



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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SECTION G

***G0a. INTERVIEWER CHECKPOINT (SEE REFERENCE CARD)**

IF *E18 IS CHECKED1...(GO TO *G1 INTRO 1)

IF *E18a IS CHECKED.....2...(GO TO *G1 INTRO 2)

ALL OTHERS3...(GO TO SECTION H)

*G1. INTRO 1 Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that.	*G1. INTRO 2 Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that.	
*G1. (RB, P. 13) During that attack, did you ever have four or more of the reactions on page 13? Yes.....1...(GO TO *G3) No.....5...(GO TO SECTION H)		
READ LIST BELOW STARTING WITH G1a ONLY IF R PREFERS TO HAVE QUESTIONS READ. GO TO G2 AFTER FOUR “YES” RESPONSES.	YES (1)	NO (5)
*G1a. Did your heart pound or race?	1	5
*G1b. Were you short of breath?	1	5
*G1c. Did you have nausea or discomfort in your stomach?	1	5
*G1d. Did you feel dizzy or faint?	1	5
*G1e. Did you sweat?	1	5
*G1f. Did you tremble or shake?	1	5
*G1g. Did you have a dry mouth?	1	5
*G1h. Did you feel like you were choking?	1	5
*G1i. Did you have pain or discomfort in your chest?	1	5
*G1j. Were you afraid that you might lose control of yourself or go crazy?	1	5
*G1k. Did you feel that you were unreal?	1	5
	GO TO	
	*G1m	
*G1l. Did you feel that things around you were unreal?	1	5
*G1m. Were you afraid that you might pass out?	1	5
*G1n. Were you afraid that you might die?	1	5
*G1o. Did you have hot flushes or chills?	1	5
*G1p. Did you have numbness or tingling sensations?	1	5

***G2. INTERVIEWER CHECKPOINT: (SEE *G1 SERIES)**

FEWER THAN 4 “YES” RESPONSES
 IN *G1 SERIES 1...(GO TO SECTION H)

FOUR OR MORE “YES” RESPONSES
 IN *G1 SERIES 2

*G3. During your attacks did the problems like those on page 14 begin suddenly and then get worse within the first 10 minutes after the attack started?

YES 1

(IF VOL) SOMETIMES 3

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

DON'T KNOW 8...(GO TO SECTION H)

REFUSED..... 9...(GO TO SECTION H)

*G4. About how many of these sudden attacks have you had in your **entire lifetime**?

_____ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900..... 900

IF R REPORTS “MORE THAN I CAN REMEMBER” 995

***G5. INTERVIEWER CHECKPOINT: (SEE *G4)**

ONE LIFETIME ATTACK..... 1...(GO TO SECTION H)

ALL OTHERS 2...(GO TO *G6)

***G6.** Can you remember your **exact** age the **very first** time you had one of these attacks?

YES..... 1

NO..... 5...(GO TO *G6b)

DON'T KNOW..... 8...(GO TO *G6b)

REFUSED..... 9...(GO TO *G6b)

*G6a. (IF NEC: How old were you?)

_____ YEARS OLD...(GO TO *G7)

DON'T KNOW..... 998...(GO TO *G7)

REFUSED..... 999...(GO TO *G7)

***G6b.** About how old were you?

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..... 4

BEFORE TEENAGER.....12

WHOLE LIFE OR DON'T KNOW.....998

REFUSED..... 999

*G7. Did you have one of these attacks at any time in the past 12 months?

YES 1

NO.....5...(GO TO *G7d)

DON'T KNOW8...(GO TO *G7d)

REFUSED.....9...(GO TO *G7)

*G7a. How recently – in the past month, between two and six months ago, or more than six months ago?

PAST MONTH..... 1

BETWEEN TWO AND SIX MONTHS AGO..... 2

MORE THAN SIX MONTHS AGO..... 3

*G7b. How many weeks in the past 12 months did you have at least one attack?

_____ NUMBER

DON'T KNOW.....98

*G7c. And how many attacks in all did you have in the past 12 months?

_____ NUMBER ...(GO TO *G8)

*G7d. How old were you the **last** time you had one of these attacks?

_____ YEARS OLD

*G8. What is the largest number of attacks you ever had in any single year of your life?

_____ NUMBER OF ATTACKS

*G9. About how many separate years in your life did you have at least one attack?

_____ YEARS

	YES (1)	NO (5)
*G10. After having one of these attacks, did you ever have a month or more when you had any of the following experiences:	1	5
*G10a. A month or more when you often worried that you might have another attack?	1 GO TO *G12	5
*G10b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	1 GO TO *G12	5
*G10c. A month or more when you changed your everyday activities because of the attacks?	1 GO TO *G12	5
G10d. A month or more when you avoided certain situations because of fear about having another attack?	1 GO TO *G12	5

***G11. INTERVIEWER CHECKPOINT: (SEE *G10a-d)**

AT LEAST ONE "YES" IN *G10a-d SERIES..... 1

ALL OTHERS..... 2...(GO TO *G13)

*G12. How old were you the **first** time you had a month when you either often worried, changed your everyday activities, or avoided certain situations because of the attacks?

_____ YEARS OLD

*G13. Did you ever talk to a medical doctor about your attacks?

YES 1...(GO TO *G14)

NO.....5

*G13a. Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks **ever** occurred as the result of such physical causes?

YES 1

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

DON'T KNOW.....8...(GO TO SECTION H)

REFUSED9...(GO TO SECTION H)

*G13b. Do you think **all** of your attacks were the result of physical causes?

YES 1

NO.....5

GO TO SECTION H

***G14** What did the doctor say was the cause?

IF VOL. MORE THAN ONE DOCTOR, PROBE: What were all the causes the different doctors told you?

CIRCLE ALL MENTIONS

PSYCHOLOGICAL PROBLEMS

PANIC.....	1
ANXIETY.....	2
DEPRESSION.....	3
NERVES/EMOTIONS/MENTAL HEALTH.....	4
OTHER PSYCHOLOGICAL (SPECIFY BELOW).....	5

STRESS

OVERWORK.....	10
TENSION.....	11
OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW).....	12

PHYSICAL ILLNESS/INJURY/CONDITION

EXHAUSTION.....	20
HYPERVENTILATION.....	21
HYPOCHONDRIASIS.....	22
MENSTRUAL CYCLE.....	23
PREGNANCY/POSTPARTUM.....	24
HEART DISEASE.....	25
HIGH BLOOD PRESSURE.....	26
OVERWEIGHT.....	27
OTHER PHYSICAL ILLNESS (SPECIFY BELOW).....	28

MEDICATION/DRUGS/ALCOHOL

MEDICATION (SPECIFY BELOW).....	30
DRUGS (SPECIFY BELOW).....	31
ALCOHOL.....	32

OTHER

NO DEFINITIVE DIAGNOSIS.....	81
OTHER (SPECIFY BELOW).....	82
DON'T KNOW.....	98
REFUSED.....	99

SPECIFY

***G15. INTERVIEWER CHECKPOINT: (SEE *G14) FOLLOW SKIP FOR 1ST ENDORSED ITEM**

ONE OR MORE RESPONSES ARE CIRCLED
IN **1-12** SERIES (PSYCHOLOGICAL/STRESS)..... 1...(GO TO SECTION H)

ONE OR MORE RESPONSES ARE CIRCLED
IN **30-32** SERIES (MED/DRUGS/ALC/).....2...(GO TO *G16)

ONE OR MORE RESPONSES ARE CIRCLED
IN **20-28** SERIES (PHYSICAL ILLNESS).....3...(GO TO *G20)

ALL OTHERS.....4...(GO TO *G19)

***G16.** Were these attacks always the result of taking medication, drugs, or alcohol?

YES 1...(GO TO SECTION H)

NO.....5

***G17. INTERVIEWER CHECKPOINT: (SEE *G14)**

ONE OR MORE RESPONSES ARE CIRCLED IN **20-28** SERIES
(PHYSICAL ILLNESS)..... 1

ALL OTHERS..... 2...(GO TO SECTION H)

***G18** When the attacks were not due to taking medication, drugs, or alcohol, were they **always** the result of a physical illness, or injury [such as (MENTIONS IN *G14)]?

YES 1

NO.....5

GO TO SECTION H

***G19.** Did they find anything abnormal when they examined you or took tests or x-rays?

YES1

NO5...(GO TO SECTION H)

NO EXAMINATION PERFORMED....6...(GO TO SECTION H)

DON'T KNOW8...(GO TO SECTION H)

REFUSED9...(GO TO SECTION H)

***G20.** Were your unexpected attacks **always** the result of a physical illness or injury [such as (MENTIONS IN *G14)]?

YES 1

NO 5

SECTION H

***H0. INTERVIEWER CHECKPOINT (SEE REFERENCE CARD)**

IF E24 IS CHECKED.....1...**GO TO H1**

ALL OTHERS.....2...**GO TO H11**

***H1.** (RB, P. 14) Earlier you mentioned having a strong fear of certain social or performance situations. Did you ever strongly fear any situations like any of those on the list?

YES..... 1

NO..... 5...(GO TO H11)

***H2.** Can you remember your exact age the **very first** time you had a fear of any of these situations?

YES..... 1

NO 5...(GO TO *H2b)

DON'T KNOW 8...(GO TO *H2b)

REFUSED 9...(GO TO *H2b)

***H2a.** (IF NEC: How old were you?)

_____ YEARS OLD...(GO TO *H3)

***H2b.** About how old were you?

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..... 4

BEFORE TEENAGER..... 12

***H3.** Do you think the fear was **ever** excessive, or unreasonable, or much stronger than it should have been?

YES1

NO.....5...(GO TO H11)

DON'T KNOW.....8....(GO TO H11)

REFUSED.....9... (GO TO H11)

***H4.** Was there ever a time when you almost always became very **upset** or **anxious** whenever you were faced with any of the social or performance situations?

YES 1

NO 5

***H5.** Did you ever **avoid** any of these situations whenever you could because of your fear?

YES1

NO.....5... (GO TO *H6)

DON'T KNOW.....8... (GO TO *H6)

REFUSED.....9...(GO TO *H6)

***H5a.** How old were you when you first started this avoidance?

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..... 4

BEFORE TEENAGER..... 12

*H6. When you were in these situations were you afraid you might do something **embarrassing** or **humiliating**?

YES1...(GO TO *H9)

NO5

*H6a. Were you afraid that you might embarrass other people?

YES1...(GO TO *H9)

NO5

*H7. Were you afraid that people might **look** at you, **talk** about you, or think negative things about you?

YES1...(GO TO *H9)

NO5

*H8. Were you afraid that you might be the focus of attention?

YES1...(GO TO *H9)

NO5

DON'T KNOW8

REFUSED.....9

***H9.** How much did your fear (or avoidance) of these situations ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL..... 1

A LITTLE..... 2

SOME..... 3

A LOT..... 4

EXTREMELY 5

***H10.** When was the last time you either strongly feared or avoided any of these situations – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH..... 1...(GO TO H11)

2 AND 6 MONTHS..... 2...(GO TO H11)

7 AND 12 MONTHS 3...(GO TO H11)

MORE THAN 12 MONTHS 4

DON'T KNOW..... 8

REFUSED..... 9

***H10a.** How old were you the **last** time you either strongly feared or avoided any of these situations?

_____ YEARS OLD

H11. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD)

IF E23 (P 47) EQUALS “YES”..... 1...(GO TO J1, INTRO 1)

IF E23a (P 47) EQUALS “YES”..... 2...(GO TO J1, INTRO 2)

IF E23b (P 47) EQUALS “YES”..... 3...(GO TO J1, INTRO 3)

ALL OTHERS..... 4...(GO TO SECTION K)
