OTHER NOT SELECTED>

N2DA. Specify: _____
        (6)   DON'T KNOW
        (7)   REFUSED

SUPPORT 3

TIMESTAMP_SECTION_NF3

N3.   Have you [TEXTFILL: or your spouse/partner] ever participated in an adoption support group?

        (1)   YES   <GO TO N3A>
        (2)   NO   <GO TO N3C>
        (6)   DON'T KNOW   <GO TO N3C>
        (7)   REFUSED   <GO TO N3C>

N3A.   Did you [TEXTFILL: or your spouse/partner] find this to be very helpful, somewhat helpful, or not very helpful?

        (1)   VERY HELPFUL
        (2)   SOMEWHAT HELPFUL
        (3)   NOT VERY HELPFUL
        (6)   DON'T KNOW
        (7)   REFUSED

N3B.   How did you [TEXTFILL: or your spouse/partner] hear about this support group(s)? [SELECT ALL THAT APPLY]

        (1)   ADOPTION WORKER
        (2)   ADOPTION AGENCY OR CHILD WELFARE AGENCY
        (3)   ADOPTION ATTORNEY
        (4)   COMMUNITY OR LOCAL NEWSPAPER
        (5)   ADOPTION WEBSITE OR LISTSERV
        (6)   OTHER PARENTS
        (7)   OTHER   <GO TO N3BA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <GO TO CP N5 IF OTHER NOT SELECTED>

N3BA. Specify:_____   <GO TO CPN5>
        (6)   DON'T KNOW   <GO TO CPN5>
        (7)   REFUSED   <GO TO CPN5>

N3C.   Did you [TEXTFILL: or your spouse/partner] ever want to participate in an adoption support group?

        (1)   YES   <GO TO N3D>
        (0)   NO   <GO TO CPN5>
        (6)   DON'T KNOW   <GO TO CPN5>
        (7)   REFUSED   <GO TO CPN5>

N3D.   Why weren't you [TEXTFILL: or your spouse/partner] able to participate in a group? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   COST
        (3)   DIDN'T KNOW WHERE TO FIND ONE
        (4)   NONE CLOSE TO US
        (5)   OTHER   <GO TO N3DA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN5>

N3DA. Specify:_____
        (6)   DON'T KNOW
        (7)   REFUSED

SUPPORT 5

TIMESTAMP_SECTION_NF5

<**Checkpoint CPN5:** IF AGEYRNSAP > OR =5 years GO TO N5; ELSE GO TO N6>

N5.   Since the time of his/her adoption, Has [S.C.] ever received mental health care or counseling?

            <HELP SCREEN: By "counseling" we mean any mental health counseling, not just counseling related to being adopted>

            (1)   YES   <IF F1=Yes, GO TO N5A; ELSE GO TO N5B>
            (0)   NO   <GO TO N5E>
            (6)   DON'T KNOW   <GO TO N5E>
            (7)   REFUSED   <GO TO N5E>

N5A.   Was payment for counseling for [S.C.] written into your adoption agreement?

            (1)   YES
            (0)   NO
            (6)   DON'T KNOW
            (7)   REFUSED

N5B.   Did you find this to be very helpful, somewhat helpful, or not very helpful for [S.C.]?

            (1)   VERY HELPFUL
            (2)   SOMEWHAT HELPFUL
            (3)   NOT VERY HELPFUL
            (6)   DON'T KNOW
            (7)   REFUSED

N5C.   Did [S.C.] find this to be very helpful, somewhat helpful, or not very helpful?

            (1)   VERY HELPFUL
            (2)   SOMEWHAT HELPFUL
            (3)   NOT VERY HELPFUL
            (6)   DON'T KNOW
            (7)   REFUSED

N5D.   How did you hear about this mental health care or counseling? [SELECT ALL THAT APPLY]

      (1)   CHILD'S SCHOOL
      (2)   MEDICAL PROFESSIONAL
      (3)   ADOPTION WORKER
      (4)   ADOPTION AGENCY OR CHILD WELFARE AGENCY
      (5)   ADOPTION ATTORNEY
      (6)   COMMUNITY OR LOCAL NEWSPAPER
      (7)   ADOPTION WEBSITE OR LISTSERV
      (8)   OTHER PARENTS
      (9)   OTHER   <GO TO N5DA>
      (96)   DON'T KNOW
      (97)   REFUSED

      <IF OTHER NOT SELECTED, GO TO N6>

N5DA. Specify:_____
      (6)   DON'T KNOW   <GO TO N6>
      (7)   REFUSED   <GO TO N6>

N5E.   Did you ever want [S.C.] to receive mental health care or counseling?

      (1)   YES   <GO TO N5F>
      (0)   NO   <GO TO N6>
      (6)   DON'T KNOW   <GO TO N6>
      (7)   REFUSED   <GO TO N6>

N5F.   Why didn't [S.C.] receive the mental health care or counseling that he/she needed? [SELECT ALL THAT APPLY]

      (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
      (2)   COST
      (3)   DIDN'T KNOW WHERE TO FIND ONE
      (4)   NONE CLOSE TO US
      (5)   OTHER   <GO TO N5FA>
      (6)   DON'T KNOW
      (7)   REFUSED

      <IF OTHER NOT SELECTED, GO TO N6>

N5FA. Specify:_____
      (6)   DON'T KNOW
      (7)   REFUSED

SUPPORT 6

TIMESTAMP_SECTION_NF6

N6.   Since [S.C.]'s adoption, did your family ever participate in family counseling?

                <HELP SCREEN: By "family counseling" we mean any counseling for family problems, not just counseling related to being adopted>

                (1)   YES
                (0)   NO   <GO TO N6C>
                (6)   DON'T KNOW   <GO TO N6C>
                (7)   REFUSED   <GO TO N6C>

N6A.   Did you find this to be very helpful, somewhat helpful, or not very helpful?

                (1)   VERY HELPFUL
                (2)   SOMEWHAT HELPFUL
                (3)   NOT VERY HELPFUL
                (6)   DON'T KNOW
                (7)   REFUSED

N6B.   How did you hear about this service? [SELECT ALL THAT APPLY]

                (1)   CHILD'S SCHOOL
                (2)   MEDICAL PROFESSIONAL
                (3)   ADOPTION WORKER
                (4)   ADOPTION AGENCY
                (5)   ADOPTION ATTORNEY
                (6)   COMMUNITY OR LOCAL NEWSPAPER
                (7)   ADOPTION WEBSITE OR LISTSERV
                (8)   OTHER PARENTS
                (9)   OTHER   <GO TO N6BA>
                (96)   DON'T KNOW
                (97)   REFUSED

                <IF OTHER NOT SELECTED GO TO N7>

N6BA. Specify: _____ <GO TO N7>
                (6)   DON'T KNOW
                (7)   REFUSED

N6C. Did you ever want your family to participate in family counseling since [S.C.]'s adoption?

  (1) YES
  (0) NO   <GO TO N7>
  (6) DON'T KNOW <GO TO N7>
  (7) REFUSED   <GO TO N7>

N6D. Why didn't your family participate in the counseling that you wanted? [SELECT ALL THAT APPLY]

  (1) PROGRAM/SERVICE DID NOT HAVE ROOM
  (2) AGENCY DID NOT OFFER SERVICES
  (3) WERE TOLD WE DID NOT QUALIFY FOR THIS SERVICE
  (4) COST
  (5) DIDN'T KNOW WHERE TO FIND SERVICES
  (6) NO SERVICES CLOSE TO US
  (7) OTHER   <GO TO N6DA>
  (96) DON'T KNOW
  (97) REFUSED

  <IF OTHER NOT SELECTED, GO TO N7>

 N6DA. Specify: _____
  (6) DON'T KNOW
  (7) REFUSED

SUPPORT 7

TIMESTAMP_SECTION_NF7

N7. After [S.C.]'s adoption, did your family ever receive crisis counseling?

  (1) YES
  (0) NO   <GO TO N7C>
  (6) DON'T KNOW <GO TO N7C>
  (7) REFUSED   <GO TO N7C>

N7A. Did you find this to be very helpful, somewhat helpful, or not very helpful?

  (1) VERY HELPFUL
  (2) SOMEWHAT HELPFUL
  (3) NOT VERY HELPFUL
  (6) DON'T KNOW
  (7) REFUSED

N7B.   How did you hear about this service? [SELECT ALL THAT APPLY]

        (1)   ADOPTION WORKER
        (2)   ADOPTION AGENCY
        (3)   ADOPTION ATTORNEY
        (4)   COMMUNITY OR LOCAL NEWSPAPER
        (5)   ADOPTION WEBSITE OR LISTSERV
        (6)   OTHER PARENTS
        (7)   OTHER   <GO TO N7BA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN8>

N7BA. Specify: _____   <GO TO CPN8>
        (6)   DON'T KNOW   <GO TO CPN8>
        (7)   REFUSED   <GO TO CPN8>

N7C.   Did you ever want your family to receive crisis counseling since [S.C.]'s adoption?

        (1)   YES
        (0)   NO   <GO TO CPN8>
        (6)   DON'T KNOW   <GO TO CPN8>
        (7)   REFUSED   <GO TO CPN8>

N7D.   Why didn't your family receive the crisis counseling that you needed? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   AGENCY DID NOT OFFER SERVICES
        (3)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
        (4)   COST
        (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
        (6)   NO SUCH SERVICES CLOSE TO ME/US
        (7)   OTHER   <GO TO N7DA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN8>

N7DA. Specify:_____
        (6)   DON'T KNOW
        (7)   REFUSED

TIMESTAMP_SECTION_NF8

N8.   Since the time of his/her adoption, has [S.C.] ever received an alcohol or drug
             evaluation and/or treatment? Please do not include routine SCREENing for
             purposes of employment or participation in school activities.

             (1)   YES
             (2)   NO   <GO TO N8C>
             (6)   DON'T KNOW   <GO TO N8C>
             (7)   REFUSED   <GO TO N8C>

N8A.   Did you find these services to be very helpful, somewhat helpful, or not very
             helpful?

