National Survey of Adoptive Parents

HARDCOPY QUESTIONNAIRE

TABLE OF CONTENTS

NSCH KEY QUESTIONS FOR SCREENING IN ADOPTIVE FAMILIES

K1Q02   What is your relationship to [S.C.]?

(01) MOTHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(02) FATHER (BIOLOGICAL, STEP, FOSTER, ADOPTIVE)
(03) SISTER (STEP/FOSTER/HALF/ADOPTIVE)
(04) BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
(05) IN-LAW OF ANY TYPE
(06) AUNT
(07) UNCLE
(08) GRANDPARENT
(09) OTHER FAMILY MEMBER
(10) OTHER NON-RELATIVE
(11) FEMALE GUARDIAN
(12) MALE GUARDIAN
(96) DON'T KNOW
(97) REFUSED

K9Q10   **CATI INSTRUCTION (K9Q10):** IF K1Q02 IS NOT MOTHER (1) OR FATHER (2), SKIP TO K9Q11. IF K1Q02 = 1, REMOVE RESPONSE CATEGORIES 05-08. ELSE IF K1Q02 = 2, REMOVE RESPONSE CATEGORIES 01-04.

Earlier you told me you are [S.C.]'s (Mother/Father). Are you [S.C.]'s biological, adoptive, step, or foster (mother/father)]?

(01) BIOLOGICAL MOTHER
(02) STEP MOTHER
(03) FOSTER MOTHER
(04) ADOPTIVE MOTHER
(05) BIOLOGICAL FATHER
(06) STEP FATHER
(07) FOSTER FATHER
(08) ADOPTIVE FATHER
(09) OTHER
(96) DON'T KNOW
(97) REFUSED

K9Q11   **CATI INSTRUCTION (K9Q11):** IF K1Q02 = 01 OR 02, AND K9Q00 = S_UNDR18 + 1 [I.E., IF THERE IS ONLY ONE ADULT IN HOUSEHOLD AND THAT ADULT IS A MOTHER OR FATHER], SKIP TO K9Q13.

IF K1Q02= 01, 02, 6, OR 7, DO NOT READ THE FIRST SENTENCE. ELSE, FILL THE FIRST SENTENCE ACCORDING TO THE FOLLOWING RULES:
          IF K1Q02= 03, 04, FILL 'sibling';
          IF K1Q02= 05, 06, 07, 09 FILL 'relative';
          IF K1Q02= 08, FILL 'grandparent';
          IF K1Q02= 10, FILL 'friend';
          IF K1Q02= 10, 11, 12 FILL 'guardian';

IF K1Q02 = 01 OR 02, FILL THE SECOND SENTENCE WITH "other".

[Earlier you told me you are [S.C.]'s (ANSWER TO K1Q02).] Does [S.C.] have any (other) parents, or people who act as (his/her) parents, living here?

(1) YES   [SKIP TO K9Q12]
(2) NO   [SKIP TO K9Q13]
(6) DON'T KNOW   [SKIP TO K9Q13]
(7) REFUSED   [SKIP TO K9Q13]

K9Q12 INDEX   What is their relationship to [S.C.]? [MARK ALL THAT APPLY.]

HELP SCREEN (K9Q12): IF RESPONDENT ANSWERS "MOTHER" OR "FATHER," THEN ASK: 'Is that (his/her) biological, adoptive, step, or foster (mother/father)?'

K9Q12X01   BIOLOGICAL MOTHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X02   STEP MOTHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X03   FOSTER MOTHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X04   ADOPTIVE MOTHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X05   BIOLOGICAL FATHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X06   STEP FATHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X07   FOSTER FATHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X08   ADOPTIVE FATHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X09   SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X10   IN-LAW OF ANY TYPE
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X11   AUNT/UNCLE
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X12   GRANDMOTHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X13   GRANDFATHER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X14   OTHER FAMILY MEMBER
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X15   FEMALE GUARDIAN
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X16   MALE GUARDIAN
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X17   RESPONDENT'S PARTNER OR BOY/GIRLFRIEND
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X18   OTHER NON-RELATIVE
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
K9Q12X19   TWO OR MORE OF THE SAME RELATIONSHIP TYPE
     (1) YES   (0) NO   (6) DON'T KNOW   (7) REFUSED
IF NUMBER OF SELECTIONS IN K9Q12 INDEX > K9Q00 - S_UNDR18),
                         [DISPLAY WARNING TEXT]

ELSE IF K9Q12X19 = 1,   [SKIP TO K9Q12_T]
ELSE   [SKIP TO K9Q12_A]

NSAP ADDITIONS TO EXISTING NSCH INSTRUMENT

(ADDITIONS ALREADY APPEAR IN CURRENT *NSCH* INSTRUMENT)

K9Q12_A **CATI INSTRUCTION (K9Q12_A):** IF BOTH BIOLOGICAL MOTHER AND BIOLOGICAL FATHER IN HH [(K9Q10 = 01 AND K9Q12X05 = 1) OR (K9Q10 = 05 AND K9Q12X01 = 1)], SKIP TO K9Q18. IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH BUT NOT BOTH [(K9Q10 = 01 OR K9Q10 = 05) OR (K9Q12X01 = 1 OR K9Q12X05 = 1)], SKIP TO K9Q13. IF RESPONDENT IS ADOPTIVE MOTHER OR ADOPTIVE FATHER (K9Q10 = 04 OR K9Q10 = 08), SKIP TO K9Q13.

Have you legally adopted [S.C.]?

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

K11Q38 **CATI INSTRUCTION (K11Q38):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH (K9Q10 = 01 OR K9Q10 = 05 OR K9Q12X01 = 1 OR K9Q12X05 = 1), SKIP TO K11Q41. IF NO BIOLOGICAL PARENT IN HH AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD (K9Q10 = 04 OR K9Q10 = 08 OR K9Q12X04 = 1 OR K9Q12X08 = 1 OR K9Q12_A = 1), ASK K11Q38. ELSE, SKIP TO K11Q41.

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

(1) YES   [SKIP TO K11Q41] [SC Sorts as International Adoption]
(0) NO   [SKIP TO K11Q40]
(6) DON'T KNOW   [SKIP TO K11Q40]
(7) REFUSED   [SKIP TO K11Q40]

K11Q40 **CATI INSTRUCTION (K11Q40):** IF ANY BIOLOGICAL MOTHER OR BIOLOGICAL FATHER IN HH (K9Q10 = 01 OR K9Q10 = 05 OR K9Q12X01 = 1 OR K9Q12X05 = 1), SKIP TO K11Q41. IF NO BIOLOGICAL PARENT IN HH AND IF ANY ADOPTIVE PARENT OR GUARDIAN IN HOUSEHOLD (K9Q10 = 04 OR K9Q10 = 08 OR K9Q12X04 = 1 OR K9Q12X08 = 1 OR K9Q12_A = 1), ASK K11Q40. ELSE, SKIP TO K11Q41.

Prior to being adopted, was [S.C.] in the legal custody of a state or county child welfare agency in the United States? That is, was [S.C.] in the U.S. foster care system?

(1) YES [SC Sorts as Foster Care Adoption]
(2) NO [SC Sorts as Private Adoption]
(6) DON'T KNOW [SC Sorts as Private Adoption]
(7) REFUSED [SC Sorts as Private Adoption]

NSAP_1A

Thank you for the time you have spent answering these questions. Before I go, I want to make you aware of another survey you are eligible for. Because you indicated that you are [S.C.]'s adoptive parent, you are eligible to be part of The National Survey of Adoptive Parents – the first national survey of its kind about the health and well-being of adopted children and their families. The adoption survey will ask questions related to post-adoption services and other adoption-specific topics. Participation in the adoption survey is voluntary

and you would receive payment of $25 for your participation. Because you have already spent time with us on the phone, we would be happy to call you back for this interview. It would take about half an hour of your time.

When would be a convenient time for you to participate in the National Survey of Adoptive Parents?

NSAP Gaining Cooperation Techniques to Use:
• Thank them for their participation in NIS/NSCH.
• Tell them we need the participation of ALL adoptive parents to make the survey a success ("We really need your help!")
• Be understanding that they spent a long time completing NSCH (or NIS)
• Emphasize that we want to set a callback for whenever it is convenient for them
• Remind them that they will be reimbursed $25
• Encourage them to set the callback and at least get started on the interview

(1) R GIVES SPECIFIC TIME > SCHEDULE APPOINTMENT AND THEN GO TO K_END2
(2) R DOES NOT GIVE SPECIFIC TIME > GO TO NSAP_1B
(3) CONTINUE TO NSAP > GO TO CONSENT_INTRO

IF <BLUE X, ABANDON> USED FROM THIS PAGE, THEN ALL ITS OUTCOMES RESULTING IN SCHEDULING FOR A CALLBACK SHOULD SET THE POINT OF RETURN TO NSAP_INTRO (SAME CALLBACK PATH AS IF RESPONSE 1 OR 2 WERE USED)

NSAP_1B

That's fine. I can call back later to discuss your participation in the adoption survey. You can also call us at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] to schedule an interview.

GO TO K_END2

NSAP_2A   IF <BLUE X, ABANDON> USED FROM THIS PAGE, THEN ALL ITS OUTCOMES RESULTING IN SCHEDULING FOR A CALLBACK SHOULD SET THE POINT OF RETURN TO NSAP_INTRO (SAME CALLBACK PATH AS IF RESPONSE 1 OR 2 WERE USED)

Thank you for the time you have spent answering these questions. Before I go, I want to make you aware of another survey your household is eligible for. Because you indicated that another member of the household is [S.C.]'s adoptive parent, your household is eligible to be part of The National Survey of Adoptive Parents – the first national survey of its kind about the health and well-being of adopted children and their families. The adoption survey will ask questions related to post-adoption services and other adoption-specific topics. Participation in the adoption survey is voluntary and (he/she) would receive payment of $25 for (his/her) participation. Because you have already spent time with us on the phone, we would be happy to call [S.C.]'s adoptive parent back for this interview. It would take about half an hour of (his/her) time.

When would be a convenient time for [S.C.]'s adoptive parent to participate in the National Survey of Adoptive Parents?

NSAP Gaining Cooperation Techniques to Use:
• Thank them for their participation in NIS/NSCH.
• Tell them we need the participation of ALL adoptive parents to make the survey a success ("We really need your help!")
• Be understanding that they spent a long time completing NSCH (or NIS)
• Emphasize that we want to set a callback for whenever it is convenient for them
• Remind them that they will be reimbursed $25
• Encourage them to set the callback and at least get started on the interview

(1) R GIVES SPECIFIC TIME > SCHEDULE APPOINTMENT AND THEN GO TO K_END2
(2) R DOES NOT GIVE SPECIFIC TIME > GO TO NSAP_1B
(3) CONTINUE TO NSAP > GO TO CONSENT_INTRO

NSAP_2B

That's fine. I can call back later to discuss (his/her) participation in the adoption survey. You can also let [S.C.]'s adoptive parent know that (he/she) can call us at [TEXTFILL: If Sample Use Code = 1 or 2: 1-8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6] to schedule an interview.

GO TO K_END2

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_M, 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 (SC'S AGE FROM AGE GRID IN THE NSCH) PLUS (SC'S AGE AT ADOPTION FROM C1A_M) = APPROXIMATE YEAR OF ADOPTION

  If approximate year of adoption = 1997 or later ask F19

  Example: Current year = 2006, AGE GRID = 10 years, C1A_M = 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:

  IF K11Q38=YES: INTERNATIONAL ADOPTION
  IF K11Q40=YES: FOSTER CARE ADOPTION
  IF K11Q40=NO OR DON'T KNOW OR REFUSED: PRIVATE ADOPTION

- 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:

SC'S NAME:

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

  IF K1Q01=1, SC IS MALE, USE MALE PRONOUNS (HE, HIM, HIS, ETC…)
  IF K1Q01=2, SC 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 (K9Q10 = 04 OR 08) AND (K9Q11 = NO OR DON'T KNOW OR REFUSED) OR

IF (K9Q10 = 04 OR 08) AND (K9Q12 INDEX DOES NOT = 04 OR 08) OR
IF (K9Q12_A = YES) AND (K9Q11 = NO OR DON'T KNOW OR REFUSED) OR
IF (K9Q12_A = YES) AND (K9Q12 INDEX DOES NOT = 04 OR 08)
IF (K9Q10 DOES NOT = 04 OR 08) AND (K9Q12 INDEX = 04 OR 08) OR
IF (K9Q12_A = NO OR DON'T KNOW OR REFUSED) AND (K9Q12 INDEX = 04 OR 08) OR
IF (S3 = 3)

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 (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12 = 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 (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12 = 04 AND 08) AND (S3_N = 2)

TEXTFILL:
USE "MY SPOUSE AND I WERE"
IF (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12 = 04 AND 08) AND (S3_N = 1)

USE "MY PARTNER AND I WERE"
IF (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12 = 04 AND 08) AND (S3_N = 2)

USE "I WAS"
IFS3_N=3,4,6,7

TEXTFILL:
USE "OR YOUR SPOUSE'S"
IF (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 1) OR
IF (K9Q12 = 04 AND 08) AND (S3_N = 1)

USE "OR YOUR PARTNER'S"
IF (K9Q10 = 04 OR 08) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12_A = 1) AND (K9Q12 = 04 OR 08) AND (S3_N = 2) OR
IF (K9Q12 = 04 AND 08) AND (S3_N = 2)

TIME OF ADOPTION TEXTFILL:

IF (SC's age from AGE GRID) minus (SC's age at adoption from C1A_M) = 1 or 0 use textfill: "Since the time of SC's adoption"

IF (SC's age from AGE GRID) minus (SC's age at adoption from C1A_M) = 2 or more use textfill: "During the last 12 months"

NSAP SCREENER

TIMESTAMP_SECTION_S1 (all time stamps captured in the format yyyymmddhhmmss)

CPINTRO   CATI INSTRUCTIONS (S1pre):
             IF NSAP_2A=3 GO TO SWITCH_AP / ELSE GO TO NSAP_INTRO.

SWITCH_AP   Hello, my name is _____. I'm calling on behalf of the Centers for Disease
             Control and Prevention. We are doing a survey about the experiences of adoptive parents.
             GO TO S1PREB

NSAP_INTRO

             Hello, my name is _____. I'm calling on behalf of the Centers for Disease
             Control and Prevention. We previously scheduled this time to speak with [TEXTFILL
             NAME OF PERSON SCHEDULED].

             (1) CONTINUE

S1PRE.   CATI INSTRUCTIONS (S1PRE): IF NSAP INTERVIEW FOLLOWS IMMEDIATELY
             AFTER NSCH INTERVIEW WITHOUT CALLBACK, SKIP TO CONSENT_INTRO.

             INTERVIEWER: PLEASE VERIFY THAT RESPONDENT IS, [S.C.]'S [TEXTFILL IF
             K9Q10=04 OR K9Q12=04 "ADOPTIVE MOTHER" ELSE IF K9Q10=08 OR K9Q12=08
             "ADOPTIVE FATHER" ELSE IF K9Q12_A=1 "ADOPTIVE PARENT")].

             ARE YOU THE ADOPTIVE PARENT OF [S.C.] WHOM WE SPOKE WITH PREVIOUSLY ABOUT
             [S.C.]'S HEALTH?

             (1) YES > GO TO S1PREB
             (2) NO > GO TO S1PRE2

S1PRE2.   ARE YOU [S.C.]'S OTHER ADOPTIVE PARENT?

             (1)YES > GO TO S1PREB
             (2) NO, RESPONDENT IS NOT AN ADOPTIVE PARENT > GO TO S1PRE3

S1PRE3.   When would be a good time to reach [S.C.]'s 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_INTRO2.
             Hello, my name is _____. I'm calling on behalf of the Centers for Disease
             Control and Prevention. We are doing a survey about the experiences of adoptive parents.

             (1) CONTINUE > GO TO S1PRE

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

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 questions you don't wish to answer or end the interview at any time. Whether or not you take part in this survey has no effect on benefits and 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. The survey will take about half an hour. In appreciation for your time, we will send you $ [Text Fill: IF NSAP_INCENT=<null>, then use 25 / ELSE use NSAP_INCENT]. 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.

READ IF NECESSARY: 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?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ: 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** K11Q38=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?

(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

<**Checkpoint CPS3:** IF K9Q17A EQ 1, FILL S3_N EQ 1, GO TO CPS4; ELSE IF
K9Q17A EQ 2, FILL S3_N EQ 2, GO TO CPS4; ELSE IF
(K9Q12=04 OR 08 AND K9Q10=04 OR 08) OR (K9Q12=04 OR 08 AND
K9Q12_A=1)OR(K9Q12=04 AND K9Q12=08),GO TO S3_N;
ELSE 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

<**Checkpoint CPS4:** Ask S4_N if there are two adoptive parents in the household. Specifically:
IF (K9Q12=04 OR 08 AND K9Q10=04 OR 08)OR(K9Q12=04 OR 08 AND
K9Q12_A=1)OR(K9Q12=04 AND K9Q12=08) GO TO S4_N / ELSE GO TO S6>

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>
(2)	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>
- (2) 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
- (2) 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

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

        C1A_M_year: ___ years and

        C1A_M_month: ___ months

        <AGE CHECK: C1A_M MUST BE < OR = AGE_NSCH >

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

        C1A_M_week: ___ weeks   [RANGE: 0-52, 96, 97]
                (6)   DON'T KNOW
                (7)   REFUSED

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

        C1B_year: ___years and

        C1B_month: ___ months

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

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

        OR

        C1B_week: ___ weeks   [RANGE: 0-52, 96, 97]
                 (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>
(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
        (2)   NO
        (3)   NOT YET, BUT PLANNING TO OR IN THE PROCESS OF ADOPTING
        (96)   DON'T KNOW
        (97)   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?   _____

(96)	DON'T KNOW	
(97)	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?   _____

(96)	DON'T KNOW
(97)	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>

(96)	DON'T KNOW	<GO TO C10_N>
(97)	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?   _____

(96)	DON'T KNOW
(97)	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 K11Q38 = 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 = 01 or C8B = 01 or C9B = 01 or C9D = 01, then ASK C12C, otherwise 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 = 01 then ASK C12E, otherwise 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) _____
- (96) DON'T KNOW
- (97) 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 K11Q40=1 a foster care/ ELSE IF K11Q38=1 an international/ IF K11Q40=2, 6, 7 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?

        C15A_year: ___years and

        C15A_month: ___ months

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

    OR

        C15A_week: ___ weeks

        <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 C1 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?   _____
(96)   DON'T KNOW
(97)   REFUSED

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

[INTERVIEWER INSTRUCTION: EMPHASIS ON 'CONSIDER' SINCE THEY'LL ALREADY HAVE TOLD US THIS CHILD'S ADOPTION TYPE.]

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

<**Checkpoint CPC22**:
IF K11Q40=2, 6 OR 7 and S6 does not = 1 and S7 does not = 1, GO TO C22;
IF K11Q38=1 and S6 does not = 1 and S7 does not = 1, GO TO C23A_N;
IF K11Q40=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 SC 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 REASON
(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 REASON
(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 REASON
- (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 REASON
- (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 REASON
- (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 REASON
(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 REASON
(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 REASON
(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 REASON
                    <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 SC 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 REASON
     (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 REASON
     (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 REASON

(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 REASON

(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 REASON

(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 REASON
(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 REASON
(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 REASON
(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 REASON
(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 REASON	
		<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 SC 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 REASON
(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 REASON
    (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 REASON
    (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 REASON
    (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 REASON
(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 REASON
                          <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?>

- 36 -

	(1)	YES	< If K11Q38=1, GO TO C25A; ELSE GO TO C26>
	(0)	NO	< If K11Q38=1, GO TO C25A; ELSE GO TO C26>
	(6)	DON'T KNOW	< If K11Q38=1, GO TO C25A; ELSE GO TO C26>
	(7)	REFUSED	< If K11Q38=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 to them?

(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 SC <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 SC's adoption, how often has [S.C.] had contact with his/her Birthparent(s)?

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

(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?

[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

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_M<3 YEARS GO TO C36E
/ ELSE IF (C1A_M= 6 or 7)   AND (SC_NSCH < 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_M<5 YEARS, or IF (C1A_M= 6 or 7) AND (SC_NSCH <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

C3.   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…

Was it very likely, likely, unlikely, or very unlikely?

	Very likely	Likely	Unlikely	Very unlikely	CHILD ADOPTED AT BIRTH	REFUSED	DON'T KNOW
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 K2Q34A=NO THEN SKIP TO CHECKPOINT CPC42; ELSE SKIP TO C46;
IF AGE_NSCH, 24 months SKIP TO 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 [S.C.] < 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>

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

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

C53_INTRO.   The next (TEXT FILL: IF SC< 5 Years "question concerns" / ELSE "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>
(6)	DON'T KNOW	< GO TO CPC55>
(7)	REFUSED	< GO TO CPC55>

C53A.   SPECIFY _____

<Checkpoint CPC55: IF AGE_NSCH_Y IS <5 YEARS OF AGE, GO TO W1_INTRO; IF K7Q11=1 THEN GO TO CHECKPOINT CPC56/ ELSE Go to C55>

C55.   Does [S.C.] have any developmental problems for which (he/she) has a written intervention plan called an [TEXTFILL:IF AGE_NSCH < 36 MONTHS, INSERT: Individualized Family Services Plan or an IFSP?; IF AGE_NSCH ≥ 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 K7Q01F = 2, 6, or 7, OR K7Q02 = 555, 666, OR K7Q01 = 3 [I.E., NOT ENROLLED IN PAST 12 MONTHS/HOME-SCHOOLED], GO TO W1_INTRO / ELSE GO TO C56.>

C56. *NSAP   How would you describe S.C.'s school performance in reading and language arts.

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

C56A. *NSAP   How would you describe S.C.'s school performance in math.

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

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

C57.   [TEXTFILL: IF (AGE GRID - C1A_M) = 2 or more "During the past 12 months" / ELSE IF (AGE GRID - C1A_M) = 1 or 0 "Since [S.C.]'s adoption was finalized" / ELSE IF C1A_M=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 (AGE GRID - C1A_M) = 2 or more "During the past 12 months" / ELSE IF (AGE GRID - C1A_M) = 1 or 0 "Since [S.C.]'s adoption was finalized" / ELSE IF C1A_M=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

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.

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 SC_NSCH <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

<Checkpoint CPW4: IF SC_NSCH<13 YEARS OLD, GO TO CPW5/ ELSE Go to W4>

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

<Checkpoint CPW5: IF SC_NSCH <5 YEAR OLDS, GO TO W7/ ELSE go to W5>

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

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 (S_UNDER18=1) OR SC_NSCH <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 SC_NSCH<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 NOT ACCEPTED THE CHILD
(4)   WOULD HAVE DEFINITELY NOT 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
            (2)   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. Would you say very important, somewhat important, or not important?

        <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
(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>

- 54 -

(6)   DON'T KNOW   <GO TO W22>
(7)   REFUSED   <GO TO W22>

W21FA.   What were those reasons? _____
(96)   DON'T KNOW
(97)   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.   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

\<Checkpoint CPF1: If K11Q38=1 or K11Q40=2, 6, OR 7, 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
<If F2=1, GO TO F7; ELSE GO TO F8>
(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>
                (96)   DON'T KNOW
                (97)   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>
                (96)   DON'T KNOW
                (97)   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 K11Q38=1 OR K11Q40=2, 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.)?

INTERVIEWER INSTRUCTION: DO NOT READ CATEGORIES

(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>
(6)   DON'T KNOW   <GO TO CPF13>
(7)   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.]?

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

<**CHECKPOINT CPF15**: IF K4Q22=1, SKIP TO F16_INTRO, ELSE GO TO F15>

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 CHECKPOINT CPF14A_A>
      (7)　　REFUSED　　　　<GO TO CHECKPOINT CPF14A_A>

F16_INTRO.   Earlier you mentioned that [S.C.] has received treatment or counseling from a mental health professional in the past 12 months

<HELP SCREEN: "Earlier" was during the health survey you completed recently>

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 each of the following sources >

(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 each of the following sources >

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

<**Checkpoint CPF16C:** If SC is not FOSTER CARE (K11Q40 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 by each of the following sources >

             (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 each of the following sources >

             (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 mental health services?

             (1)   YES
             (0)   NO   <GO TO CHECKPOINT CPF14A_A>
             (6)   DON'T KNOW   <GO TO CHECKPOINT CPF14A_A>
             (7)   REFUSED   <GO TO CHECKPOINT CPF14A_A>

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

<CHECKPOINT CPF14A_A: IF K4Q231D=1 OR K4Q23=1, GO TO F14A_A, ELSE GO TO F17 >

F14A_A.   Earlier, you mentioned that [S.C.] had taken medication during the last 12 months because of difficulties with (his/her) emotions, concentration, or behavior. Have you ever used Medicaid to obtain mental health medications for [S.C.]?

                    <HELP SCREEN: "Earlier" was during the health survey you completed recently>

(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 SC is not FOSTER CARE (K11Q40 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?

(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 SC is not FOSTER CARE (K11Q40 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 each of the following sources >

    (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 (K3Q02=2 OR 6 OR 7) OR (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 each of the following sources >

(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 (K11Q40 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 each of the following sources >

(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 each of the following sources >

(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? _____
(96)	DON'T KNOW
(97)	REFUSED

<**Checkpoint CPF19:** IF (SC_NSCH - C1A_M) < or = (CURRENT YEAR - 1997), GO TO F19 / ELSE GO TO F20 / IF C1A_M = 6 or 7 GO TO F20>

- 71 -

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

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: This includes 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>
(96)   DON'T KNOW
(97)   REFUSED
<IF "OTHER NOT SELECTED, GO TO Checkpoint before N2>

N1DA. Specify:_____
(96)   DON'T KNOW
(97)   REFUSED

SUPPORT 2

TIMESTAMP_SECTION_NF2

<**Checkpoint CPN2:** IF SC_NSCH > 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>
(96)	DON'T KNOW	<GO TO N3>
(97)	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:_____
(96)	DON'T KNOW
(97)	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>
       (96)   DON'T KNOW
       (97)   REFUSED

       <GO TO CP N5 IF OTHER NOT SELECTED>

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

SUPPORT 5

TIMESTAMP_SECTION_NF5

<**Checkpoint CPN5:** IF SC_NSCH > 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:_____
(96)   DON'T KNOW   <GO TO N6>
(97)   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:_____
(96)   DON'T KNOW
(97)   REFUSED

SUPPORT 6

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>
(96)   DON'T KNOW
(97)   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>

- 79 -

(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:_____

(96)	DON'T KNOW
(97)	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>
(96)   DON'T KNOW   <GO TO CPN8>
(97)   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:_____
(96)   DON'T KNOW
(97)   REFUSED

<Checkpoint CPN8: IF SC_NSCH < 13 YEARS OLD GO TO N9; ELSE GO TO N8>

SUPPORT 8

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>
                 (96)   DON'T KNOW   <GO TO CPN9>
                 (97)   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:_____
          (96)   DON'T KNOW
          (97)   REFUSED

SUPPORT 9

TIMESTAMP_SECTION_NF9

<**Checkpoint CPN9:** IF SC_NSCH = 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>
　　　　(96)　　DON'T KNOW　　　　<GO TO CPN10>
　　　　(97)　　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:_____
　　　　(96)　　DON'T KNOW
　　　　(97)　　REFUSED

SUPPORT 10

TIMESTAMP_SECTION_NF10

<**Checkpoint CPN10:** IFSC_NSCH = 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>
(96)   DON'T KNOW   <GO TO CPN11>
(97)   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:_____)
(96)　　DON'T KNOW
(97)　　REFUSED

<**Checkpoint CPN11:** IF FOSTER CARE 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>

      (96)   DON'T KNOW   <GO TO CPN12>
      (97)   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>
      (96)   DON'T KNOW
      (97)   REFUSED

      <IF OTHER NOT SELECTED, GO TO CPN12>

N11DA. (specify:_____)
      (96)   DON'T KNOW
      (97)   REFUSED

<**Checkpoint CPN12:** IF K11Q40=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>
      (96)   DON'T KNOW   <GO TO Checkpoint before N14>
      (97)   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:_____

(96)   DON'T KNOW

(97)   REFUSED

SUPPORT 14

TIMESTAMP_SECTION_NF14

<CHECKPOINT CPN14: CHECKPOINT: IF [S.C.] < 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

<If K11Q40=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   < N14AAB>
           (2)   NO   <NF14B>
           (6)   DON'T KNOW   <NF14B>
           (7)   REFUSED   <NF14B>

    N14AAB. Other (specify:)_____)
           (96)   DON'T KNOW
           (97)   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>
(96)   DON'T KNOW   <GO TO N18>
(97)   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:_____
          (96)   DON'T KNOW
          (97)   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>

- 92 -

N18BA. Specify_____ <GO TO N20>
       (96)   DON'T KNOW   <GO TO N20>
       (97)   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>
       (96)   DON'T KNOW   <GO TO N20>
       (97)   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 _____.

(96)   DON'T KNOW

(97)   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 N22B>

N22AA.   PLEASE SPECIFY _____.
(96)   DON'T KNOW
(97)   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): _____
(96)   DON'T KNOW
(97)   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>
(6)   DON'T KNOW
(7)   REFUSED

N25AA. OTHER (specify). _____
(96)   DON'T KNOW
(97)   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>
(96)   DON'T KNOW
(97)   REFUSED

<IF OTHER NOT SELECTED GO TO CPN27>

N26A. _____
(96)   DON'T KNOW
(97)   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>
(96)   DON'T KNOW   <GO TO END>
(97)   REFUSED   <GO TO END>

END   Those are all the questions I have. Before I go, I'll need to confirm your mailing address so
        we can send you $ [Text Fill: '30' IF NSAP_INCENT=30 ELSE '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: If Sample Use Code = 1 or 2: 1-
        8 6 6 – 9 9 9 – 3 3 4 0, if sample use code = 3: 1 - 8 8 8 – 9 9 0 – 9 9 8 6]. 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 $[Text Fill: '30' IF NSAP_INCENT=30 ELSE '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 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 of children and the use of medical services. Your telephone number has been selected at random. Would you please call us, toll-free, at 1-8 6 6 – 9 9 9 – 3 3 4 0? We would be glad to answer any questions you have. In appreciation for your time, we will send you $ [Text Fill: '30' IF NSAP_INCENT=30 ELSE '25'] for completing the interview. The toll-free number again is 1- 8 6 6 – 9 9 9 – 3 3 4 0. 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 1-8 6 6 – 9 9 9 – 3 3 4 0. In appreciation for your time, we will send you $ [Text Fill: '30' IF NSAP_INCENT=30 ELSE '25'] for completing the interview. If you have any questions, that number again is 1-8 6 6 – 9 9 9 – 3 3 4 0. Thank you.