

NATIONAL SURVEY OF CURRENT & FORMER FOSTER PARENTS, 1993

NDACAN Dataset Number 79 User's Guide

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NATIONAL SURVEY OF CURRENT & FORMER FOSTER PARENTS, 1993

Data Collected by

James Bell Associates, Inc. and Westat, Inc.
Rockville, Maryland

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National Data Archive on Child Abuse and Neglect
in Collaboration with James Bell Associates, Inc. and Westat, Inc.

PREFACE

The study, *National Survey of Current & Former Foster Parents, 1993* has been given to the National Data Archive on Child Abuse and Neglect for public distribution by James Bell Associates, Inc. and Westat, Inc. Funding for the project was provided by the Children's Bureau, Administration for Children and Families, Administration for Children, Youth and Families, U.S. Department of Health and Human Services, Contract #105-89-1602.

ABSTRACT

The purpose of the *National Survey of Current & Former Foster Parents, 1993*, was to collect and analyze data from a nationally representative sample of current and former foster parents that would provide direction for future policy development. This study used a multistage stratified design where probability sampling was employed at each stage of the design. A mail/telephone survey was conducted of current and former foster parents in 16 counties in nine states. Based on lists provided by the counties, 1572 current foster parents and 362 former foster parents received a questionnaire in the mail. Follow up post cards and telephone calls were made. The survey was designed to identify foster parent characteristics, the types of children for whom they provided care, the types of children they would be willing to care for in the future, and their interactions with the child welfare system. An overall response rate of 71% was achieved.

Information from the surveys was supplemented with telephone discussions with child welfare administrators and foster parent association directors in the states and counties surveyed. Discussions focused on foster parent recruitment, licensing policies, services available to foster parents, and barriers to recruitment and retention of foster parents.

The dataset consists of two files. The first file includes information collected from current foster parents; it contains 1048 observations and 396 variables, including final and replicate weights. Current foster parents responded to questions about being a foster parent, reasons for becoming a foster parent, licensing & training, the child most recently placed in the foster home, the child who most recently left the foster home, and information about the foster parents. The second file includes information collected from former foster parents; it contains 265 observations and 307 variables, including case and estimate weights. Former foster parents responded to similar questions as the current foster parents, however questions regarding reasons for ceasing to be a foster parent were added to the survey.

ACKNOWLEDGMENT OF ASSISTANCE

All manuscripts which use data made available through the National Data Archive on Child Abuse and Neglect should acknowledge that fact as well as identify the original collector of the data. Users of these data are urged to follow some adaptation of the following statement:

The data utilized in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca NY; and have been used by permission. Data from the *National Survey of Current and Former Foster Parents, 1993* were originally collected by James Bell Associates, Inc. and Westat, Inc. Funding for this study was provided by the Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, Contract #105-89-1602. Neither the collector of the original data, the funder, the Archive, Cornell University, or its agents or employees bear any responsibility for the analyses or interpretations presented here.

INFORMATION ABOUT THE USE OF ARCHIVAL RESOURCES

In order to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors, each user of these data is expected to send two copies of any completed manuscript, thesis abstract, or reprint to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, MVR Hall, Ithaca, New York 14853-4401.

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OVERVIEW

The current chapter of this User's Guide contains excerpts from the final report for the *National Survey of Current and Former Foster Parents*. The final report was produced by Westat, Inc. in association with James Bell Associates, Inc. The report includes detailed information about the study background, design, and findings. It is available from the National Clearinghouse on Child Abuse and Neglect (NCCAN, Phone 800-FYI-3366, E-mail nccanch@calib.com).

Background

In September 1989, the Administration on Children, Youth and Families (ACYF) within the Administration for Children and Families awarded a contract to James Bell Associates, Inc. to conduct the *National Survey of Current and Former Foster Parents, 1993*.

At that time, estimates of the number of foster parents in the United States declined from 134,000 in 1984 to 125,000 in 1989 (National Foster Parent Association, 1989). This decline was particularly alarming in light of other data which indicated that the number of children needing foster family care was increasing and likely to continue to increase. Concerns were raised that the differences between the need and the availability of foster homes had and would continue to result in:

- Not implementing foster care policies concerning placement of children in the least restrictive setting and in close proximity to the child's biological family;
- Overcrowding in licensed foster homes;
- Relaxation of licensing or certification standards;
- Mismatching of children and foster families; and
- Placing children in makeshift shelters or agency offices while overworked caseworkers searched for placements.

While anecdotal and localized information on the nature and extent of foster parent recruitment and retention problems existed, no systematic collection of national data on the problem occurred. This hindered the development of Federal policy.

Purpose of Study

The Administration for Children, Youth, and Families developed this survey to better understand the issues affecting recruitment and retention of foster parents in order to develop policies that would facilitate state efforts to address this problem.

The specific objectives of the study were to:

- Identify and compare the characteristics of foster parents who have recently entered the system from those who became foster parents prior to 1980;
- Identify the differences between current foster parents and former foster parents in terms of their characteristics, the children for whom they care, and their experiences with the child welfare system;
- Identify the experiences of foster parents who have had children recently placed in their care and foster parents who have had children recently leave their care in terms of the characteristics of the child and agency's interaction with the foster parent and child;
- Identify agency practices regarding foster parent recruitment, licensing, training, placement and monitoring of children in foster family homes; and
- Explore the implications of these data for policy decisions regarding recruitment and retention of foster parents.

Sampling and Selection

A multistage stratified sampling design was used to extract nationally representative data. Probability sampling was employed at each stage of the design. At the first stage of sampling, states were placed in one of three strata based on the amount of their average monthly foster care payment rate. Within each stratum, counties (or clusters of rural counties) within each state were divided based on different combinations of urbanicity and on whether they had a high or low unemployment rate. A total of six categories were developed.

Within each selected state, counties were stratified by urbanicity and level of unemployment. A total of sixteen counties (or clusters of rural counties) in nine states were selected across these categories. Of the original states selected, one state refused to participate in the study. As a result, another state and county were substituted. In another state, massive organizational changes, and other problems within the foster care system in the county initially selected, led to concerns over the appropriateness of conducting this study in that county. In this instance, another county within that state was selected.

Once the sample sites were selected in September 1990, the researchers secured the cooperation of each state and county child welfare agency. At that time they explored with the state and county the best way to obtain lists of currently licensed foster parents and former foster parents who had been licensed since 1986. The frames were stratified as follows:

1. Started as foster care parent prior to 1980;
2. Started as foster care parent in the period 1980-1984;
3. Started as foster care parent in 1985 or after; and
4. Former foster care parents starting in 1985 or after.

The researchers also explored the definition of "licensed foster parent" to determine whether relative foster homes were included in this definition. The majority of agencies indicated that while some relative homes were licensed, other relative homes were required to go through less rigorous or different procedures or might not be required to be licensed at all. As a result, only a very small number of relative foster homes were included in the sampling frame.

For each site selected, the researchers requested a list of current licensed foster parents and asked agencies to indicate whether the foster parent was initially licensed before 1980, between 1980 and 1985, or between 1986 and 1991. Researchers also requested a list of foster parents who were initially licensed after 1985 but were no longer licensed by the agency (i.e. former foster parents). The stratification scheme for foster parents based on length of service and status as a current or former parent was designed to ensure that the analytic objectives of the study could be met. By comparing foster parents who were recently licensed with those who had been licensed for longer periods, the researchers could examine changes in the characteristics of foster parents and better determine what the characteristics of foster parents would be like in the future. The comparison of current and former foster parents licensed in 1986 and after permitted the researchers to examine the differences between those who continue as foster parents and those who cease foster parenting in a relatively short time.

Foster parents were then randomly selected at each site from within the four strata. An initial mailing was sent to 2,500 current and former foster parents. (A detailed description of the sampling design can be found in Appendix A.)

Data Collection

Once the sampling frames were obtained, cases were randomly selected and assigned identification numbers, and mailing lists were developed. The surveys were mailed during May and June of 1991 in a series of staggered mailings. Foster parents were mailed a cover letter explaining the survey and its importance and stressing the confidentiality of their responses. A stamped self-addressed envelope was included. During June and July, three weeks after the initial mailing, a postcard reminder was sent to those foster parents who had not returned the survey.

Approximately three weeks after the postcard was sent, telephone calls were made to foster parents who had not completed the survey, urging them to do so. Telephone interviewers indicated that James Bell Associates, Inc. would donate \$1.00 to the scholarship fund of the National Foster Parent Association for each completed survey they received. If literacy or foreign language problems were identified by the telephone callers, Spanish speaking interviewers were available to conduct phone interviews with Spanish speaking respondents.

Foster parents who indicated that they had never received or had lost the survey were mailed another survey. Some foster parents indicated that they did not wish to complete the survey. In these instances, they were asked if they would answer a few brief questions over the telephone. This short-survey form contained questions on the foster parent's characteristics, the number of children they had in their home, and their satisfaction with the caseworker and the agency. Former foster parents were asked about the reasons they stopped being foster parents.

Although few parents refused to complete the surveys, many who had promised to return them did not do so. In order to achieve the desired response rate, foster parents were called again to see if they would complete the survey over the telephone. Most foster parents agreed to do so. Follow-up telephone interviews were completed in September 1991. In order to keep the telephone interview to a reasonable length of time, some questions included in the mail questionnaire were eliminated from the telephone survey. Additionally, questions concerning motivation for foster parenting and reasons for discontinuing as a foster parent were explored as open-ended questions, rather than reading the complete list of fixed response choices found in the survey. The answers were then coded using the response choices contained on the survey form.

Instruments and Measures

The study employed a total of two instruments to collect information from both current foster parents and former foster parents and telephone discussion guides. A brief description of each instrument is provided below. The complete instruments are included in Appendices B and C of this document.

Mail Questionnaire

The current foster parent survey includes questions about being a foster parent, reasons for becoming a foster parent, licensing & training, the child most recently placed in the foster home, the child who most recently left the foster home, and about the foster parents. The questionnaire for the former foster parents was similar to the questionnaire for current foster parents except that information about the child most recently placed in the home was removed. Questions regarding the reasons for ceasing to be a foster parent were added to this survey.

Telephone Discussion Guides

This instrument was used in informal telephone conversations with child welfare agency staff and foster parent association presidents. These guides covered such topics as the organizational structure of the child welfare agency, specific foster parent recruitment strategies, selection, licensing & certification practices, training practices, placement practices, and barriers to recruitment & retention of foster parents. The telephone discussions were used to supplement data gathered from the surveys. The results of the telephone discussions are referred to in the final report of this study, but were not used to generate any data in the dataset.

DESCRIPTION OF THE DATA FILES

The Archive distributes these data as SAS transport or SPSS portable files. Other file formats and data subsets can be prepared by special request. Please refer to the NDACAN order form or contact the Archive for more information.

The Archive distributes two data files for this study. A brief description of each file is provided below. Unweighted frequencies and summary statistics are available from the NDACAN web server.

File Characteristics

CURRENT

This file contains all of the data collected from current foster parents. It contains 1048 observations and 396 variables. Two sets of full sample and replicate weights are included in the data file. The final case weight for the current foster parent data is given as C_FINWT. The replicate weights for the current foster parent data are variables C_RPWT1 through C_RPWT16.

FORMER

This file contains all of the data collected from former foster parents. It contains 265 observations and 307 variables. This file contains information about former foster parents. Full sample and replicate weights are included in the data file. The final case weight for the data is F_FINWT. Replicate weights for the former foster parent data are variables F_RPWT1 through F_RPWT16.

Variables Removed from the Data Files

Some variables were removed from each data set. Variables were removed only for reasons of confidentiality, if it was impossible to ascertain how variables were derived, or when no information was available on the value labels.

Out of Range Values

Some of the variables in this dataset contain out of range values. These out of range values were retained so that individual researchers could have the flexibility to decide how to treat these values in analyses.

CURRENT Data File

1. The variables A1YY and C1YY contain 9 out of range values: "44", "51", "53", "54", "55", "56", "57", "58", and "59". These values may be treated as years.
2. The variable C2 contains 6 out of range values: "48", "60", "72", "88", "90", and "96". These values may be treated as the number of months.

3. The variable C3 contains 4 out of range values: "39", "48", "60", and "96". These values may be treated as the number of months.
4. The variable E1MON contains one out of range value: "54". This value may be treated as the year.
5. The variable E3YY contains one out of range value: "55". This value may be treated as years.
6. The variable E22 contains 10 out of range values: "120", "140", "150", "180", "210", "270", "330", "365", "545", "548". These values may be treated as the number of months.
7. The variable F3 contains two out of range values: "11" and "12". These values may be treated as the number of children.
8. The variable F5 contains one out of range value: "14". This value may be treated as the number of children.

FORMER Data File

1. The variable A1YY contains one out of range value: "52". This value may be treated as a year.
2. The variable C1YY contains one out of range value: "51". This value may be treated as a year.
3. The variable C2 contains 4 out of range values: "44", "48", "60", and "72". These values may be treated as the number of months.
4. The variable D29 contains one out of range value: "48". This value may be treated as the number of months.

Please contact the Archive directly if you have questions or encounter problems in using this dataset.

CONDUCTING ANALYSES

Weighting and Estimation

The *National Survey of Current and Former Foster Parents* data must be weighted in order to insure appropriate statistical inferences. The data in their raw form (i.e. unweighted data) do not accurately represent the population of interest.

Appropriate analyses of the National Survey of Current & Former Foster Parents require the use of both full sample weights and replicate weights. Weighting is required because the sample elements were selected by unequal sampling methods (i.e. nonrandom selection). Sample weights correct for selection bias arising from overrepresentation of some cases that are more likely to be sampled and under-representation of some other cases that are less likely to be sampled. Sample weights are also needed in making adjustments for non-responses.

Replicate weights are required because the data were collected in a multi-stage cluster design. One consequence of multi-stage cluster sampling is that observations can not be assumed to be independent as is commonly done for a simple survey. Observations that are from the same cluster are likely to be more similar to each other than to observations from a different cluster. Replicate weights are used to take these factors into consideration and to allow researchers to generate unbiased estimates of variance and standard error. The reader may consult Cochran (1977) or Kish (1965) for a general discussion of sampling designs. Lee, Forthofer, & Lorimor (1989) provide a recent discussion of the use of weights with complex survey data. A brief explanation of understanding and analyzing complex survey data can be found in the Fall, 1993 edition of the NDACAN newsletter.

The *National Survey of Current & Former Foster Parents, 1993* arrives at national estimates via **full sample weight variables**. Additionally, the complex design structure is addressed via the **16 replicate weight variables** associated with each respondent. The replicate weights are necessary for producing unbiased estimates of variance and standard error.

The final case weight for the current foster parent data is given as C_FINWT. The final case weight for the former foster parent data is given as F_FINWT. ***All analyses of these files must use these weights.***

Sampling Errors

There is some degree of uncertainty associated with any estimate that is made on the basis of a sample. The standard error provides some idea of how much uncertainty is associated with a given estimate as a result of the use of the sample rather than a complete study of the total population. (It does not reflect other sources of error.) Thus, the standard error (or the variance) indicates the precision of an estimate, and having reliable estimates of the standard error is a prerequisite for conducting statistical comparisons of the estimates for different groups.

Like many large national surveys, the *National Survey of Current & Former Foster Parents, 1993*

used a multi-stage sample design (i.e. foster parents were sampled within counties, counties within states, and states within the United States). When multi-stage sampling is used, there is a considerable degree of variance in the data. In order to accurately assess variances (or standard errors) and in order for significance tests to yield meaningful results, one must take special measures (Lee, Forthofer & Lorimar, 1989). In the *National Survey of Current & Former Foster Parents, 1993* estimates were computed using a replication approach, the Jackknife (JK1). The resultant replicate weights for the current foster parent data are given as variables C_RPWT1 through C_RPWT16. The replicate weights for the former foster parent data are given as variables F_RPWT1 through F_RPWT16.

