



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 J

*J1 INTRO 1. Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. What sorts of things were you worried or nervous or anxious about during that time? KW: Worried or Anxious	*J1 INTRO 2. Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. What sorts of things were you nervous or anxious about during that time? KW: Nervous or Anxious	*J1 INTRO 3. Earlier you mentioned having a period lasting six months or longer when you were anxious or worried most days. The next questions are about that time. What sorts of things were you anxious or worried about during that time? KW: Anxious or Worried
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IF "EVERYTHING" OR "LOTS OF THINGS," PROBE: Could you give me a few specific examples?
 IF R GIVES FEWER THAN THREE EXAMPLES, PROBE UNTIL R ANSWERS "NO" OR GIVES UP TO
 THREE EXAMPLES: Any other things [that made you (worried or anxious/nervous or anxious/anxious or
 worried)]? CIRCLE ALL MENTIONS.

DIFFUSE WORRIES

EVERYTHING	1
NOTHING IN PARTICULAR.....	2

PERSONAL PROBLEMS

R'S FINANCES.....	3
R'S SUCCESS AT SCHOOL OR WORK.....	4
R'S SOCIAL LIFE.....	5
R'S LOVE LIFE.....	6
RELATIONSHIPS AT SCHOOL OR WORK.....	7
RELATIONSHIPS WITH FAMILY.....	8
R'S PHYSICAL APPEARANCE.....	9
R'S PHYSICAL HEALTH.....	10
R'S MENTAL HEALTH.....	11
R'S SUBSTANCE USE.....	12
OTHER PERSONAL PROBLEMS (SPECIFY).....	13

PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS

SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN).....	14
AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE).....	15
SPECIFIC PHOBIAS (E.G., ELEVATORS AFTER MOVING TO A CITY).....	16
OBSESSIONS (E.G., GERMS AFTER "MAD COW DISEASE" SCARE).....	17
COMPULSIONS (E.G., REPETITIVE HANDWASHING).....	18

NETWORK PROBLEMS

BEING AWAY FROM HOME OR APART FROM LOVED ONES	19
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION.....	20
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION	21
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION	22
OTHER NETWORK PROBLEMS (SPECIFY).....	23

SOCIETAL PROBLEMS

CRIME / VIOLENCE.....	24
THE ECONOMY	25
THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION).....	26
MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY)	27
WAR / REVOLUTION.....	28
OTHER SOCIETAL PROBLEMS (SPECIFY)	29

OTHER PROBLEMS (SPECIFY)

FIRST (SPECIFY)	30
SECOND (SPECIFY)	31
THIRD (SPECIFY)	32

***J2. INTERVIEWER CHECKPOINT: DID R EXCLUSIVELY WORRY ABOUT ONE SPECIFIC THING? OR DID R HAVE MULTIPLE WORRIES?**

WORRIED EXCLUSIVELY ABOUT
ONE SPECIFIC THING..... 1...(GO TO SECTION K)
HAD MULTIPLE WORRIES..... 2

***J3.** Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

YES 1
NO 5

***J4.** How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- **often, sometimes, rarely, or never?**

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER..... 4

***J5.** What is the longest period of months or years you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) **most days?**

IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN
REMEMBER" 995

IF DK, PROBE: Did you ever have a period that lasted 6 months or longer?

IF NO TO DK PROBE, ASK: Did you ever have a period that lasted 1 month or longer?

_____ NUMBER

CIRCLE UNIT OF TIME:

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

***J6. INTERVIEWER CHECKPOINT: (SEE *J5)**

LESS THAN ONE MONTH.....1...(GO TO SECTION K)

LESS THAN SIX MONTHS.....2...(GO TO *J7)

ALL OTHERS.....3...(GO TO *J8)

***J7. INTERVIEWER CHECKPOINT: ASK ABOUT “PERIODS LASTING ONE MONTH OR LONGER” FOR THE REMAINDER OF THE SECTION...GO TO *J9**

***J8. INTERVIEWER CHECKPOINT: ASK ABOUT “PERIODS LASTING SIX MONTHS OR LONGER” FOR THE REMAINDER OF THE SECTION...GO TO *J9**

*J9. Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems:	YES (1)	NO (5)
*J9a. Did you often feel restless, keyed up, or on edge?	1	5
*J9b. Did you often get tired easily?	1	5
*J9c. Were you often more irritable than usual?	1	5
*J9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5
*J9e. Did you often have tense, sore, or aching muscles?	1	5
*J9f. Did you often have trouble falling or staying asleep?	1	5

***J10. INTERVIEWER CHECKPOINT: (SEE *J9)**

THREE OR MORE “YES” RESPONSES

ENDORSED IN *J9 SERIES1

ALL OTHERS2...(GO TO SECTION K)

***J11.** How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – **no distress, mild distress, moderate distress, severe distress, or very severe distress?**

NO 1
MILD 2
MODERATE 3
SEVERE 4
VERY SEVERE 5

***J12.** How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- **often, sometimes, rarely, or never?**

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER..... 4

***J13.** How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) 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

***J13a.** How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- **often, sometimes, rarely, or never?**

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER..... 4

-
- *J14.** Think of the **very first** time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your **exact** age?

YES 1

NO.....5...(GO TO *J14b)

DON'T KNOW.....8...(GO TO *J14b)

REFUSED9...(GO TO *J14b)

- *J14a.** (IF NEC: How old were you?)

_____ AGE...(GO TO *J15)

- *J14b.** 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

***J15.** Did you have an episode of this sort in the past 12 months?

YES..... 1

NO5...(GO TO *J15c)

DON'T KNOW..... 8...(GO TO *J15c)

REFUSED..... 9...(GO TO *J15c)

***J15a.** How recently – in the **past month, two to six months ago, or more than six months ago?**

PAST MONTH..... 1

2-6 MONTHS AGO..... 2

MORE THAN 6 MONTHS 3

***J15b.** How many months in the past 12 months were you in an episode of this sort?

_____ MONTHS...(GO TO *J16)

***J15c.** How old were you the last time you had one of these episodes?

_____ YEARS OLD

***J16.** How many episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting (one month/six months) or longer have you ever had in your life?

_____ NUMBER

***J17. INTERVIEWER CHECKPOINT: (SEE *J16)**

ONE LIFETIME EPISODE 1
ALL OTHERS 2...(GO TO *J19)

***J18. How long did that episode last?**

IF STILL GOING ON: How long has it lasted so far?

_____ NUMBER...(GO TO *J20)

CIRCLE UNIT OF TIME:

MONTHS.....1 YEARS.....2

DON'T KNOW.....98...(GO TO *J20)

REFUSED99...(GO TO *J20)

***J19. How long did the longest of these episodes last?**

_____ NUMBER

CIRCLE UNIT OF TIME:

MONTHS.....1 YEARS.....2

***J20. How many different years in your life did you have at least one episode?**

_____ YEARS

***J21. INTERVIEWER CHECKPOINT: (SEE *J15)**

*J15 EQUAL "YES" 1

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

***J22.** (RB, P.15) For the next questions, think of the period lasting a month or longer in the past 12 months when your (worry or anxiety/nervousness or anxiety/anxiety or worry) was most severe and frequent. During that period, how often did you have each of the following feelings?

(RB, P. 15)	(IF NEC: often, sometimes, occasionally, or never?)			
	OFTEN (1)	SOME TIMES (2)	OCCASION- ALLY (3)	NEVER (4)
*J22a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?	1	2	3	4
*J22b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach?	1	2	3	4
*J22c. How often did you feel restless as if you had to be on the move?	1	2	3	4
*J22d. How often did you get sudden feelings of panic?	1	2	3	4
*J22e. How often did you have worrying thoughts go through your mind?	1	2	3	4
*J22f. How often could you sit at ease and feel relaxed?	1	2	3	4
*J22g. How often did you get a frightened feeling as if something awful was about to happen?	1	2	3	4 GO TO *J24

***J23.** Did this frightened feeling worry you **badly, not badly, or not at all?**

BADLY 1

NOT BADLY 2

NOT AT ALL 3

***J24.** About how many days out of 365 in the past 12 months were you **totally unable** to work or carry out your normal activities because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS