



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 N

*N1. This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a lot of concern about being too heavy?

YES..... 1

NO 5...(GO TO SECTION P)

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

REFUSED 9...(GO TO SECTION P)

*N2. What was the lowest body weight you ever purposefully had after the age of fourteen?

_____ POUNDS

*N3. How tall were you at that time?

____ / ____ HEIGHT
(FT) (IN)

*N4. **INTERVIEWER CHECKPOINT: (SEE *N2, *N3 AND MINIMUM WEIGHT TABLE, BELOW)**

WEIGHT RECORDED IN *N2 IS LESS THAN MINIMUM
WEIGHT IN TABLE FOR HEIGHT RECORDED IN *N3.....1...(GO TO *N6)

ALL OTHERS.....2

MINIMUM WEIGHTS	MINIMUM WEIGHTS
Height (feet).....Weight (lbs)	Height (feet).....Weight (lbs)
5'0" or less.....102	5'10"139
5'1"106	5'11"143
5'2"109	6'0"147
5'3"113	6'1"152
5'4"116	6'2"156
5'5"120	6'3"160
5'6"124	6'4"164
5'7"128	6'5"168
5'8"132	6'6" or more.....175
5'9"135	

*N5. Did people say that you were much too thin?

YES 1

NO.....5...(GO TO *N16)

DON'T KNOW8...(GO TO *N16)

REFUSED.....9...(GO TO *N16)

*N6. At the time you weighed (WEIGHT REPORTED IN *N2) were you very afraid that you might gain weight?

YES 1

NO.....5...(GO TO *N16)

DON'T KNOW8...(GO TO *N16)

REFUSED.....9...(GO TO *N16)

*N7. Did you do things to keep your weight low, such as dieting or exercising?

YES 1

NO.....5

*N8. INTERVIEWER CHECKPOINT: (R'S GENDER)

R IS MALE.....1...(GO TO *N10)

R IS FEMALE2

*N9. Around the time you weighed (WEIGHT REPORTED IN *N2) did you ever have **three months** or more in a row when you stopped having your menstrual periods?

YES..... 1

NO.....5

	YES (1)	NO (5)
*N10. Did you feel like you were heavier than you should have been or heavier than you wanted to be? (KEY PHRASE: feeling you were too heavy)	1	5
*N10a. Were you afraid that you would gain weight? (KEY PHRASE: being afraid you would gain weight)	1	5
*N10b. Did you think that some parts of your body were too fat? (KEY PHRASE: thinking that parts of your body were too fat)	1	5
*N10c. Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight? (KEY PHRASE: feeling like your self-esteem depended on being thin)	1	5
*N10d. Did anyone tell you that your low weight was bad for your health? (KEY PHRASE: hearing from others that your low weight was bad for your health)	1	5

***N11. INTERVIEWER CHECKPOINT: (SEE *N10 SERIES)**

AT LEAST ONE "YES" RESPONSE

IN *N10 SERIES 1

ALL OTHERS 2...(GO TO *N16)

*N12. Think of the **very first** time in your life you weighed around (WEIGHT REPORTED IN *N2) and you had problems like (KEY PHRASES FROM “YES” RESPONSES IN *N10 SERIES). Can you remember your **exact** age?

YES 1

NO.....5...(GO TO *N12b)

DON'T KNOW8...(GO TO *N12b)

REFUSED.....9...(GO TO *N12b)

*N12a. (IF NEC: How old were you?)

_____ YEARS OLD... (GO TO *N13)

*N12b. **About** how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19

*N13. About how many different years in your life did you weigh around (WEIGHT REPORTED IN *N2) and have problems like the ones we just reviewed?

_____ YEARS

*N14. **INTERVIEWER CHECKPOINT: (SEE *N13)**

*N13 IS CODED 1 YEAR OR LESS 1...(GO TO *N16)

ALL OTHERS 2

***N15.** How recently did you weigh around (WEIGHT REPORTED IN *N2) and have problems like the ones we just reviewed – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH..... 1.....(GO TO *N16)

2-6 MONTHS AGO..... 2.....(GO TO *N16)

7-12 MONTHS AGO..... 3.....(GO TO *N16)

MORE THAN 12 MONTHS AGO..... 4

*N15a. How old were you the last time?

_____ YEARS OLD

***N16.** The next question is about “eating binges” where a person eats a large amount of food during a short period like two hours. By “a large amount” I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges (READ SLOWLY) **at least twice a week for several months or longer?**

YES..... 1

NO 5...(GO TO *N23)

DON'T KNOW 8...(GO TO *N23)

REFUSED 9...(GO TO *N23)

	YES (1)	NO (5)
*N17. During the binges did you usually eat much more quickly than usual?	1	5
*N17a. Did you usually eat until you felt uncomfortably full?	1	5
*N17b. Did you usually continue to eat even when you didn't feel hungry?	1	5
*N17c. Did you usually eat alone because you were embarrassed by how much you ate?	1	5
*N17d. Did you feel guilty, disgusted with yourself, or depressed after you binged?	1	5
*N17e. Around the time you were binge eating, were you very afraid that you would gain weight?	1	5
*N17f. Did you feel like your self-esteem and confidence depended on your weight or body shape?	1	5
*N17g. Did you worry about the long term effects of binging on your health, on your weight, or on your body shape?	1	5
*N17h. Did you often get upset both during and after the binges that your eating was out of your control?	1	5

***N18. INTERVIEWER CHECKPOINT: (SEE *N17 SERIES)**

AT LEAST ONE "YES" RESPONSE

IN *N17 SERIES 1

ALL OTHERS 2... (GO TO *N23)

*N19. Can you remember your **exact** age the very **first** time in your life you began bingeing at least two times a week for three months or longer?

YES..... 1

NO 5...(GO TO *N19b)

DON'T KNOW 8...(GO TO *N19b)

REFUSED 9...(GO TO *N19b)

*N19a. (IF NEC: How old were you?)

_____ YEARS OLD...(GO TO *N20)

*N19b. **About** how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19

*N20. About how many different years in your life did you go through periods when you binged at least two times a week for three months or longer?

_____ YEARS

*N21. **INTERVIEWER CHECKPOINT: (SEE *N20)**

*N20 IS CODED 1 YEAR OR LESS..... 1...(GO TO *N23a)

ALL OTHERS 2

***N22.** How recently did you binge at least two times a week – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH1...(GO TO *N23)

2-6 MONTHS AGO2...(GO TO *N23)

7-12 MONTHS AGO3...(GO TO *N23)

MORE THAN 12 MONTHS AGO4

DON'T KNOW.....8

REFUSED9

***N22a.** How old were you the last time?

_____ YEARS OLD... (GO TO *N23a)

	YES (1)	NO (5)
*N23. Did you ever do any of the following things regularly in order to control your weight : Did you fast by not eating at all or only taking liquids for 8 hours or longer? (KEY PHRASE: fasted or took only a liquid diet)	1 GO TO *N23b	5 GO TO *N23b
*N23a. Did you ever do any of the following things regularly after binging in order to control your weight : Did you fast by not eating at all or only taking liquids for 8 hours or longer? (KEY PHRASE: fasted or took only a liquid diet)	1	5
*N23b. Did you take water pills, diuretics, or weight control medicines? (KEY PHRASE: took weight loss medicine or pills)	1	5
*N23c. Did you make yourself vomit? (KEY PHRASE: vomited)	1	5

	YES (1)	NO (5)
*N23d. Did you take laxatives or enemas? (KEY PHRASE: took laxatives or enemas)	1	5
*N23e. Did you exercise excessively ? (KEY PHRASE: exercised excessively)	1	5
*N23f. Did you chew and then spit out your food? (KEY PHRASE: spit out your food)	1	5
*N23g. Did you swallow food, then vomit it back into your mouth, and then chew and swallow it again? (KEY PHRASE: re-chewed and re-swallowed your food)	1	5

***N24. INTERVIEWER CHECKPOINT: (SEE *N23 SERIES)**

AT LEAST ONE “YES” RESPONSE

IN *N23 SERIES 1

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

*N25. You (KEY PHRASES FROM “YES” RESPONSES IN *N23 SERIES). Did you ever do (this/either of these things/any of these things) at least **two times a week for three months or longer**?

YES 1

NO 5... (GO TO SECTION P)

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

REFUSED 9... (GO TO SECTION P)

*N26. Can you remember your **exact** age the **very first** time you used (this/any of these) weight control (strategy/strategies) at least two times a week for three months?

YES 1

NO 5... (GO TO *N26b)

DON'T KNOW 8... (GO TO *N26b)

REFUSED 9... (GO TO *N26b)

*N26a. (IF NEC: How old were you?)

_____ YEARS OLD... (GO TO *N27)

*N26b. **About** how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19

*N27. About how many different years in your life did you do any of these things at least twice a week for three months or longer?

_____ YEARS

*N28. **INTERVIEWER CHECKPOINT: (SEE *N27)**

*N27 IS CODED 1 YEAR OR LESS 1... (GO TO SECTION P)

ALL OTHERS 2

***N29.** How recently did you use (this strategy/these strategies) this often – in the **past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?**

PAST MONTH..... 1...(GO TO SECTION P)

2-6 MONTHS AGO..... 2...(GO TO SECTION P)

7-12 MONTHS AGO..... 3...(GO TO SECTION P)

MORE THAN 12 MONTHS AGO..... 4

DON'T KNOW..... 8

REFUSED..... 9

*N29a. How old were you the last time?

_____ YEARS OLD

SECTION P

*P1. The next few questions are about health problems you might have had at any time in your life. Have you ever had any of the following: arthritis or rheumatism?

YES1

NO5...**(GO TO *P2)**

*P1a. How old were you the first time you had arthritis or rheumatism?

_____ YEARS

*P2. Have you ever had chronic back or neck problems?

YES1...

NO5 **(GO TO *P3)**

*P2a. How old were you the first time you had chronic back or neck problems?

_____ YEARS

*P3. Have you ever had frequent or severe headaches?

YES1

NO5...**(GO TO *P4)**

*P3a. How old were you the first time you had frequent or severe headaches?

_____ YEARS

*P4. Have you ever had any other chronic pain?

YES 1

NO 5... **(GO TO *P5)**

*P4a How old were you the first time you had any other chronic pain?

_____ YEARS

*P5. Did a doctor or other health professional ever tell you that you had any of the following illnesses: heart disease?

YES..... 1

NO..... 5... **(GO TO *P6)**

P5a. How old were you the first time a doctor or other professional told you that you had heart disease?

_____ YEARS

*P6. (Did a doctor or other health professional ever tell you that you had) High blood pressure?

YES 1

NO 5... **(GO TO *P7)**

P6a How old were you the first time a doctor or other professional told you that you had high blood pressure?

_____ YEARS

*P7. (Did a doctor or other health professional ever tell you that you had) Asthma?

YES1

NO5...(GO TO *P8)

P7a How old were you the first time a doctor or other professional told you that you had asthma?

_____ YEARS

*P8 (Did a doctor or other health professional ever tell you that you had) Any other chronic lung disease, like COPD or emphysema?

YES.... 1

NO..... 5...(GO TO *P9)

P8a. How old were you the first time a doctor or other professional told you that you had any other chronic lung disease?

_____ YEARS

*P9. (Did a doctor or other health professional ever tell you that you had) Diabetes or high blood sugar?

YES 1

NO 5...(GO TO *P10)

P9a. How old were you the first time a doctor or other professional told you that you had high blood sugar?

_____ YEARS

*P10 (Did a doctor or other health professional ever tell you that you had) An ulcer in your stomach or intestine?

YES..... 1

NO.....5...(GO TO *P11)

P10a How old were you the first time a doctor or other professional told you that you had an ulcer?

_____ YEARS

*P11. (Did a doctor or other health professional ever tell you that you had) HIV infection or AIDS?

YES..... 1

NO.....5...(GO TO *P12)

*P11a How old were you the first time a doctor or other professional told you that you had HIV or AIDS?

_____ YEARS

***P12 INTERVIEWER CHECKPOINT: (SEE P1, P2, P3 AND P4)**

IF P1 = "YES" OR P2 = "YES" OR

P3 = "YES" OR P4 = "YES" 1...(GO TO P19)

ALL OTHERS 2

*P13 The next questions are about “serious chronic pain.” Serious chronic pain is defined as pain lasting six months or longer that is severe enough either to interfere with your normal activities or to cause emotional distress. With that definition in mind, did you ever have “serious chronic pain” in the following areas of your body?		
	YES (1)	NO (5)
*P13a. Your neck or back?	1	5
*P13b. Your stomach or abdomen?	1	5
*P13c. Any of your joints like your arms, hands, legs, or feet?	1	5
*P13d. Your face or jaw or the joint just below your ear?	1	5
*P13e Your chest?	1	5
*P13f. Any other types or chronic pain?	1	5

***P14. INTERVIEWER CHECKPOINT: (SEE *P13 SERIES)**

ONE OR MORE “YES” RESPONSES

IN ***P13 SERIES** 1

ALL OTHERS 2...(GO TO *P19)

*P15. Think of the month or months during the past year when your pain was most frequent. About how many days per month did you have pain during this time?

_____ DAYS PER MONTH

*P16. How many minutes or hours per day did the pain usually last?

_____ DURATION NUMBER

CIRCLE UNIT OF TIME:

MINUTES.....1 HOURS.....2 DAYS.....3

*P17. (RB, P. 21) On a scale from 0 to 10, where 0 is “no pain” and 10 is “pain as bad as you can imagine,” what number best describes your pain **at its worst**?

_____ (0-10) NUMBER

*P18. (RB, P.21) Using the same 0-10 scale, what number describes your pain **at its least** in the past 12 months?

_____ (0-10) NUMBER

*P19. (RB, P. 21) (On a scale from 0 to 10, where 0 is “no pain” and 10 is “pain as bad as you can imagine,”) What number best describes your pain **on the average** in the past 12 months?

_____ (0-10) NUMBER

*P20. Have you ever had your gall bladder removed?

YES 1...(**GO TO *P32**)

NO..... 5

DON'T KNOW 8

REFUSED 9

***P21. INTERVIEWER CHECKPOINT: (R'S GENDER)**

R IS MALE.....1...(GO TO *P22 INTRO 1)

R IS FEMALE2...(GO TO *P22 INTRO 2)

*P22 INTRO 1. Have you ever had abdominal surgery or intestinal surgery, such as an appendectomy? YES1...(GO TO *P32) NO.....5	*P22 INTRO 2. Have you ever had abdominal or intestinal surgery, such as a hysterectomy, a cesarean section, or an appendectomy? YES1...(GO TO *P32) NO.....5
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***P23. Have you ever been diagnosed as having ulcerative colitis or Crohn's Disease?**

YES.....1...(GO TO *P32)

NO.....5

***P24. Have you ever had a period lasting 12 months or longer when at least one week each month you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?**

YES.....1

NO5...(GO TO *P32)

DON'T KNOW.....8...(GO TO *P32)

REFUSED9...(GO TO *P32)

*P25. Did you have either frequent diarrhea or frequent constipation during that period?

YES 1...(**GO TO *P27**)

NO..... 5

*P26. Did you have a change in the **frequency** of your bowel movements during that period?

YES 1

NO 5...(**GO TO *P32**)

DON'T KNOW 8...(**GO TO *P32**)

REFUSED 9...(**GO TO *P32**)

*P27. Did these problems ever last at least one week per month for 12 months or longer?

YES 1...

NO 5...(**GO TO *P32**)

DON'T KNOW 8...(**GO TO *P32**)

REFUSED 9...(**GO TO *P32**)

*P28. How old were you the first time you had a period of this sort?

_____ YEARS OLD

*P29. How much emotional distress did you ever experience because of problems with your stomach or lower abdomen – **no distress, mild, moderate, severe, or very severe distress?**

NO 1
 MILD.....2
 MODERATE.....3
 SEVERE4
 VERY SEVERE.....5

*P30. How much did these problems (with your stomach or lower abdomen) 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...(GO TO *P31)
 A LITTLE.....2
 SOME3
 A LOT.....4
 EXTREMELY5

*P30a. How often were these problems so severe you could not carry out your daily activities – **often, sometimes, rarely, or never?**

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

*P31. Did you have problems of this sort for at least one week per month in each of the **past 12 months**?

YES 1

NO..... 5

*P32. Do you have a regular medical doctor who you usually visit when you need routine medical care?

YES 1...(GO TO *P33)

NO..... 5

*P32a Do you have a regular **place** where you usually go when you need routine medical care – like a particular clinic or hospital?

YES1

NO.....5

*P33. How many visits did you make to each of the following types of health professionals in the past 12 months:

*P33a. A general medical doctor or family doctor?	____ VISITS IN PAST 12 MO.
*P33b. A psychiatrist?	____ VISITS IN PAST 12 MO.
*P33c. Any other medical specialist like a cardiologist or (WOMEN: gynecologist/ MEN: urologist)?	____ VISITS IN PAST 12 MO.
*P33d. Any other health professional, like a nurse or nutritionist?	____ VISITS IN PAST 12 MO.