It is important to note that NDACAN was unable to obtain national estimates identical to the estimates given in the final report for this study. Users should expect national estimates from this dataset to be slightly off as well.

Special Software

Many advanced statistical packages (e.g. SPSS and SAS) have a WEIGHT statement that enables the computation of unbiased population estimates. However, many of these packages cannot calculate accurate variance and standard errors of population estimates from studies based on complex survey designs such as the *National Survey of Current & Former Foster Parents, 1993*. If one of the standard statistical packages (e.g. SPSS and SAS) is used for complex survey data like the *National Survey of Current & Former Foster Parents, 1993*, then the resulting variances and standard deviations are incorrect, since these packages assume simple random sampling to calculate variance and standard errors. Several specialized programs for complex survey data are available that compute statistics and associated sampling errors (Lee et al., 1989). Examples of these programs include SUDAAN, PC CARP, and WesVar Complex Samples 3.0.

Although any of these programs, as well as other suitable programs not mentioned can be used for analysis of the *National Survey of Current & Former Foster Parents, 1993* data, NDACAN strongly encourages the use of WesVar software. WesVar is a user-friendly software package that runs in a Windows environment. This software is available to order from SPSS via the Internet. WesVar Complex Samples 3.0 is available from SPSS (<http://www.spss.com/software/wesvar>).

BIBLIOGRAPHY

The references for this document are divided into two sections: The first section is a listing of documents produced from *the National Survey of Current & Former Foster Parents, 1993*. The second section is a listing of publications which were consulted in the construction of this document. Please note that the first section is not meant to be an exhaustive or representative list of documents produced from the dataset. They are meant to provide the researcher with a starting point to begin a literature search.

Documents Produced from the Dataset

James Bell Associates, Inc. (1991). National survey of current and former foster parents. USDHHS contract # 105-89-1602.

Documents Related to the Dataset

Burnette, D. (1999). Custodial grandparents in Latino families: Patterns of service use and predictors of unmet needs. *Social Work* 44(1), 22-34.

References for this Document

Cochran, W.G. (1977). *Sampling techniques* (Third Edition). New York: John Wiley & Sons.

Darlington, R.B. (1990). *Regression and linear models*. New York: McGraw-Hill.

Frongillo, E. A., Jr. (1993). Understanding and analyzing complex survey data: The case of NIS-2. *Updata* 4(1), 3-4.

Kish, L. (1965). *Survey sampling*. New York: John Wiley & Sons.

Lee, S.L., Forthofer, R.N., & Lorimor, R.J. (1989). *Analyzing complex survey data*. Newbury Park, CA: Sage.

APPENDIX A: SAMPLE DESIGN, WEIGHTING, AND VARIANCE ESTIMATION

SAMPLE DESIGN, WEIGHTING, AND VARIANCE ESTIMATION

This appendix describes the sample design, weighting, and variance estimation procedures used for the Evaluation of Issues Currently Affecting the Recruitment and Retention of Family Foster Parents.

A.1 Sample Design

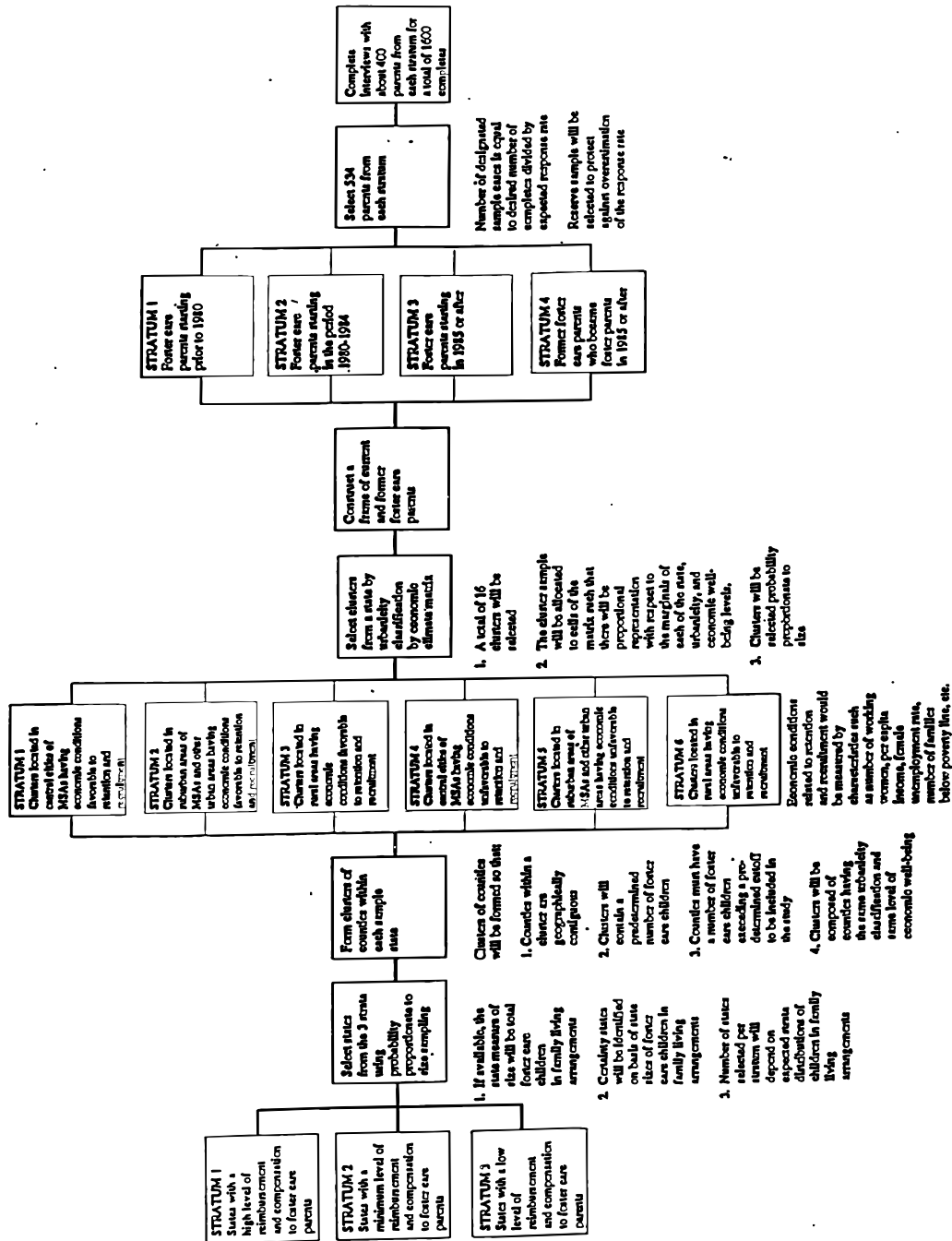
The sample design for this study was a multistage stratified design where probability sampling was employed at each stage of selection. Exhibit A-1 shows the sequence of steps taken to implement the sample design. The first stage of selection was state clusters, the second stage was the selection of counties (or clusters of rural counties), and the third stage of selection was foster parents. A description of the stages of the sample design, stratification employed at each stage, and selection procedures used to draw the sampling units at each stage is given below.

Selection of First Stage Sampling Units -- States. A sample of nine state clusters were selected from three strata of states using probability proportionate to size sampling where the fifty states and the District and Columbia constituted the state universe. States were stratified by foster family reimbursement rates, using the following categorization:

High payment level:	Greater than \$320 per month
Medium payment level	\$255 to \$320 per month
Low payment level	\$160 to \$254 per month

After the stratification of states was completed, state selection probabilities were calculated. The measure of size for each state was the 1988 Census population estimate of children under 20 years of age for the State. States having small selection probabilities were clustered with states having larger selection probabilities. Three state clusters were sampled from each stratum using probability proportionate to size sampling, for a total of nine sample state clusters.

Schematic of the Sample Design for the Retention and Recruitment of Foster Care Parents



Selection of Second Stage Units -- Clusters of Counties. Within each selected state, counties were stratified by urbanicity and level of unemployment. Within each urbanicity/level of unemployment stratum, counties were clustered. County clusters from all selected states were then pooled and stratified by the reimbursement level of the state where they were located, urbanicity, and unemployment level. A systematic probability proportionate to size sample of 16 clusters was then drawn. The measure of size used in the clustering of counties was the number of children less than twenty years of age which was available from the Census Bureau's 1988 County and City Data Tape. Counties were clustered to yield adequate sample sizes because having small counties with small foster parent populations would have meant that the sample yields in these small counties would be far smaller than desired.

After clustering of counties was completed, all clusters from the 14 sample states were ordered. A cumulative total of the number of children less than 20 years of age was computed for all 364 county clusters in the 14 sample states. This cumulative total was then divided by 32, as 16 primary county clusters and 16 reserve county clusters were to be selected. The measures of size for Los Angeles (California) and Cook (Illinois) counties exceeded this quotient so these counties became certainty selections. Probability proportionate to size sampling was used to select 28 noncertainty clusters. The primary and reserve sample clusters are shown in Exhibit A-2.

Selection of Foster Parents. Once sampled counties were identified, sampling frames of foster parents were requested from agency administrators. The frames were stratified as follows:

1. Started as foster care parent prior to 1980;
2. Started as foster care parent in the period 1980-1984;
3. Started as foster care parent in 1985 or after; and
4. Former foster care parents starting in 1985 or after.

Stratifying foster parents by current and former status, and current foster parents by length of service, was necessary to help fulfill such analytical objectives of the survey as comparing the characteristics of current and former foster parents.

Exhibit A-2. Primary and reserve sample clusters

Payment level	Type of Cluster		Primary Selection		Reserve Selection	
	Urbanicity	Unemployment level	State	County	State	County
High	Rural	High	Michigan	Mason Mitsaukee Wexford	Michigan	Berrien
High	Suburban	High	California	Tulare	Michigan	Genesee Lapeer
High	Suburban	Low	Connecticut	New Haven New London	California	San Mateo
High	Urban	Low	California	Orange	California	San Bernardino
High	Urban	High	California	Los Angeles	California	San Diego
			Michigan	Wayne	California	Fresno
Medium	Urban	High	Illinois	Cook	Pennsylvania	Philadelphia
			Pennsylvania	Allegheny	Indiana	Marion
Medium	Suburban	Low	Illinois	Lake	Illinois	DeKalb McHenry
Medium	Suburban	High	Indiana	Bartholomew	New Mexico	Dona Ana
			Illinois	Jackson Monroe St. Clair	Illinois	Clinton Madison
Medium	Rural	High	Pennsylvania	Clearfield	Illinois	Lee Ogle
Low	Rural	Low	Missouri	Cedar Lawrence McDonald Polk	Missouri	Saline Howard Monroe
Low	Rural	High	Tennessee	Clatsone Hamblen Hancock Union	West Virginia	McDowell
Low	Suburban	Low	New Jersey	Camden	New Jersey	Somerset
Low	Urban	High	Missouri	St. Louis City	New Jersey	Essex

The rationale for considering only former foster care parents starting in 1985 or after was to safeguard against having a large percentage of sample foster parents who simply "aged" out of the foster care system. These sample foster parents would not provide information on reasons for terminating as foster parents which could be potentially ameliorated by changes in public policy or practice.

A.2 Weighting

Each foster parent for whom a questionnaire was completed received a sampling weight which contained the following components: (1) foster parent base weight, and (2) nonresponse adjustment factor. The base weights were adjusted for nonresponse to reduce potential bias resulting from not obtaining a completed questionnaire from every foster parent in the sample. Sampling weights were needed to obtain the national projection of number of foster parents. The components of the weights are discussed below.

Base weight. There were three components to the foster parent base weight: (1) state weight, (2) site weight, and (3) within foster parent stratum weight. These components are shown in Exhibit A-3.

Nonresponse adjustment. The foster parent sample consisted of 1,775 current foster parents and 695 former foster parents. As discussed earlier, the current foster parents were divided into three strata based on the date of their initial licensure. The overall response patterns by strata are presented in Exhibit A-4.

Nonresponse adjustment was carried out in two steps: (1) factors depicting differences across eligible cases were identified and classified into nonresponse adjustment cells, and (2) within each cell the weights of the respondents were adjusted so that the weighted estimates from respondents would also represent the nonrespondents within the cell. The process was somewhat different for current foster parents than former foster parents.

Initially, four factors were considered to identify differences across eligible current foster parent cases. These included: 1) race/ethnicity, 2) single vs. two-parent foster homes, 3) number of foster children in the home (0 versus 1 or more), and 4) urbanicity. Greater differences were found in the

Exhibit A-3. State, site, and within-stratum weights

Site Number	Site	State	State Weight	Site Weight	Within-Stratum Weight			
					Stratum 1 (Prior to 1980)	Stratum 2 (1980 - 1984)	Stratum 3 (1985 and later)	Stratum 4 (Former Foster Parent)
1	Mason Missaukee Wexford	Michigan	2.9452	57.5590	1.0000	1.0000	1.0000	1.0000
2	Wayne	Michigan	2.9452	2.1947	1.6981	6.2461	26.3852	18.7617
3	Indiana Clearfield	Pennsylvania	1.8625	32.1487	1.0000	1.0000	1.0000	1.0000
4	Allegheny	Pennsylvania	1.8625	6.6314	1.0000	3.2690	13.8122	9.8232
5	Bartholomew	Indiana	5.1421	42.6776	1.0000	1.0000	1.0000	1.0000
6	Claiborne Hamblen Hancock Unicoi	Tennessee	2.9595	35.4009	1.0000	1.0000	1.0000	1.0000
7	Cedar Lawrence MacDonald Polk	Missouri	5.0638	28.7461	1.0000	1.0000	1.0000	1.0000
8	St. Louis	Missouri	5.0638	4.7719	1.0000	1.6706	7.0572	4.0128
9	Tulare	California	1.0593	43.8756	1.0000	1.0000	5.4201	2.6103
10	Orange	California	1.0593	10.8431	1.0000	3.5124	14.4380	7.5815
11	San Diego	California	1.0593	11.1845	1.0000	2.3557	9.2166	5.8445
12	Candem	New Jersey	1.9547	19.0551	1.0000	1.0000	3.4694	2.7170
13	Cook	Illinois	2.0513	13.897	1.0000	9.7182	46.9484	18.2149
14	Lake	Illinois	2.0513	14.4403	1.0000	1.0000	3.7397	2.1915
15	Jackson Monroe St. Clair	Illinois	2.0513	19.1514	1.0000	1.0000	3.5932	1.6524
16	Dakota	Minnesota	6.9827	8.7108	1.0000	1.0000	1.6824	1.3135

Exhibit A-4. Response rates

C.M.'s Question #	Final Status	Strata 1		Strata 2		Strata 3		Strata 4		Total	
		N	%	N	%	N	%	N	%	N	%
6	Surveys completed	200	50%	323	57%	417	50%	149	21%	1179	40%
7	Short-response forms	15	3%	14	2%	15	2%	133	19%	177	7%
3	Out of scope: deceased, never a FP, exchange students	1	0%	0	0%	3	0%	37	5%	41	2%
4	Survey undelivered, Wrong #, disconnected	2	0%	3	1%	6	1%	145	21%	156	6%
	Subtotal	32	6%	29	5%	37	5%	119	17%	217	9%
5	Promised to complete, but no survey returned	34	7%	32	6%	43	6%	264	36%	373	15%
	Established contact, but FP not home	66	16%	70	12%	85	12%	10	1%	233	9%
	No contact (3 attempts) Claimed they mailed survey; we never received it	19	4%	33	6%	28	4%	16	2%	96	4%
	Refusal	20	4%	19	3%	29	4%	26	4%	94	4%
	Unpublished phone # for people who did not return survey	19	4%	17	3%	17	2%	6	1%	59	2%
	Subtotal	20	4%	8	1%	13	2%	10	1%	51	2%
1,2	Status Unknown (Camden)	6	1%	6	1%	21	3%	12	2%	45	2%
	Subtotal	152	30%	153	27%	193	27%	80	12%	578	23%
1,2	Total	10	2%	44	6%	36	5%	32	5%	122	5%
	Total	502	100%	566	100%	707	100%	695	100%	2470	100%

two factors -- current number of foster children and urbanicity, and therefore these were used in calculating nonresponse adjustments.

For current foster parents, nonresponse adjustment was then computed in two stages. For a subset of the nonrespondents, we were able to collect information on their race/ethnicity, number of current foster children, and whether there were one or two foster parents in the home. In the first stage, these cases were treated as respondents. For those cases where there was no information provided, we only used the urbanicity and stratum identifier. These cases were classified as nonrespondents in the first stage. In the second stage, we used urbanicity and current number of foster children to form the weighting classes. In the second stage, only those foster parents who had completed a questionnaire were considered the respondents. Exhibit A-5 presents the nonresponse adjustment factors for stage one and stage two.

Exhibit A-5. Nonresponse adjustment factors for current foster parents

First-Stage Adjustment Factors for Current Foster Parents							
OBS	Urbanicity	Stratum Code	Weighted Numerator	Weighted Denominator	Nonresponse Adjustment Factor	Number of Cases in Numerator	Number of Cases in Denominator
1	R	1	2760.07	2760.07	1.00000	26	26
2	R	2	7487.62	7487.62	1.00000	60	60
3	R	3	10731.05	19568.34	1.05942	162	155
4	S	1	4589.39	4166.15	1.10159	132	120
5	S	2	9815.38	7255.26	1.35286	226	157
6	S	3	43702.93	34748.75	1.25768	275	207
7	U	1	3624.74	3352.74	1.08113	309	283
8	U	2	8759.52	7427.84	1.17928	249	211
9	U	3	31262.80	26720.54	1.16999	224	195
Second-Stage Adjustment Factors for Current Foster Parents							
1	R	0	12920.41	7462.98	1.73127	92	54
2	R	1	18058.32	13719.67	1.31624	149	115
3	S	0	18658.59	13644.56	2.36747	114	93
4	S	1	33258.39	26289.39	1.26509	253	203
5	U	0	12463.52	8870.63	1.40503	219	144
6	U	1	37374.26	31208.13	1.19758	587	472

In calculating nonresponse adjustment for former foster parents, current foster parents for whom surveys could not be delivered (the agency had no known address) or the telephone number was unknown or disconnected were categorized as former foster parents. A total of 109 sampled current foster parents met this criteria. These current foster parents were treated as former foster parents based on the assumption that if the states did not know where these people lived, they were no longer serving as foster parents for the agency. Nonresponse adjustment factors were then calculated by urbanicity. Exhibit A-6 presents the nonresponse adjustment factors used.

Exhibit A-6. Nonresponse adjustment factors for former foster parents and current foster parents for whom there was no known address or telephone number

OBS	Urbanicity	Weighted Numerator	Weighted Denominator	Nonresponse Adjustment Factor	Number of Cases in Numerator	Number of Cases in Denominator
1	R	12824.92	6770.26	1.89430	97	49
2	S	28071.37	11260.59	2.49289	318	126
3	u	28248.24	8377.63	3.37186	351	104

A.3 Variance Estimation

The variance estimation was carried out by a replication method, jackknife (JK1). Each component of the foster parent weight -- 1) base weight, 2) first-stage nonresponse adjustment factor, and 3) second-stage nonresponse adjustment factor -- were replicated. Sixteen replicate weights were calculated for each foster parent and then these sixteen replicate weights were used to compute variance estimates.

APPENDIX B: CURRENT FOSTER PARENT VARIABLE INFORMATION

This appendix consists of three sections. The first and second section are lists of all the variables in the CURRENT data file, sorted alphabetically and by the order in which they appear in the file, respectively. The third section provides a description of the variables arranged in the order found in CURRENT data file. For each variable, the variable name, variable label, and variable format is provided on the first line. A more extensive description of the variable follows if appropriate. Finally, variable values and their corresponding labels are listed.

CURRENT Variables Sorted Alphabetically

Variable	Label	Page
A1YY	Year First Approved as Foster Parent	53
A2A	Approved as Family Foster Home	54
A2B	Approved for Emergency Care	54
A2C	Approved as Specialized Foster Home	54
A2D	Approved as Relative Foster Home	54
A2E	Approved as Group Home	54
A2F	Approved as Other Foster Home	55
A3	Number of Children Approved to Accept at One Time	55
A5A_A4A	Number of Foster Children Related by Birth or Marriage	55
A5A4TOTL	Total Number of Children A through C	56
A5B_A4B	Number of Foster Children Known Before Placement, but not Related	55
A5C_A4C	Number of Foster Children Neither Known nor Related	55
A6A_A5A	Any Foster children developmentally disabled/mentally retarded	56
A6B_A5B	Any Foster Children Physically Seriously Ill	56
A6C_A5C	Any Foster Children Drug Exposed Infant/Newborn	56
A6D_A5D	Any Foster Children Born with Fetal Alcohol Syndrome	56
A6E_A5E	Any Foster Children Born with AIDS	57
A6F_A5F	Any Foster Children Mentally Ill or Behaviorally Disturbed	57
A7_A6	Any Foster Children Sexually Abused Before	57
A8A_A7A	Any Foster Children American Indian or Alaskan Native	57
A8B_A7B	Any Foster Children Asian or Pacific Islander	57
A8C_A7C	Any Foster Children Black, Not Hispanic	58
A8D_A7D	Any Foster Children Hispanic	58
A8E_A7E	Any Foster Children White, not Hispanic	58
A8F_A7F	Any Foster Children of Other Origin	58
B1A	Could not have any, or any more children of my own	61
B1AA	Was abused or neglected myself	66
B1B	Was single & wanted a child	61
B1BB	Other reason for becoming a foster parent	66
B1C	Didn't want to care for infant	61
B1D	Wanted to adopt but couldn't get a child	61

Variable	Label	Page
B1E	Thought about adopting and thought foster parenting was a good way to start	61
B1F	Wanted a certain kind of child (e.g., a girl or a five-year old)	61
B1G	Thought a child might help my marriage	62
B1H	Wanted companionship for myself	62
B1I	Wanted companionship for my own child	62
B1J	Wanted a larger family	62
B1K	Wanted to provide a child with love	63
B1L	Wanted to be loved by a child	63
B1M	Wanted to provide a good home for a child	63
B1N	Had a child who died	63
B1O	Wanted to help a child with special problems	63
B1P	My own children were grown and I wanted children in the house	64
B1Q	Wanted to provide a home for children who would otherwise be in an institution	64
B1R	Wanted a child to help with chores or work in family business	64
B1S	Wanted to increase family income	64
B1T	Wanted to care for a child but did not want permanent responsibility	64
B1U	Religious beliefs	65
B1V	Wanted to do something for the community/society	65
B1W	Wanted to fill time	65
B1X	Knew the foster child or the child's family and wanted to help	65
B1Y	Am related to the child	65
B1Z	Was a foster child myself	66
B2	Most important reason for being a foster parent	66
C_A11	Would you care for a child with a physical handicap or serious illness?	59
C_A13	Would you care for a child with severe behavioral or emotional problems?	59
C_A15	Would you care for a teenage foster child?	59
C_A17	Would you care for a child whose race is different from yours?	59
C_A19	Would you care for a child born with the AIDS virus?	59
C_A20	What would be your major concerns in caring for a child with the AIDS virus?	60
C_A21	Would you care for a drug-exposed infant?	60

