



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.

¹ 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, 3rd Floor, Seattle, WA 98109-3547 206/282-7300 www.casey.org/research.

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

The Alumni Studies Team and Advisors

Investigators

Peter J. Pecora, Ph.D., Principal Investigator, Casey Family Programs and the School of Social Work, University of Washington

A. Chris Downs, Ph.D., Co-Principal Investigator, Casey Family Programs

Diana J. English, Ph.D., Co-Principal Investigator, Washington Department of Social and Health Services, Children's Administration, Division of Children and Family Services.

Steven G. Heeringa, Ph.D., Co-Principal Investigator, Institute for Social Research, University of Michigan

Ronald J. Kessler, Ph.D., Co-Principal Investigator, Harvard University

James White, Ph.D., Co-Principal Investigator, Portland State University, (formerly with and representing the Oregon Department of Human Services; Children, Adults and Families)

Project Coordinator for Northwest and Casey National Alumni Studies

Jason Williams, M.S., Casey Alumni Studies Coordinator

Project Staff Members

Carol Brandford, M.S.W., Research Manager, Washington Department of Social and Health Services, Children's Administration, Division of Children and Family Services, Office of Children's Administration Research

Nathaniel Ehrlich, Ph.D., Study Director, Survey Research Center, University of Michigan

Kevin George, M.S.W., Transitional Resources Unit, Oregon Department of Human Services; Children, Adults and Families; Community Human Services

Eva Hiripi, M.A., Senior Research Associate, Department of Health Care Policy, Harvard University Medical School

Brian Judd, B.S., Research Assistant, Casey Family Programs

Alisa McWilliams, M.A., Survey Manager, Survey Research Center, University of Michigan

Sarah Morello, B.S., Research Assistant, Casey Family Programs

Mary Herrick, M.S.W., Research Assistant, Casey Family Programs

SECTION L

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- *L1. IF R CAN READ: (RB, P. 17) Please use this table as a guide in answering the next questions. How old were you when you first started drinking at least 12 drinks in a year?

IF R CANNOT READ: When I use the word "drink" in the next questions, I mean either a glass of wine, a can or bottle of beer, or a shot or jigger of liquor either alone or in a mixed drink. How old were you when you first started drinking at least 12 drinks in a year?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER" PROBE:
Was it before age 13? Most youths begin high school at about age 14.

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

(IF VOL): "NEVER"997...(GO TO *L24)

- *L2. (RB, P. 17) Think about the past 12 months. In the past 12 months, how often did you usually have at least one drink – nearly **every day, three to four days a week, one to two days a week, one to three days a month**, or **less than once a month**?

NEARLY EVERY DAY..... 1

3 - 4 DAYS PER WEEK..... 2

1 - 2 DAYS PER WEEK..... 3

1 - 3 DAYS PER MONTH..... 4

LESS THAN ONCE A MONTH.....5...(GO TO *L7)

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- *L3. (RB, P. 17) On the days you drank in the past 12 months, about how many drinks did you usually have per day?

_____ NUMBER OF DRINKS PER DAY

- *L4. Was there ever a year in your life when you drank **more** than you did in the past 12 months?

YES 1...(GO TO *L7)

NO 5

- *L5. **INTERVIEWER CHECKPOINT: (SEE *L2)**

*L2 IS CODED "4" 1

ALL OTHERS 2...(GO TO *L11)

- *L6. **INTERVIEWER CHECKPOINT: (SEE *L3)**

*L3 IS EQUAL TO 3 OR MORE DRINKS PER DAY..... 1...(GO TO *L11)

ALL OTHERS..... 2...(GO TO *L24)

- *L7. Think about the years in your life when you drank **most**. During those years, how often did you usually have at least one drink – nearly **every day, three to four days a week, one to two days a week, one to three days a month**, or **less than once a month**?

NEARLY EVERY DAY 1

3 - 4 DAYS PER WEEK..... 2

1 - 2 DAYS PER WEEK..... 3

1 - 3 DAYS PER MONTH..... 4

LESS THAN ONCE A MONTH..... 5...(GO TO *L24)

***L8.** And on the days you drank during those years, about how many drinks would you usually have per day?

_____ NUMBER OF DRINKS PER DAY

***L9. INTERVIEWER CHECKPOINT: (SEE *L7)**

***L7** IS CODED “4” 1

ALL OTHERS 2...(GO TO *L11)

***L10. INTERVIEWER CHECKPOINT: (SEE *L8)**

***L8** IS EQUAL TO 3 OR MORE DRINKS PER DAY 1

ALL OTHERS..... 2...(GO TO *L24)

	YES (1)	NO (5)
*L11. The next questions are about some problems you may have had because of drinking. Was there ever a time in your life when you often had such a strong desire to drink that you couldn’t resist taking a drink or found it difficult to think of anything else? (KEY PHRASE: you had a strong and irresistible urge to drink)	1	5
*L11a. Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a “buzz” or a high on the amount you used to drink? (KEY PHRASE: you needed a larger amount of alcohol to get an effect)	1	5

	YES (1)	NO (5)
*L11b. People who cut down or stop drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. Did you ever have times when you stopped, cut down, or went without drinking and then experienced symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems? (KEY PHRASE: you didn't feel well when you stopped drinking)	1 GO TO *L11d	5
*L11c. Did you ever have times when you took a drink to keep from having problems like these? (KEY PHRASE: you drank to keep from feeling physical or emotional problems)	1	5
*L11d. Did you have times when you started drinking even though you promised yourself you wouldn't, or when you drank a lot more than you intended? (KEY PHRASE: you drank when you planned not to, or you drank more than you planned)	1 GO TO *L11g	5
*L11e. Were there ever times when you drank more frequently or for more days in a row than you intended? (KEY PHRASE: you drank more frequently than you intended)	1 GO TO *L11g	5
*L11f. Did you have times when you started drinking and became drunk when you didn't want to ? (KEY PHRASE: you got drunk when you didn't want to)	1	5
*L11g. Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so? (KEY PHRASE: you tried but weren't able to stop or cut down)	1	5
*L11h. Did you ever have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else? (KEY PHRASE: you spent periods of several days doing little more than drinking or getting over the effects of alcohol)	1	5

	YES (1)	NO (5)
*L11i. Did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family? (KEY PHRASE: you gave up or reduced important activities because of your drinking)	1	5
*L11j. Did you ever continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking? (KEY PHRASE: you drank even though it caused or worsened physical or emotional problems)	1	5

***L12. INTERVIEWER CHECKPOINT: (SEE *L11 SERIES)**

ZERO “YES” RESPONSES IN *L11 SERIES.....1...(GO TO *L24)

1 OR 2 “YES” RESPONSES IN *L11 SERIES.....2

ALL OTHERS3...(GO TO *L17)

*L13. You just reported that there were times when (KEY PHRASES FOR ALL “YES” RESPONSES IN *L11 SERIES). Can you remember your **exact** age the **very first** time you had (this problem/either of these problems)?

YES..... 1

NO 5...(GO TO *L13b)

*L13a. (IF NEC: How old were you?)

_____ YEARS OLD...(GO TO *L14)

*L13b. **About** how old were you [the first time you had (this problem/either of these problems) because of drinking]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE:
Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

*L14. How **recently** did you have (this problem/either of these problems) because of drinking – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

PAST MONTH..... 1...(GO TO *L16)

2 TO 6 MONTHS AGO..... 2...(GO TO *L16)

7 TO 12 MONTHS AGO..... 3...(GO TO *L16)

MORE THAN 12 MONTHS AGO..... 4

*L15. How old were you the **last** time [you had (this problem/either of these problems) because of drinking]?

_____ YEARS OLD

*L16. How many different years in your life did you ever have (this problem/at least one of these problems)?

_____ YEARS...(GO TO *L24)

DON'T KNOW.....998...(GO TO *L24)

REFUSED999...(GO TO *L24)

*L17. You reported having a number of alcohol problems. Can you remember your **exact** age the **very first** time you had any of these problems?

YES1

NO5...(GO TO *L17b)

*L17a. (IF NEC: How old were you?)

_____ YEARS OLD... (GO TO *L18)

*L17b. **About** how old were you [the first time you had any of these problems because of drinking]?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER" PROBE:
Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS.....12

BEFORE 20s.....19

***L18.** How **recently** did you have **any** of these problems – in the **past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?**

PAST MONTH..... 1...(GO TO *L20)

2 TO 6 MONTHS AGO..... 2...(GO TO *L20)

7 TO 12 MONTHS AGO..... 3...(GO TO *L20)

MORE THAN 12 MONTHS AGO..... 4

***L19.** How old were you the **last time** you had any of these problems?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

***L20.** How many different years in your life did you ever have **at least one** of these problems?

_____ YEARS

DON'T KNOW 998

REFUSED 999

***L21.** Did you ever have **three** (or more) of these problems in the **same year?**

YES 1

NO..... 5...(GO TO *L24)

-
- *L22. How old were you the **first time** you had three (or more) of these problems in the same year?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS..... 12

BEFORE 20s..... 19

- *L23. How many different years in your life did you ever have **three (or more)** of these problems?

_____ YEARS

- *L24. (RB, P. 18) The next questions are about medicines that are often used non-medically. The first ones are sedatives and tranquilizers. These are medicines that people sometimes use to help them get to sleep or to stay calm and relaxed. Sedatives and tranquilizers are sometimes called “downers” or “nerve pills.” Examples are shown on the list.

Have you ever used a sedative or tranquilizer **on your own** without a doctor’s recommendation, even once?

YES 1

NO.....5...(GO TO *L26)

*L25. How old were you the **first** time you used a sedative or tranquilizer?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NOT YES, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS..... 12

BEFORE 20s..... 19

*L26. (RB, P. 19) The next questions are about a group of medicines called stimulants. These are medicines that people sometimes use to lose weight, to stay awake, or to raise their spirits. Stimulants are sometimes called “uppers” or “speed.” Examples are shown on the list.

Have you ever used a stimulant **on your own** without a doctor’s recommendation, even once?

YES..... 1

NO 5...(GO TO *L28)

*L27. How old were you the **first** time you used a stimulant?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NOT YES, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS..... 12

BEFORE 20s..... 19

***L28.** (RB, P. 20) The next questions are about a group of medicines called **analgesics**. These are medicines that people usually take as “pain killers.” Examples are shown on the list.

Have you ever used an analgesic **on your own** without a doctor’s recommendation, even once?

YES 1

NO.....5...(GO TO *L30)

***L29.** How old were you the **first** time you used an analgesic (such as those on the list)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NOT YES, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

***L30.** Have you ever used **marijuana** or **hashish**, even once?

YES 1

NO5...(GO TO *L32)

*L31. How old were you the **first** time you used marijuana or hashish?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s 19

*L32. Have you ever used **cocaine** in any form, including powder, crack, free base, coca leaves or paste?

YES..... 1

NO..... 5...(GO TO *L34)

*L33. How old were you the **first** time you used cocaine?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NOT YES, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s 19

*L34. Have you ever used either **heroin** or **opium** or other opiate drugs even once?

YES..... 1

NO 5...(GO TO *L36)

*L35. How old were you the **first** time you used heroin or opiates?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NOT YES, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

***L36. INTERVIEWER CHECKPOINT: (SEE L24, L26, L28, L30, L32, AND L34)**

L24, L26, L28, L30, L32 AND L34

ALL ARE CODED NO.....1...(GO TO SECTION N)

ALL OTHERS.....2

[MARK “YES” ANSWERS ON REF. CARD]	YES (1)	NO (5)
*L36a. Was there ever a time in your life when you often had such a strong desire to use [DRUG/(either/any) of these substances] that you couldn’t resist (it/them) or found it difficult to think of anything else? (KEY PHRASE: you had a strong and irresistible urge to use)	1	5
*L36b. Did you ever need larger amounts of [DRUG/(either/any) of these substances] to get an effect, or did you ever find that you could no longer get high on the amount you used to use? (KEY PHRASE: you needed larger amounts to get an effect)	1	5
*L36c. People who cut down their substance use or stop using altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover. Did you ever have times when you stopped, cut down, or went without [DRUG/(either/any) of these substances] and then experienced symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems? (KEY PHRASE: you didn’t feel well when you stopped using)	1	5

[MARK “YES” ANSWERS ON REF. CARD]	YES (1)	NO (5)
*L36d. Did you ever have times when you used [DRUG/(either/any) of these substances] to keep from having problems like these? (KEY PHRASE: you used to keep from feeling physical problems)	1	5
*L36e. Did you have times when you used [DRUG (either/any) of these substances] even though you promised yourself you wouldn’t, or when you used a lot more than you intended? (KEY PHRASE: you used when you planned not to, or you used more than you planned)	1	5
*L36f. Were there ever times when you used [DRUG/(either/any) of these substances] more frequently or for more days in a row than you intended? (KEY PHRASE: you used more frequently than you intended)	1	5
*L36g. Were there times when you tried to stop or cut down on your use of [DRUG/(either/any) of these substances] and found that you were not able to do so? (KEY PHRASE: you tried but weren’t able to stop or cut down)	1	5
*L36h. Did you ever have periods of several days or more when you spent so much time using [DRUG/(either/any) of these substances] or recovering from the (its/their) effects that you had little time for anything else? (KEY PHRASE: you spent periods of several days doing little more than using or getting over the effects of using)	1	5
*L36i. Did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of [DRUG/(either/any) of these substances] – like sports, work, or seeing friends and family? [KEY PHRASE: you gave up or reduced important activities because of your (DRUG substance) use]	1	5
*L36j. Did you ever continue to use [DRUG/(either/any) of these substances] when you knew you had a serious physical or emotional problem that might have been caused by or made worse by (it/them)? (KEY PHRASE: you used even though it caused or worsened physical or emotional problems)	1	5

***L37. INTERVIEWER CHECKPOINT: (SEE *L36 SERIES)**

ZERO “YES” RESPONSES IN
*L36 SERIES 1...(GO TO SECTION N)
1 OR 2 “YES” RESPONSES IN
*L36 SERIES 2
ALL OTHERS 3...(GO TO *L42)

*L38. You just reported that there were times when (KEY PHRASES FOR ALL
“YES” RESPONSES IN *L36 SERIES). Can you remember your **exact** age
the **very first** time you had (this problem/either of these problems)?

YES 1
NO 5...(GO TO *L38b)

*L38a. (IF NEC: How old were you?)

_____ YEARS OLD... (GO TO *L39)

*L38b. **About** how old were you [the first time you had (this problem/either of
these problems) because of using [DRUG/(either/any) of these
substances]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER”
PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12
BEFORE 20s 19

***L39.** How **recently** did you have (this problem/ either of these problems) because of using [DRUG/(either/any) of these substances] – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

PAST MONTH.....1...(GO TO *L41)

2 TO 6 MONTHS AGO..... 2...(GO TO *L41)

7 TO 12 MONTHS AGO.....3...(GO TO *L41)

MORE THAN 12 MONTHS AGO..... 4

***L40.** How old were you the **last** time [you had (this problem/either of these problems) because of [DRUG/(either/any) of these substances]?

_____ YEARS OLD

***L41.** How many different years in your life did you ever have (this problem/at least one of these problems)?

_____ YEARS...(GO TO SECTION N)

***L42.** You reported having a number of substance-use problems. Can you remember your **exact** age the **very first** time you had any of these problems?

YES 1

NO 5... (GO TO *L42b)

*L42a. (IF NEC: How old were you?)

_____ YEARS OLD (GO TO *L43)

***L42b.** About how old were you (the first time you had any of these problems because of using [DRUG/(either/any) of these substances])?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER”

PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS..... 12

BEFORE 20s..... 19

***L43.** How **recently** did you have **any** of these problems – in the **past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months** ago?

PAST MONTH..... 1... (GO TO *L45)

2 TO 6 MONTHS AGO..... 2... (GO TO *L45)

7 TO 12 MONTHS AGO..... 3... (GO TO *L45)

MORE THAN 12 MONTHS AGO..... 4

*L44. How old were you the **last time** you had any of these problems?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS 12

BEFORE 20s..... 19

*L45 . How many different years in your life did you ever have **at least one** of these problems?

_____ YEARS

*L46. Did you ever have **three** (or more) of these problems in the **same year**?

YES 1

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

*L47. How old were you the **first time** you had **three** (or more) of these problems in the same year?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER” PROBE: Was it before your teens?

IF NO/DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TEENS..... 12

BEFORE 20s..... 19

*L48. How many different years in your life did you ever have **three** (or more) of these problems?

_____ YEARS

THERE IS NO SECTION M IN THIS QUESTIONNAIRE