             (1)   VERY HELPFUL
             (2)   SOMEWHAT HELPFUL
             (3)   NOT VERY HELPFUL
             (6)   DON'T KNOW
             (7)   REFUSED

N8B.   How did you hear about these services for [S.C.]? [SELECT ALL THAT
             APPLY]

             (1)   MEDICAL PROFESSIONAL
             (2)   ADOPTION WORKER
             (3)   ADOPTION AGENCY
             (4)   ADOPTION ATTORNEY
             (5)   COMMUNITY OR LOCAL NEWSPAPER
             (6)   ADOPTION WEBSITE OR LISTSERV
             (7)   OTHER PARENTS
             (8)   OTHER   <GO TO N8BA>
             (96)   DON'T KNOW
             (97)   REFUSED

             <IF OTHER NOT SELECTED, GO TO N9>

  N8BA. Specify: _____   <GO TO CPN9>

             (6)   DON'T KNOW   <GO TO CPN9>
             (7)   REFUSED   <GO TO CPN9>

N8C.   Did you ever want or need these services for [S.C.]?

        (1)   YES
        (0)   NO   <GO TO CPN9>
        (6)   DON'T KNOW   <GO TO CPN9>
        (7)   REFUSED   <GO TO CPN9>

N8D.   Why didn't [S.C.] receive this service? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   AGENCY DID NOT OFFER SERVICES
        (3)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
        (4)   COST
        (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
        (6)   NO SUCH SERVICES CLOSE TO ME/US
        (7)   OTHER   <GO TO NDA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN9>

   N8DA. Specify: _____
        (6)   DON'T KNOW
        (7)   REFUSED

SUPPORT 9

TIMESTAMP_SECTION_NF9

<**Checkpoint CPN9:** IF AGEYRNSAP = OR > 5 years GO TO N9; ELSE GO TO N10>

N9.   Next, I am going to ask you some questions about educational and child care
services that you might have received for [S.C.] following his/her adoption.
Following his/her adoption, did [S.C.] ever have a mentor? By mentor I mean an
adult paired with your child through a school or community organization.
        (1)   YES
        (0)   NO   <GO TO N9C>
        (6)   DON'T KNOW   <GO TO N9C>
        (7)   REFUSED   <GO TO N9C>

N9A.   Did you find this to be very helpful, somewhat helpful, or not very helpful for [S.C.]?

        (1)   VERY HELPFUL
        (2)   SOMEWHAT HELPFUL
        (3)   NOT VERY HELPFUL
        (6)   DON'T KNOW
        (7)   REFUSED

N9AA. Did [S.C.] think this was very helpful, somewhat helpful, or not very helpful?

        (1)   VERY HELPFUL
        (2)   SOMEWHAT HELPFUL
        (3)   NOT VERY HELPFUL
        (6)   DON'T KNOW
        (7)   REFUSED

N9B.   How did you hear about this service? [SELECT ALL THAT APPLY]

        (1)   CHILD'S SCHOOL
        (2)   ADOPTION WORKER
        (3)   ADOPTION AGENCY
        (4)   ADOPTION ATTORNEY
        (5)   COMMUNITY OR LOCAL NEWSPAPER
        (6)   ADOPTION WEBSITE OR LISTSERV
        (7)   OTHER PARENTS
        (8)   OTHER   <GO TO N9BA>
       (96)   DON'T KNOW
       (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN10>

N9BA. Specify:_____   <GO TO CPN10>
        (6)   DON'T KNOW   <GO TO CPN10>
        (7)   REFUSED   <GO TO CPN10>

N9C.   Did you [TEXTFILL: or your spouse/partner] ever want [S.C.] to have a mentor?

        (1)   YES
        (0)   NO   <GO TO CPN10>
        (6)   DON'T KNOW   <GO TO CPN10>
        (7)   REFUSED   <GO TO CPN10>

N9D.   Why didn't [S.C.] receive a mentor? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   AGENCY DID NOT OFFER SERVICES
        (3)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
        (4)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
        (5)   NO SUCH SERVICES CLOSE TO ME/US
        (6)   OTHER   <GO TO N9DA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN10>

    N9DA. Specify: _____
        (6)   DON'T KNOW
        (7)   REFUSED

SUPPORT 10

TIMESTAMP_SECTION_NF10

<**Checkpoint CPN10:** IF AGEYRNSAP = OR > 5 years GO TO N10; ELSE GO TO CPN11>

N10.   At any time since he/she was adopted, has [S.C.] had an academic tutor?

        (1)   YES   <IF F1=Yes, GO TO N10A; ELSE GO TO
                                    N10AA>
        (0)   NO   <GO TO N10C>
        (6)   DON'T KNOW   <GO TO N10C>
        (7)   REFUSED   <GO TO N10C>

N10A.   Is the payment for tutoring for [S.C.] written into your adoption agreement?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

N10AA.   Did you find this to be very helpful, somewhat helpful, or not very helpful for
            [S.C.]?

        (1)   VERY HELPFUL
        (2)   SOMEWHAT HELPFUL
        (3)   NOT VERY HELPFUL
        (6)   DON'T KNOW
        (7)   REFUSED

N10B.   Did [S.C.] think that tutoring was very helpful, somewhat helpful, or not very helpful?

      (1)   VERY HELPFUL
      (2)   SOMEWHAT HELPFUL
      (3)   NOT VERY HELPFUL
      (6)   DON'T KNOW
      (7)   REFUSED

N10BB.   How did you hear about this tutoring? [SELECT ALL THAT APPLY]

      (1)   CHILD'S SCHOOL
      (2)   ADOPTION WORKER
      (3)   ADOPTION AGENCY
      (4)   ADOPTION ATTORNEY
      (5)   COMMUNITY OR LOCAL NEWSPAPER
      (6)   ADOPTION WEBSITE OR LISTSERV
      (7)   OTHER PARENTS
      (8)   OTHER   <GO TO N10BA>
      (96)   DON'T KNOW
      (97)   REFUSED

      <IF OTHER NOT SELECTED, GO TO CPN11>

   N10BA. (Specify) _____   <GO TO CPN11>

      (6)   DON'T KNOW   <GO TO CPN11>
      (7)   REFUSED   <GO TO CPN11>

N10C.   Did you [TEXTFILL: or your spouse/partner] ever want tutoring for (S.C)?

      (1)   YES
      (0)   NO   <GO TO CPN11>
      (6)   DON'T KNOW   <GO TO CPN11>
      (7)   REFUSED   <GO TO CPN11>

N10D.   Why didn't [S.C.] receive the tutoring that he/she needed? [SELECT ALL THAT
             APPLY]

             (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
             (2)   AGENCY DID NOT OFFER SERVICES
             (3)   COST
             (4)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
             (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
             (6)   NO SUCH SERVICES CLOSE TO ME/US
             (7)   OTHER   <GO TO N10DA>
             (96)   DON'T KNOW
             (97)   REFUSED

             <IF OTHER NOT SELECTED, GO TO CPN11>

      N10DA. (specify :_____)
             (6)   DON'T KNOW
             (7)   REFUSED

<**Checkpoint CPN11:** IF C10Q05 = 1 (FOSTER CARE ADOPTION) GO TO N11; ELSE GO
TO CPN12>

   SUPPORT 11

TIMESTAMP_SECTION_NF11

N11.   Following [S.C.]'s adoption, did you [TEXTFILL: or your spouse/partner]
             receive assistance paying for child care for (S.C)?

             (1)   YES
             (0)   NO   <GO TO N11C>
             (6)   DON'T KNOW   <GO TO N11C>
             (7)   REFUSED   <GO TO N11C>

N11A.   Did you find this to be very helpful, somewhat helpful, or not very helpful?

             (1)   VERY HELPFUL
             (2)   SOMEWHAT HELPFUL
             (3)   NOT VERY HELPFUL
             (6)   DON'T KNOW
             (7)   REFUSED

N11B.   How did you hear about this child care assistance? [SELECT ALL THAT APPLY]

        (1)   ADOPTION WORKER
        (2)   ADOPTION AGENCY
        (3)   ADOPTION ATTORNEY
        (4)   COMMUNITY OR LOCAL NEWSPAPER
        (5)   ADOPTION WEBSITE OR LISTSERV
        (6)   OTHER PARENTS
        (7)   OTHER <GO TO N11BA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN12>

N11BA. (Specify) _____   <GO TO CPN12>
        (6)   DON'T KNOW   <GO TO CPN12>
        (7)   REFUSED   <GO TO Checkpoint before N12>

N11C.   Did you ever want or need help paying for child care for [S.C.]?

        (1)   YES
        (0)   NO   <GO TO CPN12>
        (6)   DON'T KNOW   <GO TO CPN12>
        (7)   REFUSED   <GO TO CPN12>

N11D.   Why didn't you receive the assistance that you needed? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   AGENCY DID NOT OFFER SERVICES
        (3)   COST
        (4)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
        (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
        (6)   NO SUCH SERVICES CLOSE TO ME/US
        (7)   OTHER, GO TO N11DA <GO TO N11DA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO CPN12>

N11DA. (specify :_____)
        (6)   DON'T KNOW
        (7)   REFUSED

<Checkpoint CPN12: IF C10Q05=1, GO TO N12; ELSE GO TO CPN14>

SUPPORT 12

TIMESTAMP_SECTION_NF12

N12.   Did you [TEXTFILL: or your spouse/partner] receive any respite care following
            your adoption of [S.C.]?
            READ IF NECESSARY: Respite care is care for the child so the family can have
            a break from ongoing care of the child. Respite care can be thought of as child
            care or babysitting by someone trained to meet any special needs the child may
            have. Both professional and non-professional respite care should be included.
            (1)   YES
            (0)   NO   <GO TO N12c>
            (6)   DON'T KNOW   <GO TO N12c>
            (7)   REFUSED   <GO TO N12c>

N12A.   Did you [TEXTFILL: or your spouse/partner] find this to be very helpful,
            somewhat helpful, or not very helpful?

            (1)   VERY HELPFUL
            (2)   SOMEWHAT HELPFUL
            (3)   NOT VERY HELPFUL
            (6)   DON'T KNOW
            (7)   REFUSED

N12B.   How did you [TEXTFILL: or your spouse/partner hear about this service?
            [SELECT ALL THAT APPLY]

            (1)   ADOPTION WORKER
            (2)   ADOPTION AGENCY
            (3)   ADOPTION ATTORNEY
            (4)   COMMUNITY OR LOCAL NEWSPAPER
            (5)   ADOPTION WEBSITE OR LISTSERV
            (6)   OTHER PARENTS
            (7)   OTHER   <GO TO N12BA>
            (96)   DON'T KNOW
            (97)   REFUSED

            <IF OTHER NOT SELECTED, GO TO CPN14>

      N12BA. (Specify) _____   <GO TO CPN14>
            (6)   DON'T KNOW   <GO TO Checkpoint before N14>
            (7)   REFUSED   <GO TO Checkpoint before N14>

N12C.   Did you [TEXTFILL: or your spouse/partner] ever need this service since
             adopting [S.C.]?

             (1)   YES
             (0)   NO   <GO TO CPN14>
             (6)   DON'T KNOW   <GO TO CPN14>
             (7)   REFUSED   <GO TO CPN14>

N12D.   Why didn't you receive this service that you needed? [SELECT ALL THAT
             APPLY]

             (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
             (2)   AGENCY DID NOT OFFER SERVICES
             (3)   COST
             (4)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
             (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
             (6)   NO SUCH SERVICES CLOSE TO ME/US
             (7)   OTHER <GO TO N12DA>
             (96)   DON'T KNOW
             (97)   REFUSED

             <IF OTHER NOT SELECTED, GO TO CPN14>

    N12DA.   Specify: _____
             (6)   DON'T KNOW
             (7)   REFUSED

SUPPORT 14

TIMESTAMP_SECTION_NF14

<CHECKPOINT CPN14: CHECKPOINT: IF AGEMONSAP < 96 MONTHS, GO TO N18 /
ELSE IF C43=1 GO TO N14_INTRO / ELSE IF C42 or C43 = NULL GO TO N18 / ELSE GO
TO N14C

N14_INTRO.   Earlier you told me that [S.C.] has spent time in a residential treatment or
             psychiatric facility since the time of his/her adoption.

<CHECKPOINT CPN14A: <IF F1=1, GO TO N14A; ELSE GO TO N14AA>

N14A.   Was the payment for residential treatment or psychiatric facility for [S.C.]
             written into your adoption agreement?

             (1)   YES
             (0)   NO
             (6)   DON'T KNOW
             (7)   REFUSED

N14AA.   What portion of [S.C.]'s placement(s) in a group home or residential treatment
             facility or psychiatric facility was paid for by each of the following sources:

N14AA1.   Medicaid
             <READ IF NECESSARY: What portion of [S.C.]'s placement (s) in a group
             home or residential treatment facility or psychiatric facility was paid for by each
             of the following sources >
             (1) NONE
             (2) SOME
             (3) ALMOST ALL
             (4) ALL   <GO TO N14B>
             (6) DON'T KNOW
             (7) REFUSED

N14AA2.   Insurance other than Medicaid

             <READ IF NECESSARY: What portion of [S.C.]'s placement (s) in a group
             home or residential treatment facility or psychiatric facility was paid for by each
             of the following sources >

             (1) NONE
             (2) SOME
             (3) ALMOST ALL
             (4) ALL   <GO TO N14B>
             (6) DON'T KNOW
             (7) REFUSED

CPFN14AA3: <If C10Q05=1 then ask N14AA3, ELSE GO TO N14AA4>

N14AA3.   Child welfare or adoption agency

<READ IF NECESSARY: What portion of [S.C.]'s placement (s) in a group home or residential treatment facility or psychiatric facility was paid for by each of the following sources >

(1) NONE
(2) SOME
(3) ALMOST ALL
(4) ALL   <GO TO N14B>
(6) DON'T KNOW
(7) REFUSED

N14AA4.   You?

<READ IF NECESSARY: What portion of [S.C.]'s placement (s) in a group home or residential treatment facility or psychiatric facility was paid for by each of the following sources >
(1) NONE
(2) SOME
(3) ALMOST ALL
(4) ALL   <GO TO N14B>
(6) DON'T KNOW
(7) REFUSED

N14AA5.   Is there any other source helping pay for the placement?

(1)   YES   < GO TO N14AAB>
(2)   NO   <GO TO NF14B>
(6)   DON'T KNOW   <GO TO NF14B>
(7)   REFUSED   <GO TO NF14B>

N14AAB. Other (specify :)_____)
(6)   DON'T KNOW
(7)   REFUSED

N14B.   Did you find this to be very helpful, somewhat helpful, or not very helpful for [S.C.]?

(1)   VERY HELPFUL
(2)   SOMEWHAT HELPFUL
(3)   NOT VERY HELPFUL
(6)   DON'T KNOW
(7)   REFUSED

N14BB.   How did you hear about this facility? [SELECT ALL THAT APPLY]

        (1)   MEDICAL PROFESSIONAL
        (2)   ADOPTION WORKER
        (3)   ADOPTION AGENCY
        (4)   ADOPTION ATTORNEY
        (5)   COMMUNITY OR LOCAL NEWSPAPER
        (6)   ADOPTION WEBSITE OR LISTSERV
        (7)   OTHER PARENTS
        (8)   OTHER   <GO TO N14BBA>
      (96)   DON'T KNOW
      (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO N18>

N14BBA. (Specify) _____   <GO TO N18>
        (6)   DON'T KNOW   <GO TO N18>
        (7)   REFUSED   <GO TO N18>

N14C.   IF C42=NO, ASK: Earlier you told me that [S.C.] has not received any treatment or counseling from a mental health professional since the time of the adoption. Did you ever want [S.C.] to spend time in a residential treatment or psychiatric facility? IF C42 = DON'T KNOW or REFUSED, ASK: Did you ever want [S.C.] to spend time in a residential treatment or psychiatric facility? ELSE IF C43 = NO, DON'T KNOW OR REFUSED, ASK: Earlier you told me that [S.C.] has not spent time in a residential treatment or psychiatric facility since the time of the adoption. Did you ever want [S.C.] to spend time in a residential treatment or psychiatric facility?

        (1)   YES
        (2)   NO   <GO TO N18 >
        (6)   DON'T KNOW   <GO TO N18 >
        (7)   REFUSED   <GO TO N18 >

N14D.   Why didn't [S.C.] spend time in a facility that you felt he/she needed? [SELECT ALL THAT APPLY]

        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   AGENCY DID NOT OFFER SERVICES
        (3)   COST
        (4)   WERE TOLD I/WE DID NOT QUALIFY FOR THIS SERVICE
        (5)   DIDN'T KNOW WHERE TO FIND THIS SERVICE
        (6)   NO SUCH SERVICES CLOSE TO ME/US
        (7)   OTHER <GO TO N14DA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO N18 >

  N14DA. Specify: _____
        (6)   DON'T KNOW
        (7)   REFUSED

SUPPORT 18

TIMESTAMP_SECTION_NF18

N18.   Now I'd like to ask you about different types of information or education that you received about adoption after you adopted [S.C.]. Following your adoption of [S.C.], did you [TEXTFILL: or your spouse/partner] attend any classes, conferences, lectures or seminars about adoption?

        <INTERVIEWER INSTRUCTION: IF RESPONDENT ASKS ABOUT CHILDREN ADOPTED BEFORE [S.C.], THIS QUESTION REFERS TO [S.C.]. IF RESPONDENT ASKS ABOUT TIME FRAME, IT IS "AT ANY TIME FOLLOWING YOUR ADOPTION OF [S.C.]">

        (1)   YES
        (2)   NO   <GO TO N18C>
        (6)   DON'T KNOW   <GO TO N18C>
        (7)   REFUSED   <GO TO N18C>

N18A.   Did you find this to be very helpful, somewhat helpful, or not very helpful?

        (1)   VERY HELPFUL
        (2)   SOMEWHAT HELPFUL
        (3)   NOT VERY HELPFUL
        (6)   DON'T KNOW
        (7)   REFUSED

N18B.   How did you [TEXTFILL: or your spouse/partner] hear about these classes, conferences, lectures or seminars? [SELECT ALL THAT APPLY]

        (1)   ADOPTION WORKER
        (2)   ADOPTION AGENCY
        (3)   ADOPTION ATTORNEY
        (4)   COMMUNITY OR LOCAL NEWSPAPER
        (5)   ADOPTION WEBSITE OR LISTSERV
        (6)   OTHER PARENTS
        (7)   OTHER   <GO TO N18BA>
        (96)   DON'T KNOW
        (97)   REFUSED

        <IF OTHER NOT SELECTED, GO TO N20>

N18BA. Specify_____ <GO TO N20>
        (6)   DON'T KNOW   <GO TO N20>
        (7)   REFUSED   <GO TO N20>

N18C.   Did you [TEXTFILL: or your spouse/partner] ever wish you could attend classes, conferences, lectures or seminars about adoption since adopting [S.C.]?

        (1)   YES
        (2)   NO   <GO TO N20>
        (6)   DON'T KNOW   <GO TO N20>
        (7)   REFUSED   <GO TO N20>

N18D.   Why were you [TEXTFILL: or your spouse/partner] not able to attend classes, lectures or seminars on adoption? [SELECT ALL THAT APPLY]
        (1)   PROGRAM/SERVICE DID NOT HAVE ROOM
        (2)   COST
        (3)   DIDN'T KNOW WHERE TO FIND ONE
        (4)   NONE CLOSE TO US
        (5)   OTHER   <GO TO N18DA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <IF OTHER NOT SELECTED, GO TO N20>

N18DA. Specify_____ <GO TO N20>
        (6)   DON'T KNOW   <GO TO N20>
        (7)   REFUSED   <GO TO N20>

SUPPORT 20

TIMESTAMP_SECTION_NF20

N20.   Following the adoption of [S.C.], have you [TEXTFILL: or your spouse/partner] utilized any web- or internet-based resources like websites, listservs, or chat rooms for information on adoption-related issues?

             (1)   YES
             (2)   NO   <GO TO N21>
             (6)   DON'T KNOW   <GO TO N21>
             (7)   REFUSED   <GO TO N21>

N20A.   Did you find this to be very helpful, somewhat helpful, or not very helpful?

             (1)   VERY HELPFUL
             (2)   SOMEWHAT HELPFUL
             (3)   NOT VERY HELPFUL
             (6)   DON'T KNOW
             (7)   REFUSED

N21.   Now, I am going to ask you some questions about assistance that you might have provided to other adoptive families. Have you [TEXTFILL: or your spouse/partner] ever been asked by anyone to assist in helping other adoptive families?

             (1)   YES
             (2)   NO   <GO TO N22>
             (6)   DON'T KNOW   <GO TO N22>
             (7)   REFUSED   <GO TO N22>

N21A.   Who asked you to assist in helping other adoptive families?

             (1)   ADOPTION AGENCY
             (2)   FRIEND, RELATIVE OR NEIGHBOR
             (3)   CHURCH OR COMMUNITY GROUP
             (4)   OTHER ADOPTIVE PARENTS
             (5)   OTHER, <GO TO N21AA>
             (6)   DON'T KNOW
             (7)   REFUSED

             <IF OTHER NOT SELECTED, GO TO N21B>

N21AA.   PLEASE SPECIFY _____.
        (6)   DON'T KNOW
        (7)   REFUSED

N21B.   Following the request, did you [TEXTFILL: or your spouse/partner] assist in helping other adoptive families?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

N22.   Has anyone ever asked you [TEXTFILL: or your spouse/partner] to recruit other adoptive families?

        (1)   YES
        (0)   NO   <GO TO N23>
        (6)   DON'T KNOW   <GO TO N23>
        (7)   REFUSED   <GO TO N23>

N22A.   Who asked you to assist in recruiting other adoptive families?

        (1)   ADOPTION AGENCY
        (2)   FRIEND, RELATIVE OR NEIGHBOR
        (3)   CHURCH OR COMMUNITY GROUP
        (4)   OTHER ADOPTIVE PARENTS
        (5)   OTHER   <GO TO N22AA>
        (6)   DON'T KNOW
        (7)   REFUSED

        <IF OTHER NOT SELECTED, GO TO N22VB>

N22AA.   PLEASE SPECIFY _____.
        (6)   DON'T KNOW
        (7)   REFUSED
N22B.   Following the request did you [TEXTFILL: or your spouse/partner] assist in recruiting other adoptive families?

        (1)   YES
        (0)   NO
        (6)   DON'T KNOW
        (7)   REFUSED

N23.   Now I'm going to ask a few final questions about you [TEXTFILL: and your spouse/partner]. What year were you born?

_____year   [POSSIBLE FILL FROM NIS C10AMDY, C10B]

(6)   DON'T KNOW
(7)   REFUSED

<Checkpoint CPN23AA: IF(S3_N does not = 1 OR 2) GO TO N24>

N23AA.   What year was [your spouse/partner] born?

_____year
(6)   DON'T KNOW
(7)   REFUSED

N24.   Are you of Hispanic or Latino origin?

(1)   YES
(0)   NO
(6)   DON'T KNOW
(7)   REFUSED

N24A.   Please choose one or more of the following categories to describe your race. Are you White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? [SELECT ALL THAT APPLY].

(1)   WHITE
(2)   BLACK/AFRICAN AMERICAN
(3)   AMERICAN INDIAN
(4)   ALASKA NATIVE
(5)   ASIAN
(6)   NATIVE HAWAIIAN
(7)   PACIFIC ISLANDER
(8)   OTHER   <GO TO N24AA>
(96)   DON'T KNOW
(97)   REFUSED
    N24AA. OTHER (specify): _____
(6)   DON'T KNOW
(7)   REFUSED

<Checkpoint CPN25: IF (S3_N does not = 1 OR 2) GO TO N26>

N25. Is your [TEXTFILL: spouse/partner] of Hispanic or Latino origin?

      (1)   YES
      (0)   NO
      (6)   DON'T KNOW
      (7)   REFUSED

N25A. Please choose one or more of the following categories to describe your spouse/partner's race. Is your spouse/partner White, Black or African American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander? [SELECT ALL THAT APPLY].

      (1)   WHITE
      (2)   BLACK/AFRICAN AMERICAN
      (3)   AMERICAN INDIAN
      (4)   ALASKA NATIVE
      (5)   ASIAN
      (6)   NATIVE HAWAIIAN
      (7)   PACIFIC ISLANDER
      (8)   OTHER   <GO TO N25AA>
      (96)   DON'T KNOW
      (97)   REFUSED

    N25AA. OTHER (specify). _____
      (6)   DON'T KNOW
      (7)   REFUSED

N26. Last week were you working full time, working part time, temporarily not working, unemployed, retired, going to school, keeping house, or something else?

      (1)   WORKING FULLTIME
      (2)   WORKING PART TIME
      (3)   TEMPORARILY NOT WORKING
      (4)   UNEMPLOYED
      (5)   RETIRED
      (6)   SCHOOL
      (7)   KEEPING HOUSE
      (8)   OTHER   <GO TO N26A>
      (9)   DISABLED OR ON DISABILITY
      (96)   DON'T KNOW
      (97)   REFUSED

      <IF OTHER NOT SELECTED GO TO CPN27>

N26A. _____
     (6)   DON'T KNOW
     (7)   REFUSED

<Checkpoint CPN27: IF (S3_N does not = 1 OR 2) GO TO END>

N27.   Last week was your spouse/partner working full time, working part time, temporarily not working, unemployed, retired, going to school, keeping house, or something else?

     (1)   WORKING FULLTIME
     (2)   WORKING PART TIME
     (3)   TEMPORARILY NOT WORKING
     (4)   UNEMPLOYED
     (5)   RETIRED
     (6)   SCHOOL
     (7)   KEEPING HOUSE
     (8)   OTHER   <GO TO N27A>
     (96)   DON'T KNOW
     (97)   REFUSED

     <IF OTHER NOT SELECTED GO TO END>

N27A. _____   <GO TO END>
     (6)   DON'T KNOW   <GO TO END>
     (7)   REFUSED   <GO TO END>

CELL_PAY
Did we conduct this survey on your cell phone?

     (1)   YES   [GO TO CELL_SCRIPT]
     (2)   NO   [GO TO END]

CELL_SCRIPT
You will receive an additional $10 to defer your costs for doing the interview on your cell phone.

END   Those are all the questions I have. Before I go, I'll need to confirm your mailing
      address so we can send you $25 as a token of our appreciation for taking the time
      to answer these questions.
      <GET/CONFIRM ADDRESS and GO TO END_2>

END_2   I'd like to thank you on behalf of the Centers for Disease Control and Prevention
      for the time and effort you've spent answering these questions. If you have any
      questions about this survey, you may call my supervisor toll-free at [TEXTFILL:
      1-xxx-xxx-xxxx]. If you have questions about your rights as a survey participant,
      you may call the chairman of the Research Ethics Review Board at
      1-800-223-8118. Thank you again.

NSAP_END_TIME

CALLBACK / REFUSAL CONVERSION SCRIPT

FOR RETURN PHONE CALLS/REFUSAL CONVERSION CALLS IN CSHCN

INTRO_1   Hello, my name is ____. I'm calling on behalf of the Centers for Disease Control and Prevention. Earlier, we contacted your household to participate in a survey about the health of children and teenagers. I'm calling back to continue the interview. In appreciation for your time, we will send you $25 for completing the interview. (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

BE SURE TO CONFIRM THAT YOU ARE SPEAKING WITH THE SAME PERSON WHO STARTED THE INTERVIEW. THE PERSON WHO STARTED THE INTERVIEW MUST COMPLETE THIS INTERVIEW.

S1   Am I speaking to someone who lives in this household who is over 17 years old? IF NO, ASK "Is there someone who lives in this household who is over 17 that I may speak with?"

(01) YES, I AM THAT PERSON   **[IF [S.C.] IS SELECTED > GO TO REMIND1/ ELSE CONTINUE WITH INTERVIEW]**
(02) THIS IS A BUSINESS   **[SKIP TO SALZ_BUS]**
(03) NEW PERSON COMES TO PHONE   **[SKIP BACK TO INTRO_01]**
(08) DOES NOT LIVE IN HOUSEHOLD   **[CALLBACK, SET DISP AND TERMINATE]**
(09) NO PERSON AT HOME WHO IS OVER 17   **[SKIP TO S2_B]**
(7) REFUSED   **[GO TO REFUSAL CONVERSION, SET DISP AND TERMINATE]**

SALZ_BUS   We are interviewing only private residences. Thank you very much. **[ENTER DISPOSITION AND TERMINATE INTERVIEW AND SET ITS=38]**

S2_B   Does anyone live in your household who is over 17 years old?

(01) YES > When would be a good time for me to call back and talk to that person?   **[SCHEDULE APPOINTMENT]**
(02) NO   **[TERMINATE INTERVIEW]**

REMIND1   I want to remind you that we will be asking questions about **(S.C)** for the rest of this interview.
[CONTINUE WITH INTERVIEW AT POINT OF BREAKOFF]

ANSWERING MACHINE MESSAGES

Answering Machine Message :
MSG_NSAP - Answering Machine Message: FOR ALL CASES IN THE NSAP INTERVIEW (PAST NSAP_1A)

(PLEASE READ SLOWLY AND CLEARLY.)
Hello. The Centers for Disease Control and Prevention is conducting a survey about the health and well-being of children and the use of medical services. Your household participated in the survey about a year ago and now we would like to collect a little additional information. Would you please call us, toll-free, at [TEXTFILL: 1-xxx-xxx-xxxx] ? We would be glad to answer any questions you have. In appreciation for your time, we will send you $25 for completing the interview. The toll-free number again is [TEXTFILL: 1-xxx-xxx-xxxx]. Thank you.

Answering machine message for appointments:
MSG_Y_APPT_NSAP - Answering Machine Message: FOR APPOINTMENTS IN THE NSAP INTERVIEW (PAST NSAP_1A)
(PLEASE READ SLOWLY AND CLEARLY.)

Hello. I am calling on behalf of the Centers for Disease Control and Prevention regarding a nationwide study about the health of children and the use of medical services. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [TEXTFILL: 1-xxx-xxx-xxxx]. In appreciation for your time, we will send you $25 for completing the interview. If you have any questions, that number again is [TEXTFILL: 1-xxx-xxx-xxxx]. Thank you.

MSG_NSAP_INCENT - Answering Machine Message: FOR ALL POST-REFUSAL CASES IN THE NSAP INTERVIEW (PAST NSAP_1A)
(PLEASE READ SLOWLY AND CLEARLY.)

Hello. The Centers for Disease Control and Prevention is conducting a survey about the health and well-being of children and the use of medical services. Your household participated in the survey about a year ago and now we would like to collect a little additional information. Would you please call us, toll-free, at 1-866-900-9601? We would be glad to answer any questions you have. In appreciation for your time, we will send you $[Text Fill: IF NSAP_INCENT=<null>, then use 25 / ELSE use NSAP_INCENT] for completing the interview. The toll-free number again is 1-866-900-9601. Thank you.