Variable	Label	Page
C_A23	Would you care for an infant who was born with Fetal Alcohol Syndrome or other alcohol related disorder?	60
C_A25	Would you care for an infant who was sexually abused?	60
C_A4	Number of Children Currently in Home	55
C_A8F_OT	Other Origin Specified	58
C_B3	How did you first hear about the need for foster parents?	66
C_B4	Best way to get more foster parents	66
C_BOX_D	Is there a foster child currently living in your home?	82
C_C16	Most important service	82
C_D10A	Did the child's sisters or brothers live with you?	84
C_D10B	Did the child's sisters or brothers live with another foster parent?	84
C_D10C	Did the child's sisters or brothers live with their own parents?	85
C_D10D	Did the child's sisters or brothers live with relatives?	85
C_D10E	Did the child's sisters or brothers live in a group care facility?	85
C_D10F	Did the child's sisters or brothers live in a hospital?	85
C_D11A	At the time this child was placed with you did the child have a developmental disability or mental retardation?	86
C_D11B	At the time this child was placed with you did the child have a physical handicap or serious illness?	86
C_D11C	At the time this child was placed with you was the a drug exposed infant or new born?	86
C_D11D	At the time this child was placed with you did the child have Fetal Alcohol Syndrome or other alcohol related disorders?	86
C_D11E	At the time this child was placed with you did the child have the AIDS virus?	86
C_D11F	At the time this child was placed with you did the child have an emotional or behavioral disturbance or metal illness?	87
C_D12A	Had this child ever been sexually abused?	87
C_D12B	Had this child ever been physically abused?	87
C_D12C	Had this child ever been seriously neglected?	87
C_D12D	Had this child ever been homeless?	87
C_D13	How many days notice did you receive before this child was placed with you?	88
C_D14	Immediately before being placed in your home, was this child living in:	88
C_D15	Was this child similar to or different from type of child you told the agency you wished to care for?	88
C_D16A	If this child was different from the kind of child you asked for, indicate the way he/she was different: Different race?	88

Variable	Label	Page
C_D16B	If this child was different from the kind of child you asked for, indicate the way he/she was different: Different sex?	89
C_D16C	If this child was different from the kind of child you asked for, indicate the way he/she was different: Older?	89
C_D16D	If this child was different from the kind of child you asked for, indicate the way he/she was different: Younger?	89
C_D16E	If this child was different from the kind of child you asked for, indicate the way he/she was different: Emotional/behavior problems or mental illness?	89
C_D16F	If this child was different from the kind of child you asked for, indicate the way he/she was different: Handicapping condition or serious health problem?	89
C_D16G	If this child was different from the kind of child you asked for, indicate the way he/she was different: Mentally retarded or developmentally disabled?	90
C_D16H	If this child was different from the kind of child you asked for, indicate the way he/she was different: Other?	90
C_D17	Before the child was sent to you, did the agency accurately and completely describe the child to you or not?	90
C_D18	How was the agency's description inaccurate or incomplete (open-ended)?	90
C_D19A	How much information did you receive about the child's history of abuse or neglect?	91
C_D19B	How much information did you receive about the child's foster care placement history?	91
C_D19C	How much information did you receive about the future plans for the child?	91
C_D19D	How much information did you receive about the child's feelings about own parents and separation from parents?	91
C_D19E	How much information did you receive about the child's visitation plans with parents?	92
C_D19F	How much information did you receive about the child's feelings about being separated from brothers and sisters?	92
C_D19G	How much information did you receive about the child's medical history?	92
C_D19H	How much information did you receive about the child's school history?	92
C_D19I	How much information did you receive about the child's school history?	93
C_D19J	How much information did you receive about the child's handicap?	93
C_D19K	How much information did you receive about the child's level of retardation?	93
C_D19L	How much information did you receive about the child's emotional problems?	93

Variable	Label	Page
C_D19M	How much information did you receive about the child's other special care needs?	94
C_D19N	How much information did you receive about the child's possible behavior problems?	94
C_D19O	How much information did you receive about the child's own parents' plan for visiting?	94
C_D19P	How much information did you receive about your role in deciding plans for the child's future?	94
C_D19Q	How much information did you receive about how often you and the caseworker would talk?	95
C_D19R	How much information did you receive about other issues?	95
C_D1MON	What month was your most recent foster child placed in your home?	82
C_D1YY	What year was your most recent foster child placed in your home?	82
C_D2	At the time this child was placed with you, was this child:	82
C_D3	How old was this child when he/she was placed?	83
C_D4	Is this child male or female?	83
C_D5	Child Race/Ethnicity	83
C_D6	English as Child's Language	83
C_D7	Child's Ability to speak English	84
C_D8	Foster Parent's Ability to Speak Child's Language	84
C_D9	Child's Siblings	84
C_E_BOX	Has any child who was placed in your home left your care?	98
C_F18	Thinking ahead, over the next three years, do you intend to continue as a foster parent?	122
C_F19BA	Why do you intend to stop being a foster parent? Divorce, marital problems	122
C_F20	What one thing would be most important in keeping you from terminating as a foster parent?	126
C_F21	What other kinds of improvements in agency support or services to foster parents to you feel are needed	127
C_F22	Who completed this questionnaire?	127
C_FINWT	Final Weight	127
C_NEWSTR	Modified Strata Code	127
C_QUIT1	Flag for Personal Reasons	52
C_QUIT2	Flag for Economic Reasons	52
C_QUIT3	Flag for Larger Family Plans	52
C_QUIT4	Flag for Foster Child Related Problems	52
C_QUIT5	Flag for Agency Related Problems	52

Variable	Label	Page
C_QUIT6	Flag for Other Problems	52
C_RPWT1	Replicate Weight 1	127
C_RPWT10	Replicate Weight 10	128
C_RPWT11	Replicate Weight 11	128
C_RPWT12	Replicate Weight 12	128
C_RPWT13	Replicate Weight 13	128
C_RPWT14	Replicate Weight 14	128
C_RPWT15	Replicate Weight 15	128
C_RPWT16	Replicate Weight 16	128
C_RPWT2	Replicate Weight 2	127
C_RPWT3	Replicate Weight 3	127
C_RPWT4	Replicate Weight 4	127
C_RPWT5	Replicate Weight 5	127
C_RPWT6	Replicate Weight 6	127
C_RPWT7	Replicate Weight 7	127
C_RPWT8	Replicate Weight 8	127
C_RPWT9	Replicate Weight 9	128
C_RSN1	Flag to Fulfill Desire for Family	50
C_RSN2	Flag for Negative Personal Reasons	50
C_RSN3	Flag for Wanted to Help Children	50
C_RSN4	Flag for Wanted to Help Community/Society	50
C_RSN5	Flag for Had Special Requirements	50
C_RSN6	Flag for had Relationship with Specific Child	50
C_RSN7	Flag for Had Personal Tragedy	51
C_SFFLAG	Flag if information from short form questionnaire	127
C10	Does the worker contact you regularly?	77
C11	Have you ever contacted this worker?	77
C13	Do you have a foster parent buddy (i.e., another foster parent whom you can call for advice or support)?	77
C14	Was the foster parent buddy assigned to you by the:	78
C15A1	Have you ever needed day care?	78
C15A2	Has the agency provided you with day care?	78
C15B1	Have you ever needed respite care?	78
C15B2	Has the agency provided you with respite care?	79
C15C1	Have you ever liability insurance?	79

Variable	Label	Page
C15C2	Has the agency provided you with liability insurance?	79
C15D1	Have you ever needed health care costs not covered by Medicaid?	79
C15D2	Has the agency provided you with health care costs not covered by Medicaid?	79
C15E1	Have you ever needed transportation for medical appointments or other services needed by the child?	80
C15E2	Has the agency provided you with transportation for medical appointments or other services needed by the child?	80
C15F1	Have you ever needed changes to your home to accommodate a disabled child?	80
C15F2	Has the agency provided you with changes to your home to accommodate a disabled child?	80
C15G1	Have you ever needed child or family counseling?	80
C15G2	Has the agency provided you with child or family counseling?	81
C15H1	Have you ever needed recreational activities for the child?	81
C15H2	Has the agency provided you with recreational activities for the child?	81
C15I1	Have you ever needed other services?	81
C15I2	Has the agency provided you with other services?	81
C1MON	What month did you first look into becoming a foster parent?	67
C1YY	Inquiry Year	67
C2	How many months after you first inquired did you become certified as a foster parent?	67
C3	How many months after you were licensed, was a foster child placed in your home?	68
C4A	Information about the role of a foster parent	68
C4B	Information about the temporary nature of foster care	68
C4C	Information about working with the child's parents	68
C4D	Information about the kinds of children needing foster care	68
C4E	Information about the role of the foster care worker	69
C4F	Information about payments to foster parents	69
C4G	Information about ways to contact the agency after working hours or on weekends	69
C4H	Information about what must be reported to the agency	69
C4I	Information about services given by the agency	70
C4J	Information about services given by the foster parent association	70
C4K	Information about what the agency does when foster parents are accused of abuse or neglect	70
C4L	Information about the possibility of abuse or neglect charges	70

Variable	Label	Page
C4M	Information about the legal aspects of foster care	70
C4N	Information about the discipline of children	71
C4O	Information about children's feelings about their own parents	71
C4P	Information about the effects of foster parenting on your family	71
C4Q	Information about fostering a teenager	71
C4R	Information about helping a child develop skills for growing up and living on his or her own	72
C4S	Information about working with a handicapped child	72
C4T	Information about working with a child who is racially or culturally different from you	72
C4U	Information about the availability of more foster parent training	72
C4V	Information about working with a sexually abused child?	72
C4W	Information about other topics?	73
C5A	Did you receive information from agency training session?	73
C5B	Did you receive information by talking to agency staff?	73
C5C	Did you receive information by talking to other foster parents?	73
C5D	Did you receive information from a foster parent "buddy" assigned by the agency?	73
C5E	Did you receive information from books, pamphlets, or other written materials provided by the agency?	74
C5F	Did you receive information from books, pamphlets, or other written materials provided by the foster parent association?	74
C5G	Did you receive information from another source?	74
C6	How well did the information you received prepare you for becoming a foster parent?	74
C7	After you became a foster parent, did you receive any more training?	75
C8A	Did you receive more training on fostering a teenager?	75
C8B	Did you receive more training on fostering a handicapped child?	75
C8C	Did you receive more training on fostering a child of a different race or culture?	75
C8D	Did you receive more training on disciplining a foster child?	75
C8E	Did you receive more training on supervising a foster child?	76
C8F	Did you receive more training on fostering a sexually abused child?	76
C8G	Did you receive more training on teaching a child life skills for growing up and living on his or her own?	76
C8H	Did you receive training about children's feelings about their own parents?	76

Variable	Label	Page
C8I	Did you receive more training on working with the child's own parents?	76
C8J	Did you receive more training on other topics?	77
C9	Has the child welfare agency assigned a caseworker or someone else who can answer any questions you have or help you if you have problems?	77
D20_D28	How many caseworkers have been assigned to the child?	95
D21_D29	How many months has the child's current worker been assigned to the case?	95
D22_D30	On average, how often do you talk with the current caseworker?	96
D23_D31	How well would you say the caseworker knows and understands the needs of this child?	96
D24_D32A	Has the caseworker discussed any of the following with you: Plans for this child's future?	96
D24_D32B	Has the caseworker discussed any of the following with you: This child's adjustment to your home?	96
D24_D32C	Has the caseworker discussed any of the following with you: This child's environment before coming to your home?	97
D24_D32D	Has the caseworker discussed any of the following with you: How this child is doing in school?	97
D24_D32E	Has the caseworker discussed any of the following with you: How this child relates to his/her own parents?	97
D24_D32F	Has the caseworker discussed any of the following with you: This child's need for services such as counseling?	97
D25_D33	On the whole, how satisfied are you with the current caseworker?	97
D26_D34	Is there anything about your relationship with the caseworker which you think could be better?	98
E1_D1MON	What month was this child placed with you?	98
E1_D1YY	What year was this child placed with you?	98
E10_D10	Did this child have any sisters or brothers?	101
E11_D11A	At the time this child was placed with you, where did the child child's sisters or brothers live: with you?	101
E11_D11B	At the time this child was placed with you, where did the child child's sisters or brothers live: with another foster parent?	101
E11_D11C	At the time this child was placed with you, where did the child child's sisters or brothers live: with his/her parents?	101
E11_D11D	At the time this child was placed with you, where did the child child's sisters or brothers live: with relatives?	102
E11_D11E	At the time this child was placed with you, where did the child child's sisters or brothers live: in a group care facility?	102
E11_D11F	At the time this child was placed with you, where did the child child's sisters or brothers live: in a hospital?	102

Variable	Label	Page
E11_D11G	At the time this child was placed with you, where did the child child's sisters or brothers live: in another place?	102
E12_D12A	Did this child have any of the following conditions: Developmental disability or mental retardation?	103
E12_D12B	Did this child have any of the following conditions: Physical handicap or serious illness?	103
E12_D12C	Did this child have any of the following conditions: Drug exposed infant or newborn?	103
E12_D12D	Did this child have any of the following conditions: born with Fetal Alcohol Syndrome or other alcohol related disorder?	103
E12_D12E	Did this child have any of the following conditions: Emotional or behavioral disturbance or mental illness?	103
E13_D13A	Before coming to your home had this child previously been sexually abused?	104
E13_D13B	Before coming to your home had this child previously been physically abused?	104
E13_D13C	Before coming to your home had this child previously been seriously neglected?	104
E13_D13D	Before coming to your home had this child previously been homeless?	104
E14_D14	Which one of the following best describes the circumstances that led to this child's leaving your home?	104
E15_D15	Which one of the following best describes the circumstances that led to this child's leaving your home?	105
E16_D16	Did you request removal because there were problems with the child's behavior (open ended)?	105
E17_D17	Did you request removal because there were problems with the child's behavior (open ended)?	105
E18_D18	Which statement best describes the worker's attitude about the problems?	106
E19_D19	Did you participate in the decision to remove the child?	106
E20_D20	Did you participate agree with the decision?	106
E21_D21	Who told the child?	106
E23_D23	Immediately after this child left your care, was this child...?	107
E24_D24A	During the time this child was in your care, were you involved in any of the following: Informal meetings?	107
E24_D24B	During the time this child was in your care, were you involved in any of the following: Agency or court hearings to decide the child's future?	107
E24_D24C	During the time this child was in your care, were you involved in any of the following: Other hearings?	108
E25_D25	During the time this child was in your care, were you in contact with this child's own parents?	108

Variable	Label	Page
E26_D26A	What was the nature of your contact with the child's own parents: Scheduled visits?	108
E26_D26B	What was the nature of your contact with the child's own parents: Unplanned visits by the child's own parents?	108
E26_D26C	What was the nature of your contact with the child's own parents: Questions from the child's own parent(s) about the child's health, adjustment to foster care, or other concerns?	108
E26_D26D	What was the nature of your contact with the child's own parents: Advice provided by you to the child's own parent(s) on caring for and supervising children?	109
E26_D26E	What was the nature of your contact with the child's own parents: Other contact?	109
E27_D27	How would you describe your contacts with the child's own parent(s)?	109
E2A_D2	At the time this child was placed with you, was this child:	99
E3_D3MON	In what month did this child leave your care?	99
E3_D3YY	In what year did this child leave your care?	99
E4_D4	How old was the child when he/she was placed with you?	99
E5_D5	Was this child male or female?	100
E6_D6	What was this child's race?	100
E7_D7	At the time the child was placed with you, did he/she speak English as his/her native language?	100
E8_D8	At the time this child was placed with you, how well could he/she speak English?	100
E9_D9	At the time this child was placed with you, could you speak this child's native language?	101
F1	What is your current marital status?	109
F10	What is the primary source of income for your household?	112
F11FATHR	Father's Employment Status	113
F11MOTHR	Mother's Employment Status	113
F12FATHR	Father's Occupation	113
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F16M_K	Mother had close friend or relative who was in foster care	117
F16M_L	Mother has/had a relative or close friend who is/was a foster parent	117
F16M_M	Mother had family member who was retarded, handicapped, or emotionally disturbed	117
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STATE	Foster Parent State of Residence	53
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Current Foster Parent Codebook Information

The variables in this codebook are arranged in the order in which they appear in the CURRENT data file. The first line in the description of each of the variables gives the variable name (in all capital letters), label and format for the variable. Formats beginning with the letter "F" are numeric. Those beginning with "A" are string, or character, variables. The numbers in the format refer to the number of digits allowed for the variable. Below the first line, a brief explanation of the variable is provided if necessary. Next, the allowable values and their labels are provided.

ID	Identification Number	Format: A8
YRSFP	Number of Years as a Foster Parent	Format: F8.2
C_RSN1	Flag to Fulfill Desire for Family	Format: F8
	Value Label	
	0 no	
	1 yes	
C_RSN2	Flag for Negative Personal Reasons	Format: F8
	Value Label	
	0 no	
	1 yes	
C_RSN3	Flag for Wanted to Help Children	Format: F8
	Value Label	
	0 no	
	1 yes	
C_RSN4	Flag for Wanted to Help Community/Society	Format: F8
	Value Label	
	0 no	
	1 yes	
C_RSN5	Flag for Had Special Requirements	Format: F8
	Value Label	
	0 no	
	1 yes	
C_RSN6	Flag for had Relationship with Specific Child	Format: F8

	Value	Label	
	0	no	
	1	yes	
C_RSN7	Flag for Had Personal Tragedy		Format: F8
	Value	Label	
	0	no	
	1	yes	
MPRCHAR1	Flag for Had Negative Personal Experience		Format: F8
	Value	Label	
	0	no	
	1	yes	
MPRCHAR2	Flag for Interacts with Foster/Adopted child's Parent		Format: F8
	Value	Label	
	0	no	
	1	yes	
MPRCHAR3	Flag Interact w/Physically, Mentally, Emotionally handicapped		Format: F8
	Value	Label	
	0	no	
	1	yes	
MPRCHAR4	Flag for Had a Large Number of Siblings		Format: F8
	Value	Label	
	0	no	
	1	yes	
FPRCHAR1	Flag for Negative Childhood Experience		Format: F8
	Value	Label	
	0	no	
	1	yes	
FPRCHAR2	Flag for Interact w/Foster Child /Adoptive Child's Parent		Format: F8
	Value	Label	
	0	no	
	1	yes	

FPRCHAR3	Flag Interact w/Physically, Mentally, Emotionally Handicapped	Format: F8
	Value Label	
	0 no	
	1 yes	
FPRCHAR4	Flag Had Large # Siblings	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT1	Flag for Personal Reasons	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT2	Flag for Economic Reasons	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT3	Flag for Larger Family Plans	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT4	Flag for Foster Child Related Problems	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT5	Flag for Agency Related Problems	Format: F8
	Value Label	
	0 no	
	1 yes	
C_QUIT6	Flag for Other Problems	Format: F8
	Value Label	

0 no
1 yes

STATE Foster Parent State of Residence Format: A2

Value Label
 CA California
 IL Illinois
 IN Indiana
 MI Michigan
 MN Minnesota
 MO Missouri
 NJ New Jersey
 PA Pennsylvania
 TN Tennessee

STRATA Stratum Code Format: F8

Value Label
 1 Started as foster parent prior to 1980
 2 Started as foster parent between 1980-1984
 3 Started as foster parent in 1985 or after
 4 Former foster parents in 1985 or after

URBAN Urbanicity Format: A1

Value Label
 R Rural
 S Suburban
 U Urban

SITEWT Weight Assigned by Site Format: F8.2

STATEWT Weight Assigned by State Format: F8.2

STRATAWT Weight assigned by Strata Format: F8.2

AIYY Year First Approved as Foster Parent Format: F8

Value Label
 44-91 Year
 99 Not ascertained

A2A Approved as Family Foster Home Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A2B Approved for Emergency Care Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A2C Approved as Specialized Foster Home Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A2D Approved as Relative Foster Home Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A2E Approved as Group Home Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

997 refusal
 998 don't know
 999 not ascertained

A5A4TOTL Total Number of Children A through C Format: F8

Value Label
 0-335 total
 997 refusal
 998 don't know
 999 not ascertained

A6A_A5A Any Foster children developmentally disabled/mentally retarded Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6B_A5B Any Foster Children Physically Seriously Ill Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6C_A5C Any Foster Children Drug Exposed Infant/Newborn Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6D_A5D Any Foster Children Born with Fetal Alcohol Syndrome Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know

9 not ascertained

A6E_A5E Any Foster Children Born with AIDS Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6F_A5F Any Foster Children Mentally Ill or Behaviorally Disturbed Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A7_A6 Any Foster Children Sexually Abused Before Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8A_A7A Any Foster Children American Indian or Alaskan Native Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8B_A7B Any Foster Children Asian or Pacific Islander Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8C_A7C Any Foster Children Black, Not Hispanic Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A8D_A7D Any Foster Children Hispanic Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A8E_A7E Any Foster Children White, not Hispanic Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

A8F_A7F Any Foster Children of Other Origin Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C_A8F_OT Other Origin Specified Format: F8

Value	Label
1	bi-racial
2	Mid-eastern or Mediterranean
99	not ascertained

C_A11	Would you care for a child with a physical handicap or serious illness?	Format: F8
	Value Label 1 probably accept the child 2 possibly accept the child 3 probably not accept the child 7 refusal 8 don't know 9 not ascertained	
C_A13	Would you care for a child with severe behavioral or emotional problems?	Format: F8
	Value Label 1 probably accept the child 2 possibly accept the child 3 probably not accept the child 7 refusal 8 don't know 9 not ascertained	
C_A15	Would you care for a teenage foster child?	Format: F8
	Value Label 1 probably accept the child 2 possibly accept the child 3 probably not accept the child 7 refusal 8 don't know 9 not ascertained	
C_A17	Would you care for a child whose race is different from yours?	Format: F8
	Value Label 1 probably accept the child 2 probably not accept the child 7 refusal 8 don't know 9 not ascertained	
C_A19	Would you care for a child born with the AIDS virus?	Format: F8
	Value Label 1 probably accept the infant 2 probably not accept the infant 7 refusal	

- 8 don't know
- 9 not ascertained

C_A20 What would be your major concerns in caring for a child with the AIDS virus? Format: F8

- Value Label**
- 0 none
 - 1 fear someone would catch virus
 - 2 concern about other children's reaction
 - 3 don't know enough about caring for child
 - 4 don't know enough about the disease
 - 5 fear of negative responses from others
 - 6 other
 - 7 multi-response
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

C_A21 Would you care for a drug-exposed infant? Format: F8

- Value Label**
- 1 probably accept the infant
 - 2 probably not accept the infant
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_A23 Would you care for an infant who was born with Fetal Alcohol Syndrome or other alcohol related disorder? Format: F8

- Value Label**
- 1 probably accept the infant
 - 2 probably not accept the infant
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_A25 Would you care for an infant who was sexually abused? