

Adoptive Parent Survey



Photos provided by Catawba County Social Services



Reach for Success

Post Adoption Success Coach Services

www.postadoptionssuccesscoach.org

828-695-5755

Success Coach Services provided at no cost.

Support * Build Connections * Counseling Services * Training Opportunities * Family Fun Events *

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QIC • AG Quality Improvement Center for
Adoption & Guardianship Support and Preservation



**Survey Research
Laboratory**

REMEMBER: Answer all of these questions about the child referenced in the cover letter that was mailed with this questionnaire.

1. What is your child's month and year of birth? /

M M Y Y Y Y

2. What is your child's gender?
 1 Male
 2 Female
 3 Other → SPECIFY:

3. Are you biologically related to your child, or are you not biologically related to your child?
 1 Biologically related
 2 Not biologically related → SKIP TO #6

4. What is your biological relationship to your child?
 1 Grandparent
 2 Aunt/Uncle
 3 Sibling
 4 Cousin
 5 Other relative → SPECIFY:

5. Are you biologically related to your child through his/her birth mother or birth father?
 1 Through birth mother
 2 Through birth father

6. Did you adopt your child or did you assume guardianship of your child?
 1 Adopted
 2 Guardianship

7. How old was your child when you finalized the adoption? ENTER 0 IF LESS THAN 1 YEAR. years old

The following questions ask about how you feel about parenting your child at the present time. We know that all parents occasionally have difficulties parenting their children, so please answer as honestly as possible as there are no right or wrong answers.

8. How confident are you that you can meet your child's needs?

<u>Extremely confident</u>	<u>Very confident</u>	<u>Moderately confident</u>	<u>Slightly confident</u>	<u>Not at all confident</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. Overall, how would you rate the impact of your child's adoption on your family?

<u>Extremely positive</u>	<u>Moderately positive</u>	<u>Slightly positive</u>	<u>Neither positive nor negative</u>	<u>Slightly negative</u>	<u>Moderately negative</u>	<u>Extremely negative</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

10. How much do you feel that your child belongs to your family?

<u>Completely</u>	<u>Very much</u>	<u>A moderate amount</u>	<u>A little</u>	<u>Not at all</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

11. What is the likelihood that you will exchange holiday cards or gifts with your child in the same way you do with others in your family?

<u>Definitely will</u>	<u>Probably will</u>	<u>Might or might not</u>	<u>Probably won't</u>	<u>Definitely won't</u>	<u>DON'T EXCHANGE GIFTS/CARDS IN MY FAMILY</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

12. What is the likelihood that you will give your child money if he/she ever needs it?

Definitely will

1

Probably will

2

Might or might not

3

Probably won't

4

Definitely won't

5

13. When something important happens to your child, what is the likelihood that you will want to talk with him/her about it?

Definitely will

1

Probably will

2

Might or might not

3

Probably won't

4

Definitely won't

5

14. How much do you care about what happens to your child?

A great deal

1

A lot

2

A moderate amount

3

A little

4

Not at all

5

15. How happy do you feel when you spend time with your child?

Extremely happy

1

Very happy

2

Moderately happy

3

Slightly happy

4

Not at all happy

5

16. How important is it to you that your child knows that he/she is wanted?

Extremely important

1

Very important

2

Moderately important

3

Slightly important

4

Not at all important

5

17. How often do you feel close to your child?

Always

1

Most of the time

2

About half of the time

3

Some of the time

4

Never

5

18. How much love do you feel for your child?

A great deal

1

A lot

2

A moderate amount

3

A little

4

None at all

5

19. How much do you trust your child?

A great deal

1

A lot

2

A moderate amount

3

A little

4

Not at all

5

20. How often do you include your child in family photos?

Always

1

Most of the time

2

About half of the time

3

Some of the time

4

Never

5

21. When your child asks for help, how often do you provide it to him/her?

Always

1

Most of the time

2

About half of the time

3

Some of the time

4

Never

5

22. How much you think your child cares about what happens to you?

A great deal **A lot** **A moderate amount** **A little** **Not at all**
 1 2 3 4 5

23. How often do you include your child in family vacations?

Always **Most of the time** **About half of the time** **Some of the time** **Never** **WE DON'T GO ON FAMILY VACATIONS**
 1 2 3 4 5 6

24. How much do you think your child loves you?

A great deal **A lot** **A moderate amount** **A little** **Not at all**
 1 2 3 4 5

25. How important is it to you that your child knows he/she will be in this family for life?

Extremely important **Very important** **Moderately important** **Slightly important** **Not at all important**
 1 2 3 4 5

26. How committed are you to helping this child even when he/she is no longer living at home?

Extremely committed **Very committed** **Moderately committed** **Slightly committed** **Not at all committed**
 1 2 3 4 5

27. What is the likelihood that you will continue to work on your relationship with your child when he/she is no longer living at home?

Definitely will **Probably will** **Might or might not** **Probably won't** **Definitely won't**
 1 2 3 4 5

28. How often do you stand behind your child even when he/she is wrong?

Always **Most of the time** **About half of the time** **Some of the time** **Never**
 1 2 3 4 5

29. How much effort have you made to make your child feel he/she belongs to your family?

A great deal **A lot** **A moderate amount** **A little** **None at all**
 1 2 3 4 5

30. Please check the box that describes how often each statement below is true for your family.

	<u>Never</u>	<u>Very rarely</u>	<u>Rarely</u>	<u>About half the time</u>	<u>Frequently</u>	<u>Very frequently</u>	<u>Always</u>
a. In my family, we talk about problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. When we argue, my family listens to "both sides of the story."	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. In my family, we take time to listen to each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. My family pulls together when things are stressful.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

e. My family is able to solve our problems. 1 2 3 4 5 6 7

The next three questions ask about parenting and your relationship with your child.

	<u>Strongly disagree</u>	<u>Mostly disagree</u>	<u>Slightly disagree</u>	<u>Neutral</u>	<u>Slightly agree</u>	<u>Mostly agree</u>	<u>Strongly agree</u>
31. There are many times when I don't know what to do as a parent.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
32. I know how to help my child learn.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
33. My child misbehaves just to upset me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Please indicate how often each of the following is true for you.

	<u>Never</u>	<u>Very rarely</u>	<u>Rarely</u>	<u>About half the time</u>	<u>Frequently</u>	<u>Very frequently</u>	<u>Always</u>
34. I praise my child when he/she behaves well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
35. When I discipline my child, I lose control.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
36. I am happy being with my child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
37. My child and I are very close to each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
38. I am able to soothe my child when he/she is upset.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
39. I spend time with my child doing what he/she likes to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

40. During the past month, how often have you felt that you just did not understand your child?

<u>Every day</u>	<u>A few times a week</u>	<u>Once a week</u>	<u>Less than once a week</u>	<u>Never</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions are about your child's education.

IF YOUR CHILD IS YOUNGER THAN 5, SKIP TO #47 on page 6.

41. Does your child **currently** have an Individualized Education Program (IEP), or does your child not have an IEP? 1 Has IEP 2 Does not have IEP

42. Does your child **currently** have a 504 plan, or does your child not have a 504 plan? 1 Has 504 plan 2 Does not have 504 plan

43. How would you describe your child's school performance in **reading and language arts**?

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

44. How would you describe your child's school performance in **math**?

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

45. During the past 6 months, please indicate whether your child participated or did not participate in the following activities after school or on weekends.

a. Academic tutoring/support	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
b. Sports or athletic activities	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
c. Martial arts	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
d. Art, dance, or music class	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
e. Clubs or organizations	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
f. Religious youth group	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
g. Religious instruction/ Sunday school	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
h. Volunteer work	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
i. Part-time job	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate
j. Unpaid internship	1 <input type="checkbox"/> Participated	2 <input type="checkbox"/> Did not participate

Please describe any other activities your child participated in during the past 6 months:

46. During the past six months, has your child...

a. Skipped school or cut classes without your permission?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b. Received an in-school suspension?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c. Received an out-of-school suspension?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d. Been expelled from school?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e. Been in trouble with the law or juvenile justice system?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f. Been involved in a gang?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g. Run away for a period of more than 7 days?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

The following question asks about various behaviors. Please think about your child's behavior over the past 6 months and indicate whether the behavior is not true, sometimes true, or often true for your child.

47. In the past 6 months, my child ...	<u>Not true</u>	<u>Sometimes true</u>	<u>Often true</u>
a. Has had difficulty concentrating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Has been impulsive or has acted without thinking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Has cheated or told lies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Has argued too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Has demanded a lot of attention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Has sudden changes in mood or feelings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Has been restless or overly active and/or has not been able to sit still	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Has been stubborn, sullen, or irritable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Has had a very strong temper and lost it easily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Has been rather high strung, tense, or nervous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Has not seemed to feel sorry after (he/she) has misbehaved	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Has been disobedient at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Has had difficulty getting mind off certain thoughts or had obsessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Has been disobedient at school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Has been easily confused or seemed to be in a fog	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

p. Has been too fearful or anxious	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
q. Has had trouble getting along with other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
r. Has bullied or has been cruel or mean to others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
s. Has been too dependent on others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
t. Has had trouble getting along with teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
u. Has felt worthless or inferior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
v. Has been unhappy, sad, or depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
w. Has been clinging to adults	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
x. Has broken things on purpose or deliberately destroyed things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
y. Is not liked by other children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
z. Has felt or complained that no one loves (him/her)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
aa. Has cried too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
bb. Has been withdrawn or has not gotten involved with others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

48. Does your child have a physical health issue that impacts his or her daily functioning, or does your child not have a physical health issue that affects daily functioning?

- 1 Has physical health issue → **PLEASE DESCRIBE (in box at right):**
 2 Does not have physical health issue

49. Where is your child currently living?

1 With me
 2 With a relative or family friend
 3 Residential treatment or hospital setting
 4 Summer camp or extended vacation
 5 Juvenile justice setting
 6 Boarding school or college
 7 Run away or homeless
 8 Other → **DESCRIBE:**

50. Since the adoption was finalized, has your child ever lived outside of your home for two weeks or longer because he or she was....

a. Living with a relative or family friend?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b. Receiving treatment in a residential or hospital setting?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c. At summer camp or on extended vacation?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d. In a juvenile justice setting?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e. At boarding school?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
f. Homeless or ran away from home?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

Please provide any other reasons your child has ever lived outside of your home for two weeks since the adoption was finalized. If none, leave blank.

51. Please think about your child’s physical and mental health, behavioral issues, and child care. In the past 6 months, did you or did anyone in your family have to quit a job, refuse a job offer, or change a job because of any of these issues with your child, or did they not have to do any of these things?

- 1 Yes, had a job impact → **PLEASE DESCRIBE (in box at right):**
- 2 No, did not have job impact

Next, please think back over the past 6 months and try to remember how things have been for your family as a result of **parenting your child who is adopted.**

52. During the past 6 months, **as a result of parenting a child who is adopted,** how much of a problem was each of the following for you?

	<u>A great deal</u>	<u>A lot</u>	<u>A moderate amount</u>	<u>A little</u>	<u>Not at all</u>
a. Interruption of personal time?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Missing obligations related to your job or similar responsibilities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Disruption of family routines?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Financial strain for your family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Less attention paid to other family members?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Disruption or upset relationships within in the family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Disruption of your family’s social activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Disruption of friendships or significant relationships within the community?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Poor self-care?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

53. In this set of questions, please continue to think back to how you have felt during the past 6 months **as a result of parenting a child who is adopted.**

	<u>A great deal</u>	<u>A lot</u>	<u>A moderate amount</u>	<u>A little</u>	<u>Not at all</u>
a. How isolated have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How sad or unhappy have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. How angry or frustrated have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. How worried have you felt about your child’s future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. How worried have you felt about your family’s future?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. How resentful have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. How overwhelmed have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. How hopeful have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. How proud have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. How supported have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. How misunderstood have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. How judged or criticized have you felt?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

54. If you knew everything about your child before the adoption that you now know, do you think you would still have adopted him/her?

- | | | | | |
|------------------------------|----------------------------|--------------------------------|--------------------------------|----------------------------------|
| <u>Definitely would have</u> | <u>Probably would have</u> | <u>Might or might not have</u> | <u>Probably would not have</u> | <u>Definitely would not have</u> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

55. How often do you think of ending the adoption? Would you say...

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <u>Never</u> | <u>Rarely</u> | <u>Sometimes</u> | <u>Usually</u> | <u>Always</u> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| ↓ | | | | |
| SKIP TO #57a | | | | |

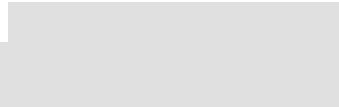

56. **If you have considered ending this adoption:** Have you or your spouse/partner ever taken any of the following actions to end this adoption?

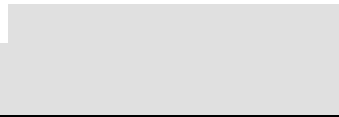
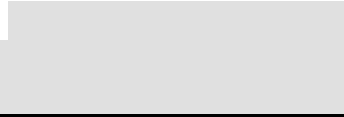
- | | | |
|--|---|---|
| a. Spoke with a caseworker, adoption agency worker, or social service agency worker about it | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |
| b. Spoke with an attorney about it | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |
| c. Spoke with a close friend or family member about it | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |
| d. Spoke with clergy or religious leader about it | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |
| e. Reached out online or via social media | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |
| f. Spoke with others? (specify: _____) | 1 <input type="checkbox"/> Have done this | 2 <input type="checkbox"/> Have not done this |

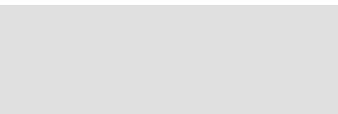

Is there any additional information you would like to share about these actions?

Since your child’s adoption was finalized, has your child needed the following services or not? Please indicate “needed” or “not needed” for each service listed below.

- | | | |
|--|--|---|
| 57a. Has your child needed mental health services ? | 1 <input type="checkbox"/> Needed | 2 <input type="checkbox"/> Not needed → SKIP TO #58a |
| 57b. Does your child currently need this service, or does your child not? | 1 <input type="checkbox"/> Needs | 2 <input type="checkbox"/> Does not need |
| 57c. Have you tried to obtain this service for your child, or have you not? | 1 <input type="checkbox"/> Tried | 2 <input type="checkbox"/> Not tried → SKIP TO #58a |
| 57d. Were you successful in getting this service, or were you not? | 1 <input type="checkbox"/> Successful | 2 <input type="checkbox"/> Not successful → SKIP TO #57f |
| | 3 <input type="checkbox"/> On waiting list → SKIP TO #58a | |
| 57e. How helpful is this service? | 1 <input type="checkbox"/> Extremely helpful → SKIP TO #58a | |
| | 2 <input type="checkbox"/> Quite helpful → SKIP TO #58a | |
| | 3 <input type="checkbox"/> Slightly helpful → SKIP TO #58a | |
| | 4 <input type="checkbox"/> Not at all helpful → SKIP TO #58a | |
| | 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #58a | |
| 57f. Why didn’t your child obtain this service?
CHECK ALL THAT APPLY. | 1 <input type="checkbox"/> No provider in my area | |
| | 2 <input type="checkbox"/> Provider doesn’t accept medical card | |
| | 3 <input type="checkbox"/> Transportation issue | |
| | 4 <input type="checkbox"/> Inability to pay | |
| | 5 <input type="checkbox"/> Not included in subsidy | |
| | 6 <input type="checkbox"/> Some other reason → SPECIFY: _____ | |

58a. Has your child needed child developmental services (speech therapy/OT/PT) ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #59a
58b. Does your child currently need this service, or does your child not?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
58c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #59a
58d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #58f 3 <input type="checkbox"/> On waiting list → SKIP TO #59a
58e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #59a 2 <input type="checkbox"/> Quite helpful → SKIP TO #59a 3 <input type="checkbox"/> Slightly helpful → SKIP TO #59a 4 <input type="checkbox"/> Not at all helpful → SKIP TO #59a 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #59a
58f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 
59a. Has your child needed specialized medical/dental care ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #60a
59b. Does your child currently need this service, or does your child not?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
59c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #60a
59d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #59f 3 <input type="checkbox"/> On waiting list → SKIP TO #60a
59e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #60a 2 <input type="checkbox"/> Quite helpful → SKIP TO #60a 3 <input type="checkbox"/> Slightly helpful → SKIP TO #60a 4 <input type="checkbox"/> Not at all helpful → SKIP TO #60a 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #60a
59f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 

60a. Has your child needed educational support services ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #61a
60b. Does your child currently need this service, or does your child not?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
60c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #61a
60d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #60f 3 <input type="checkbox"/> On waiting list → SKIP TO #61a
60e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #61a 2 <input type="checkbox"/> Quite helpful → SKIP TO #61a 3 <input type="checkbox"/> Slightly helpful → SKIP TO #61a 4 <input type="checkbox"/> Not at all helpful → SKIP TO #61a 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #61a
60f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 
61a. Has your child needed respite care ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #62a
61b. Does your child currently need this service, or does your child?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
61c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #62a
61d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #61f 3 <input type="checkbox"/> On waiting list → SKIP TO #62a
61e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #62a 2 <input type="checkbox"/> Quite helpful → SKIP TO #62a 3 <input type="checkbox"/> Slightly helpful → SKIP TO #62a 4 <input type="checkbox"/> Not at all helpful → SKIP TO #62a 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #62a
61f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 

62a. Has your child needed an adoption support group ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #63a
62b. Does your child currently need this service, or does your child not need this service?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
62c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #63a
62d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #62f 3 <input type="checkbox"/> On waiting list → SKIP TO #63aA
62e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #63a 2 <input type="checkbox"/> Quite helpful → SKIP TO #63a 3 <input type="checkbox"/> Slightly helpful → SKIP TO #63a 4 <input type="checkbox"/> Not at all helpful → SKIP TO #63a 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #63a
62f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 
63a. Has your child needed summer enrichment opportunities ?	1 <input type="checkbox"/> Needed 2 <input type="checkbox"/> Not needed → SKIP TO #64
63b. Does your child currently need this service, or does your child not need this service?	1 <input type="checkbox"/> Needs 2 <input type="checkbox"/> Does not need
63c. Have you tried to obtain this service for your child, or have you not?	1 <input type="checkbox"/> Tried 2 <input type="checkbox"/> Not tried → SKIP TO #64
63d. Were you successful in getting this service, or were you not?	1 <input type="checkbox"/> Successful 2 <input type="checkbox"/> Not successful → SKIP TO #63f 3 <input type="checkbox"/> On waiting list → SKIP TO #64
63e. How helpful is this service?	1 <input type="checkbox"/> Extremely helpful → SKIP TO #64 2 <input type="checkbox"/> Quite helpful → SKIP TO #64 3 <input type="checkbox"/> Slightly helpful → SKIP TO #64 4 <input type="checkbox"/> Not at all helpful → SKIP TO #64 5 <input type="checkbox"/> <i>Too early to determine</i> → SKIP TO #64
63f. Why didn't your child obtain this service? CHECK ALL THAT APPLY.	1 <input type="checkbox"/> No provider in my area 2 <input type="checkbox"/> Provider doesn't accept medical card 3 <input type="checkbox"/> Transportation issue 4 <input type="checkbox"/> Inability to pay 5 <input type="checkbox"/> Not included in subsidy 6 <input type="checkbox"/> Some other reason → SPECIFY: 
64. Are you able to handle the needs of your child on your own, or do you need assistance with referrals?	1 <input type="checkbox"/> Can handle needs on my own 2 <input type="checkbox"/> Need assistance with referrals

65. Have you heard of Success Coach Post Adoption Services, or have you not?	1 <input type="checkbox"/> Have heard 2 <input type="checkbox"/> Have not heard → SKIP TO #70
66. Do you or do you not know who to call to access these services?	1 <input type="checkbox"/> I know who to call 2 <input type="checkbox"/> I do not know who to call
67. Have you ever needed Success Coach Post Adoption Services, or have you not?	1 <input type="checkbox"/> Have needed 2 <input type="checkbox"/> Have not needed → SKIP TO #70
68. Have you or have you not ever tried to access Success Coach Post Adoption Services?	1 <input type="checkbox"/> Have tried 2 <input type="checkbox"/> Have not tried
69. Have you received Success Coach Post Adoption Services, or have you not?	1 <input type="checkbox"/> Have received 2 <input type="checkbox"/> Have not received
70. What is your gender?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Other → SPECIFY: <input type="text"/>
71. What is your month and year of birth?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y Y Y
72. Are you of Hispanic/Latino origin, or are you not of Hispanic/Latino origin?	1 <input type="checkbox"/> Hispanic/Latino origin 2 <input type="checkbox"/> Not of Hispanic/Latino origin
73. What is your race? (CHECK ALL THAT APPLY)	1 <input type="checkbox"/> American Indian or Alaska Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black/African American 4 <input type="checkbox"/> Native Hawaiian/Pacific Islander 5 <input type="checkbox"/> White/Caucasian
74. What is your current relationship status?	1 <input type="checkbox"/> Single, never married, not living with partner 2 <input type="checkbox"/> In romantic relationship, never married and not living with a partner 3 <input type="checkbox"/> Living with a partner 4 <input type="checkbox"/> Married 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Divorced 7 <input type="checkbox"/> Widowed
75. What is the highest level of education you have completed?	1 <input type="checkbox"/> Eighth grade or less 2 <input type="checkbox"/> Some high school 3 <input type="checkbox"/> High school diploma 4 <input type="checkbox"/> GED 5 <input type="checkbox"/> Some college 6 <input type="checkbox"/> 2- or 4-year college degree
76. What is your best estimate of your household income for 2016? Consider income from all sources before taxes. SELECT ONLY ONE.	1 <input type="checkbox"/> Under \$15,000 2 <input type="checkbox"/> \$15,001 to \$30,000 3 <input type="checkbox"/> \$30,001 to 45,000 4 <input type="checkbox"/> \$45,001 to 60,000 5 <input type="checkbox"/> \$60,001 to 75,000 6 <input type="checkbox"/> \$75,001 to 90,000 7 <input type="checkbox"/> \$90,001 to \$105,000 8 <input type="checkbox"/> \$105,001 to \$120,000 9 <input type="checkbox"/> Over \$120,000

77. Is your child of Hispanic/Latino origin, or is your child not of Hispanic/Latino origin? 1 Hispanic/Latino origin
2 Not of Hispanic/Latino origin
-
78. What is your child's race? (CHECK ALL THAT APPLY) 1 American Indian or Alaska Native
2 Asian
3 Black/African American
4 Native Hawaiian/Pacific Islander
5 White/Caucasian
-

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

80. Given your experience of adoption with this child, how likely would you be to recommend adoption to others?

- | | | | | |
|--------------------------------|------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <u>Definitely would</u> | <u>Probably would</u> | <u>Might or might not</u> | <u>Probably would not</u> | <u>Definitely would not</u> |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

As explained in the consent information document, we are requesting your permission to link your survey answers to data collected by CCSS when your child was in foster care. By linking these data sources, we will be able to better understand how the pre-adoption experiences of your child impact post-adoption experiences. If you authorize this linkage, you may be contacted by Catawba County Social Services to see if you would be interested in additional services. Please **initial your choice** below:

Consent to linkage → **Initial:** _____

Do not consent to linkage → **Initial:** _____

81. How many adults age 18 or older, including yourself, currently reside in your household? _____ adults

82. How many children under the age of 18 currently reside in your household? _____ children

83. Please list all the children (under 18 years old who currently are living with you (including the child you have focused on for this survey).

CHILD 1 First name: _____

<p>a. Gender</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other ↴</p> <p>SPECIFY BELOW:</p> <div style="background-color: #cccccc; height: 60px; width: 100%;"></div>	<p>b. Current age</p> <p>_____ years</p> <p>ENTER 0 IF LESS THAN 1 YEAR OLD</p>	<p>c. What is your relationship to this child?</p> <p>1 <input type="checkbox"/> Birth parent</p> <p>2 <input type="checkbox"/> Step-parent</p> <p>3 <input type="checkbox"/> Adoptive parent</p> <p>4 <input type="checkbox"/> Legal guardian</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Foster parent (unrelated)</p> <p>7 <input type="checkbox"/> Not related</p> <p>8 <input type="checkbox"/> Other → SPECIFY: _____</p>	<p>d. How would you rate the service needs of this child?</p> <p>1 <input type="checkbox"/> Very high service needs</p> <p>2 <input type="checkbox"/> High service needs</p> <p>3 <input type="checkbox"/> Moderate service needs</p> <p>4 <input type="checkbox"/> Some service needs</p> <p>5 <input type="checkbox"/> No service needs</p>
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CHILD 2 First name: _____

<p>a. Gender</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other ↴</p> <p>SPECIFY BELOW:</p> <div style="background-color: #cccccc; width: 100px; height: 50px; margin-top: 5px;"></div>	<p>b. Current age</p> <p>_____ years</p> <p>ENTER 0 IF LESS THAN 1 YEAR OLD</p>	<p>c. What is your relationship to this child?</p> <p>1 <input type="checkbox"/> Birth parent</p> <p>2 <input type="checkbox"/> Step-parent</p> <p>3 <input type="checkbox"/> Adoptive parent</p> <p>4 <input type="checkbox"/> Legal guardian</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Foster parent (unrelated)</p> <p>7 <input type="checkbox"/> Not related</p> <p>8 <input type="checkbox"/> Other → SPECIFY: _____</p>	<p>d. How would you rate the service needs of this child?</p> <p>1 <input type="checkbox"/> Very high service needs</p> <p>2 <input type="checkbox"/> High service needs</p> <p>3 <input type="checkbox"/> Moderate service needs</p> <p>4 <input type="checkbox"/> Some service needs</p> <p>5 <input type="checkbox"/> No service needs</p>
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CHILD 3 First name: _____

<p>a. Gender</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other ↴</p> <p>SPECIFY BELOW:</p> <div style="background-color: #cccccc; width: 100px; height: 50px; margin-top: 5px;"></div>	<p>b. Current age</p> <p>_____ years</p> <p>ENTER 0 IF LESS THAN 1 YEAR OLD</p>	<p>c. What is your relationship to this child?</p> <p>1 <input type="checkbox"/> Birth parent</p> <p>2 <input type="checkbox"/> Step-parent</p> <p>3 <input type="checkbox"/> Adoptive parent</p> <p>4 <input type="checkbox"/> Legal guardian</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Foster parent (unrelated)</p> <p>7 <input type="checkbox"/> Not related</p> <p>8 <input type="checkbox"/> Other → SPECIFY: _____</p>	<p>d. How would you rate the service needs of this child?</p> <p>1 <input type="checkbox"/> Very high service needs</p> <p>2 <input type="checkbox"/> High service needs</p> <p>3 <input type="checkbox"/> Moderate service needs</p> <p>4 <input type="checkbox"/> Some service needs</p> <p>5 <input type="checkbox"/> No service needs</p>
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CHILD 4 First name: _____

<p>a. Gender</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other ↴</p> <p>SPECIFY BELOW:</p> <div style="background-color: #cccccc; width: 100px; height: 50px; margin-top: 5px;"></div>	<p>b. Current age</p> <p>_____ years</p> <p>ENTER 0 IF LESS THAN 1 YEAR OLD</p>	<p>c. What is your relationship to this child?</p> <p>1 <input type="checkbox"/> Birth parent</p> <p>2 <input type="checkbox"/> Step-parent</p> <p>3 <input type="checkbox"/> Adoptive parent</p> <p>4 <input type="checkbox"/> Legal guardian</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Foster parent (unrelated)</p> <p>7 <input type="checkbox"/> Not related</p> <p>8 <input type="checkbox"/> Other → SPECIFY: _____</p>	<p>d. How would you rate the service needs of this child?</p> <p>1 <input type="checkbox"/> Very high service needs</p> <p>2 <input type="checkbox"/> High service needs</p> <p>3 <input type="checkbox"/> Moderate service needs</p> <p>4 <input type="checkbox"/> Some service needs</p> <p>5 <input type="checkbox"/> No service needs</p>
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CHILD 5 First name: _____

<p>a. Gender</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>3 <input type="checkbox"/> Other ↴</p> <p>SPECIFY BELOW:</p> <div style="background-color: #cccccc; width: 100px; height: 50px; margin-top: 5px;"></div>	<p>b. Current age</p> <p>_____ years</p> <p>ENTER 0 IF LESS THAN 1 YEAR OLD</p>	<p>c. What is your relationship to this child?</p> <p>1 <input type="checkbox"/> Birth parent</p> <p>2 <input type="checkbox"/> Step-parent</p> <p>3 <input type="checkbox"/> Adoptive parent</p> <p>4 <input type="checkbox"/> Legal guardian</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Foster parent (unrelated)</p> <p>7 <input type="checkbox"/> Not related</p> <p>8 <input type="checkbox"/> Other → SPECIFY: _____</p>	<p>d. How would you rate the service needs of this child?</p> <p>1 <input type="checkbox"/> Very high service needs</p> <p>2 <input type="checkbox"/> High service needs</p> <p>3 <input type="checkbox"/> Moderate service needs</p> <p>4 <input type="checkbox"/> Some service needs</p> <p>5 <input type="checkbox"/> No service needs</p>
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CHILD 6 First name: _____

- a. Gender
1 Male
2 Female
3 Other ↴
SPECIFY BELOW:

- b. Current age _____ years
ENTER 0 IF LESS THAN 1 YEAR OLD
- c. What is your relationship to this child?
1 Birth parent
2 Step-parent
3 Adoptive parent
4 Legal guardian
5 Other relative
6 Foster parent (unrelated)
7 Not related
8 Other → **SPECIFY:** _____
- d. How would you rate the service needs of this child?
1 Very high service needs
2 High service needs
3 Moderate service needs
4 Some service needs
5 No service needs

CHILD 7 First name: _____

- a. Gender
1 Male
2 Female
3 Other ↴
SPECIFY BELOW:

- b. Current age _____ years
ENTER 0 IF LESS THAN 1 YEAR OLD
- c. What is your relationship to this child?
1 Birth parent
2 Step-parent
3 Adoptive parent
4 Legal guardian
5 Other relative
6 Foster parent (unrelated)
7 Not related
8 Other → **SPECIFY:** _____
- d. How would you rate the service needs of this child?
1 Very high service needs
2 High service needs
3 Moderate service needs
4 Some service needs
5 No service needs

CHILD 8 First name: _____

- a. Gender
1 Male
2 Female
3 Other ↴
SPECIFY BELOW:

- b. Current age _____ years
ENTER 0 IF LESS THAN 1 YEAR OLD
- c. What is your relationship to this child?
1 Birth parent
2 Step-parent
3 Adoptive parent
4 Legal guardian
5 Other relative
6 Foster parent (unrelated)
7 Not related
8 Other → **SPECIFY:** _____
- d. How would you rate the service needs of this child?
1 Very high service needs
2 High service needs
3 Moderate service needs
4 Some service needs
5 No service needs

CHILD 9 First name: _____

- a. Gender
1 Male
2 Female
3 Other ↴
SPECIFY BELOW:

- b. Current age _____ years
ENTER 0 IF LESS THAN 1 YEAR OLD
- c. What is your relationship to this child?
1 Birth parent
2 Step-parent
3 Adoptive parent
4 Legal guardian
5 Other relative
6 Foster parent (unrelated)
7 Not related
8 Other → **SPECIFY:** _____
- d. How would you rate the service needs of this child?
1 Very high service needs
2 High service needs
3 Moderate service needs
4 Some service needs
5 No service needs