



THE  
FOSTER CARE  
ALUMNI STUDIES

STORIES FROM THE PAST TO SHAPE THE FUTURE

# Foster Care Alumni Studies Final Production Copy Interview<sup>1</sup>

## Introduction

In order to build on and compare to previous work, the Alumni Studies interview was largely composed of measures and items from earlier projects in child welfare, psychology, and epidemiology. For specific sources, please see the variables list available at [www.casey.org/research/alumni\\_studies/methods.htm](http://www.casey.org/research/alumni_studies/methods.htm)

The interview was developed by the project team to assess current psychological, health, financial, and social functioning, education and employment, birth and foster family history, services received, recent stressors, and perceptions of the foster care agency staff and foster parents. Average administration time was two to two and a half hours. Interviewing was conducted by trained interviewers from the Survey Research Center at the University of Michigan. A respondent booklet, containing response scales and options, was used with many questions to provide visual reference for participants.

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<sup>1</sup> Revised: March 17, 2003. Compiled by Peter J. Pecora, A. Chris Downs, Ronald Kessler, Nathaniel Ehrlich, Steven Heeringa, Diana English, James White, Jason Williams, Carol Brandford, and Alisa McWilliams. For more information, please contact Peter J. Pecora, Research Services, Casey Family Programs, 1300 Dexter Avenue North, 3<sup>rd</sup> Floor, Seattle, WA 98109-3547 206/282-7300 [www.casey.org/research](http://www.casey.org/research).

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## SECTION Q

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**\*Q1. INTERVIEWER CHECKPOINT:**

RESPONDENT IS ABLE TO READ.....1

ALL OTHERS .....2...(GO TO \*Q5)

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**\*Q2.** (RB, P. 22) Many children and teenagers go through periods when they do things adults don't want them to do, like "playing hooky" from school, destroying property, lying, stealing, and breaking rules. The next questions are about some things like this. Please read through the list of questions on page 22 in your booklet and check each of these things you did as a **child** or **teenager**. Let me know when you finish.

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**\*Q3.** WHEN RESPONDENT HAS FINISHED: How many boxes did you check?

\_\_\_\_\_ NUMBER OF BOXES CHECKED

REFUSED .....9...(GO TO \*Q10)

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**\*Q4. INTERVIEWER CHECKPOINT: (SEE \*Q3)**

ONE OR MORE BOXES CHECKED ON PAGE 22.....1...(GO TO \*Q7a)

ALL OTHERS.....2...(GO TO \*Q10)

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**\*Q5.** Many children and teenagers go through periods when they do things adults don't want them to do, like "playing hooky" from school, destroying property, lying, stealing, and breaking rules. The next questions are about some things like this. For these questions, we only want to know if these are things you did during your childhood or teenage years.

(IF NEC: As a child or teenager,...)	<b>YES (1)</b>	<b>NO (2)</b>
*Q5a. As a child or teenager, did you often tell lies to trick people into giving you things or doing what you wanted them to do?	1 <b>GO TO *Q5c</b>	5
*Q5b Did you often skip school without permission?	1	5
*Q5c Did you ever shoplift or steal something worth at least \$10?	1	5
*Q5d. (Other than by setting fires,) ...Did you ever deliberately damage someone's property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?	1	5

**\*Q6. INTERVIEWER CHECKPOINT: (SEE \*Q5a-d)**

ONE OR MORE "YES" RESPONSES IN \*Q5a-d..... 1

ALL OTHERS.....2...(GO TO \*Q13)

**\*Q7.** You answered “yes” to (NUMBER OF “YES” RESPONSES IN **\*Q5 SERIES**) of the questions I just asked about childhood behaviors. Think of the **very first** time in your life you engaged in (that type of behavior/either of those behaviors/any of those behaviors)

**\*Q7a.** **About** how old were you the first time [you engaged in (that type of behavior/either of those behaviors/any of those behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE:  
Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

\_\_\_\_\_ YEARS OLD

BEFORE STARTED SCHOOL.....6

BEFORE TEENAGER ..... 12

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**\*Q8.** How old were you the last time you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)?

\_\_\_\_\_ YEARS OLD

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**\*Q9. INTERVIEWER CHECKPOINT:**

RESPONDENT IS ABLE TO READ..... 1

ALL OTHERS ..... 2...(GO TO **\*Q13**)

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**\*Q10.** (RB, P. 23) Now we have another set of questions about things adults don’t like children to do. These questions all involve aggressive behaviors. Please look at page 23 and answer the questions you see there. Again, we only want to know if these are things you did during your **childhood** or **teenage** years. Please let me know when you finish.

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**\*Q11. WHEN RESPONDENT HAS FINISHED:** How many boxes did you check?

\_\_\_\_\_ NUMBER OF BOXES CHECKED  
 REFUSED.....9...(GO TO \*Q22)

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**\*Q12. INTERVIEWER CHECKPOINT: (SEE \*Q11)**

ONE OR MORE BOXES CHECKED ON PAGE 23..... 1...(GO TO \*Q15a)  
 ALL OTHERS.....2...(GO TO \*Q17)

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**\*Q13.** Here is another set of questions about things adults don't like children to do. These questions all involve aggressive behaviors. Again, we only want to know if these are things you did during your childhood or teenage years.

(IF NEC: As a child or teenager, ...)	<b>YES (1)</b>	<b>NO (5)</b>
*Q13a. Did you get into a number of physical fights?	1	1
*Q13b. Were you ever physically cruel to an animal and hurt it on purpose? (IF NEC: This does not include hunting or getting rid of pests like rodents or insects.)	1	5
*Q13c. Did you ever force someone to give you something like money, jewelry, or clothing by threatening them or causing them injury?	1	5
*Q13d. Did you ever make anyone do something sexual by either forcing, intimidating, or threatening them?	1	5

**\*Q14. INTERVIEWER CHECKPOINT: (SEE \*Q15a-d)**

ONE OR MORE "YES" RESPONSES IN \*Q15a-d.....1  
 ALL OTHERS .....2...(GO TO \*Q17)

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**\*Q15.** You answered “yes” to (NUMBER OF “YES” RESPONSES IN **\*Q13 SERIES**) type(s) of aggressive behavior in your childhood and teenage years. Think of the **very first** time in your life when you engaged in (that type of aggressive behavior/either of those aggressive behaviors/any of those aggressive behaviors).

**\*Q15a About** how old were you the first time [you engaged in (that type of aggressive behavior/either of those aggressive behaviors/any of those aggressive behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

\_\_\_\_\_ YEARS OLD  
BEFORE STARTED SCHOOL.....6  
BEFORE TEENAGER ..... 12

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**\*Q16.** How old were you the **last** time you engaged in (that type of aggressive behavior/either of those aggressive behaviors/any of those aggressive behaviors)?

\_\_\_\_\_ YEARS OLD

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**\*Q17. INTERVIEWER CHECKPOINT: (SEE \*Q4, \*Q6, \*Q12, AND \*Q14)**

RESPONSE CODED “1” IN ANY  
**\*Q4, \*Q6, \*Q12, OR \*Q14** ..... 1  
ALL OTHERS..... 2...(GO TO **\*Q22**)

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**\*Q18.** As a child or teenager, were you ever suspended or expelled from school as a result of your (behavior/ aggression/ behavior or aggression)?

YES ..... 1  
NO.....5

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**\*Q19.** As a child or teenager, were you ever in trouble with the police as a result of your behavior?

YES ..... 1

NO..... 5...(GO TO \*Q22)

DON'T KNOW..... 8...(GO TO \*Q22)

REFUSED ..... 9...(GO TO \*Q22)

\*Q19a. How old were you the first time [you got into trouble with the police as a result of your (behavior/ aggression/ behavior or aggression)]?

\_\_\_\_\_ YEARS OLD

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**\*Q20.** Were you ever actually arrested because of your behavior?

YES ..... 1

NO..... 5...(GO TO \*Q22)

DON'T KNOW..... 8...(GO TO \*Q22)

REFUSED ..... 9...(GO TO \*Q22)

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**\*Q21.** Were you ever sent to jail, prison, or a juvenile correction facility because of your behavior?

YES ..... 1

NO..... 5...(GO TO \*Q22)

DON'T KNOW..... 8...(GO TO \*Q22)

REFUSED ..... 9...(GO TO \*Q22)

\*Q21a. How old were you the first time you were sent to jail, prison, or a juvenile correction facility for your behavior?

\_\_\_\_\_ YEARS OLD

\*Q21b. How long did you stay in any of these facilities altogether?

\_\_\_\_\_ NUMBER

CIRCLE UNIT OF TIME:

DAYS.....1   WEEKS.....2   MONTHS.....3   YEARS.....4

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\*Q22 Have you ever spent a night in jail for any (other) reason?

YES ..... 1

NO..... 5...(GO TO Q23)

Q22a How many times were you in jail (altogether)?

\_\_\_\_\_ TOTAL NUMBER OF TIMES IN JAIL

Q22b How old were you (the first time)?

\_\_\_\_\_ YEARS OLD FIRST TIME IN JAIL

Q22c How long were you in jail (the longest time)?

\_\_\_\_\_ NUMBER

CIRCLE UNIT OF TIME:

DAYS.....1   WEEKS.....2   MONTHS.....3   YEARS.....4

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\*Q23 Have you ever spent one or more nights homeless?

YES.....1

NO .....5...(GO TO SECTION R)

\*Q23a How many times were you homeless)?

\_\_\_\_\_ TOTAL NUMBER OF TIMES HOMELESS

\*Q23b How old were you (the first time)?

\_\_\_\_\_ YEARS OLD FIRST TIME HOMELESS

\*Q23c How long were you homeless (the longest time)?

\_\_\_\_\_ NUMBER

CIRCLE UNIT OF TIME:

DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4

\*Q23d Were you homeless for one or more nights at any time within a year after leaving foster care?

YES.....1

NO .....5

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SECTION R

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R1 You may have already told me some of this information in earlier questions, but now we need to put it all together.

Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your **emotions, nerves, mental health, or your use of alcohol or drugs?**

YES.....1

NO.....5....(GO TO R3)

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R2 How many different times in your lifetime has this occurred?

\_\_\_\_\_ NUMBER

R2a. When was the **last** time you were admitted for an overnight stay in a hospital or other facility to receive help with these problems-**in the past year, or more than a year ago?**

PAST YEAR ..... 1

>1 YR AGO ..... 2

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R3 The next few questions are about services you may have used. Did you ever go to a self help group for problems with your emotions or nerves or your use of alcohol or drugs?

YES ..... 1

NO.....5...(GO TO R4)

R3a. When was the **last** time you went to a self help group for these problems—in the **past year, or more than a year ago?**

PAST YEAR .....1

>1 YR AGO ..... 2

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R4 Did you ever use a hotline for problems with your emotions or nerves or your use of alcohol or drugs?

YES.....1

NO.....5...(GO TO R5)

R4a. When was the **last** time (you used a hotline for any of these problems)—in the **past year**, or **more than a year ago**?

PAST YEAR ..... 1

>1 YR AGO ..... 2

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R5 (RB, P. 24) The next few questions ask about the people you may have gone to for help with various problems. (Not counting the times you were an overnight patient in the hospital,) did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions or nerves or your use of alcohol or drugs?

YES..... 1

NO..... 5...(GO TO R11)

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R6 (RB, P. 24) Which ones? Just give me the letter. (Any others?) (CIRCLE ALL THAT APPLY)

Psychiatrist.....A

Other Medical Doctor.....B

Social Worker, Counselor, Psychologist..... C

Minister, Priest, Rabbi.....D

Other Professional..... E

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**R7 INTERVIEWER CHECKPOINT: (SEE R5)**

DID R SEE ANY PROFESSIONAL?

YES..... 1

NO..... 5...(GO TO R11)

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R8 Did you see (this/these) professional(s) in the past 12 months for your problems with your emotions or your use of alcohol or drugs?

YES..... 1

NO..... 5...(GO TO R11)

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R9 Are you currently seeing a professional about your problems?

YES.....1

NO.....5

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R10 Altogether, how many visits have you made to (this/these) professional(s) in the past 12 months?

\_\_\_\_\_ NUMBER

**GO TO R12**

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R11 Was there ever a time when you felt that you might need to see a professional because of problems with your emotions or nerves or your use of alcohol or drugs?

YES..... 1

NO..... 5

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R12 Have you ever smoked cigarettes?

YES..... 1

NO..... 5...(GO TO SECTION T)

R12a Would you say you were a **regular** smoker, or you **just tried it** for a few weeks or months?

REGULAR SMOKER ..... 1

JUST TRIED IT ..... 2

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R13 When did you start smoking?

\_\_\_\_\_/\_\_\_\_\_  
MO) (YR) OR \_\_\_\_\_ (AGE STARTED SMOKING)

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R14 Do you still smoke now?

YES..... 1

NO ..... 5...(GO TO SECTION T)

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R15 On average, how many cigarettes per day do you smoke?

\_\_\_\_\_(AVERAGE # CIGARETTES/DAY)

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**THERE IS NO SECTION S IN THIS QUESTIONNAIRE.**

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