



THE
FOSTER CARE
ALUMNI STUDIES
STORIES FROM THE PAST TO SHAPE THE FUTURE

Foster Care Alumni Studies Final Production Copy Interview¹

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

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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Suggested citation: Pecora, P.J., Downs, A.C., Kessler, R.J., Ehrlich, N., Heeringa, S.G., English, D.J., White, J., Williams, J., Brandford, C., & McWilliams, A. (2002). *Interview Schedule for the Northwest Foster Care Alumni Study and the Casey National Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Retrieved from http://www.casey.org/research/alumni_studies/methods

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SECTION B

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- B1 Next, we are interested in your current work situation. Are you **working now for pay, looking for work, retired, a homemaker, a student, or something else?**
 (CIRCLE ALL MENTIONS)
 (IF MORE THAN ONE OPTION IS CIRCLED, FOLLOW SKIP OF TOP-MOST CIRCLED OPTION)

WORKING NOW..... A...(GO TO B4)
 TEMP LAID OFF, MATERNITY/ SICK LEAVE..... B...(ASK B2)
 LOOKING FOR WORK, UNEMPLOYED C...(GO TO B3)
 RETIRED..... D...(GO TO B3)
 PERM. DISABLED..... E...(GO TO B3)
 HOMEMAKER F...(GO TO B3)
 STUDENT G...(GO TO B3)
 OTHER (SPECIFY)_____..... H...(GO TO B3)

- B2 In what month and year (were you laid off/did you go on leave)?

____ / ____
 (MONTH / YEAR)
 (GO TO B4)

- B3 Are you doing **any** work for pay at the present time?

YES 1
 NO 5...(GO TO B10)

- B4 How many hours do you work on your main job in an average week?

 (HOURS / WEEK)

B5 What is your occupation on your main job? What kind of work do you do?
(What are your most important activities or duties?)

B6 What do they make or do where you work? What kind of business or industry is that in? (PROBE FOR DETAILED INFORMATION ABOUT THE **PRODUCT** MADE WHERE R WORKS OR THE KIND OF SERVICE PROVIDED.)

B7 Are you **self-employed**, or do you work for a **private employer** or a **municipal, county, state, or federal government**?

- SELF-EMPLOYED.....1
- PRIVATE EMPLOYER.....2
- GOVT. EMPLOYEE.....3

B8 Do you supervise others on your job?

- YES.....1
- NO5

B9 In general, how satisfied are you with your (main) job? Are you **very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied**?

- VERY SATISFIED 1
- SOMEWHAT SATISFIED 2
- NOT VERY SATISFIED 3
- NOT AT ALL SATISFIED 4

GO TO B20

B10 INTERVIEWER CHECKPOINT

IS "RETIRED" (D) CHECKED AT B1?

YES.....1

NO.....5...(GO TO B12)

B11 (You mentioned that you are retired.) In what month and year did you retire from your last regular job?

____/____
MO / YR)

GO TO B15

B12 Have you ever had a job for pay?

YES1

NO.....5...(GO TO B27)

B13 In what month and year did you stop working at your last job?

____/____
(MO / YR)

B13a. How long were you at that job?

____MONTHS (OR) ____YEARS

B14 What happened – were you **fired, laid off**, did you **retire**, or something else?

FIRED 1

LAID OFF 2

RETIRED 3

QUIT 4

PLANT CLOSED..... 5

WORK FORCE REDUCTION..... 6

OTHER (SPECIFY) _____ 7

B15 Think about the last job (from which you retired). What was your occupation on that job? What kind of work did you do? (What were your most important activities or duties?)

B16 What kind of business or industry was that in? What did they make or do where you worked? (PROBE FOR DETAILED INFORMATION ABOUT THE PRODUCT MADE WHERE R WORKED, OR THE KIND OF SERVICE PROVIDED.)

B17 Were you **self-employed**, or did you work for a **private employer** or a **municipal, county, state, or federal government**?

- SELF-EMPLOYED..... 1
- PRIVATE EMPLOYER..... 2
- GOVT EMPLOYER..... 3

B18 Did you supervise others on your job?

- YES..... 1
- NO 5

B19 How many hours did you work on that job in an average week?

_____ HOURS PER WEEK

B20 INTERVIEWER CHECKPOINT: (SEE B1, B10, B13)

HAS R BEEN EMPLOYED IN THE PAST 5 YEARS (SINCE 1995)?

YES 1

NO..... 5...(GO TO B26)

B21 In the last five years, did you receive a promotion on any job?

YES 1

NO..... 5

B22 In the past five years, were you fired (or did you lose your business)?

YES..... 1

NO.....5...(GO TO B23)

B22a. When did this happen?

_____/_____
(MONTH / YEAR)

B22b. In what month and year did you get another job?

_____/_____
(MONTH / YEAR)

[OR ENTER 99 / 96 IF STILL UNEMPLOYED]

B23 Think of how many friends you (have/had) at work. (Are/Were) you friends with **most, some, a few, or none** of your co-workers?

MOST..... 1

SOME..... 2

A FEW 3

NONE..... 4

[IF VOL] NO CO-WORKERS 6

B24 INTERVIEWER CHECKPOINT: (SEE B1, B12)

HAS R EVER BEEN EMPLOYED?

YES..... 1

NO..... 5...(GO TO B27)

B25 How many different jobs have you held in the past two years?

 (# OF JOBS)

B26 What was the longest period of time you were unemployed since the age of 18?

_____ NUMBER (OR) NEVER UNEMPLOYED.....996

CIRCLE UNIT OF TIME:

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

B27 Have you ever done any volunteer work for your community or church?

YES 1

NO..... 5...(GO TO B28)

B27a. What types of things did you do?

B28 INTERVIEWER CHECKPOINT: (SEE A2, A4)

IS R CURRENTLY LIVING WITH SPOUSE OR PARTNER?

YES 1

NO..... 5...(GO TO B31)

B29 We are interested in the current work situation of your (husband/wife/partner). Is (he/she) **working now for pay, looking for work, retired, a homemaker, a student**, or doing something else?

(CIRCLE ALL THAT APPLY)

WORKING NOW..... A
TEMP LAID OFF, MATERNITY/ SICK LEAVE..... B
LOOKING FOR WORK, UNEMPLOYED..... C
RETIRED..... D
PERM. DISABLED. E
HOMEMAKER..... F
STUDENT..... G
OTHER (SPECIFY) _____..... H

B30 What is the highest grade of school or year of college (he/she) completed?

- GRADE SCHOOL (ENTER # YRS): _____ ...**(GO TO B31)**
- HIGH SCHOOL.....09...**(GO TO B31)**
- HIGH SCHOOL.....10...**(GO TO B31)**
- HIGH SCHOOL.....11...**(GO TO B31)**
- HIGH SCHOOL.....12...**(GO TO B31)**
- COLLEGE.....13...**(GO TO B31)**
- COLLEGE.....14
- COLLEGE.....15
- COLLEGE.....16
- POST COLLEGE.....17
- DON'T KNOW98

B30a. What is the highest degree (he/she) has earned?

- ASSOCIATES DEGREE.....1
- BA/BS2
- MA/MS.....3
- Ph.D.....4
- MD/DO.....5
- OTHER (SPECIFY):
_____.....7

B31 Do you use a computer for any purpose?

- YES1
- NO.....5...**(GO TO SECTION C)**

B32 Do you use the internet or another on-line service?

- YES1
- NO.....5

SECTION C

C1 Do you own or rent your (house/apartment)?

OWN 1

RENT 2

OTHER (SPECIFY): _____ 7

C2 How difficult is it for you (and those living with you who you consider to be your family) to pay your monthly bills? Is it **very difficult**, **somewhat difficult**, **not very difficult** or **not at all difficult**?

VERY DIFFICULT 1

SOMEWHAT DIFFICULT 2

NOT VERY DIFFICULT 3

NOT AT ALL DIFFICULT 4

C3 (RB, P. 3) What is the total household income in the past 12 months for you (and those living with you who you consider to be your family) from all sources? Please include wages, stipends, pensions, investments, and any other financial assistance or income?

_____ ENTER LETTER OR EXACT AMOUNT

C4 (RB, P. 3) What was **your own personal earnings income** in the past 12 months, before taxes from all sources? Please include wages and other stipends from your own employment, pensions, investments, and any other financial assistance or income.

_____ ENTER LETTER OR EXACT AMOUNT

C5 INTERVIEWER CHECKPOINT: (SEE A2, A4)

DOES RESPONDENT LIVE WITH SPOUSE OR PARTNER?

YES 1

NO 5... (GO TO C7)

C6 (RB, P. 3) What was your (**husband's/wife's/ partner's**) **earnings income** in the past 12 months, before taxes from all sources? (Include wages or other stipends from (his/her) employment, pensions, investments, and other income.)

_____ ENTER LETTER OR EXACT AMOUNT

C7 Have you (or anyone in your family living with you) received help from any federal, state, or local agency in the past **6 months** ?

YES 1

NO..... 5...(GO TO C9)

C8 From which programs or agencies have you (or anyone in your family living with you) received help in the **past 6 months**?

(Have you (or anyone in your family living with you) received help in the past 6 months from...)		YES	NO
a	Medical assistance, such as Medicaid or Medicare? (Do you have a State Medicaid Card?)	1	5
b	Food Stamps?	1	5
c	Public Assistance or Welfare, such as TANF? (Did you get any money from Public Aid?)	1	5
d	WIC?	1	5
e	Supplemental Security Income?	1	5
f	A foster care or adoption subsidy?	1	5
g	Unemployment insurance?	1	5
h	Public housing assistance?	1	5
i	Energy program assistance? (Did you get any help paying your electric bills or heating bills, or did you get an "energy check?")	1	5
j	Child care subsidy? (Did Public Aid or another program help you pay for babysitting or child care?)	1	5
k	Student financial aid or grants?	1	5
l	Did you (or anyone in your family living with you) receive any other type of aid from programs or agencies in the past year? (IF YES, SPECIFY) _____	1	5

C9 Now I'm going to ask you some questions about how you pay for health care. Do you currently have any type of health insurance?

YES1

NO.....5...(GO TO C11)

C10 (RB, P. 4) What type of insurance is it?

(CIRCLE ALL THAT APPLY)

PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYMENT A

PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY B

INDIAN HEALTH SERVICES C

STATE HEALTH INSURANCE..... D

MEDICARE.....E

VETERANS ADMINISTRATIONF

OTHER (SPECIFY) _____ G

C11 When was the last time you saw a doctor or went to a clinic for a medical check-up? (PROBE IF NECESSARY: About how old were you?)

_____ NUMBER (OR) _____ YEARS OLD

CIRCLE UNIT OF TIME

WEEKS AGO.....1 MONTHS AGO.....2 YEARS AGO.....3

C12 When was the last time you went to the dentist for a check-up or for other dental work? (PROBE IF NECESSARY: About how old were you?)

_____ NUMBER (OR) _____ YEARS OLD

CIRCLE UNIT OF TIME

WEEKS AGO.....1 MONTHS AGO.....2 YEARS AGO.....3

C13 When was the last time you had your eyes checked? (PROBE IF NECESSARY:
About how old were you?)

_____ NUMBER (OR) _____ YEARS OLD

CIRCLE UNIT OF TIME

WEEKS AGO.....1 MONTHS AGO.....2 YEARS AGO.....3

C14 Have you ever received public assistance or welfare since turning age 18? By public assistance or welfare, we mean Aid to Families with Dependent Children or General Assistance or Temporary Assistance for Needy Families.

YES.....1

NO..... 5...(GO TO C18)

C15 In how many years total have you received public assistance since you turned 18?

_____ # OF YEARS

C16 Are you currently receiving public assistance?

YES.....1...(GO TO C18)

NO.....5

C17 What was the last year in which you received public assistance?

_____ YEAR

C18 Did your family ever receive public assistance when you were growing up?

YES.....1

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

C18a. About how much of the time before you turned 18 did your family receive public assistance – **just briefly, less than half the time, about half the time, most of the time, or almost all of the time?**

JUST BRIEFLY.....1

LESS THAN HALF THE TIME.....2

ABOUT HALF THE TIME.....3

MOST OF THE TIME.....4

ALMOST ALL OF THE TIME.5
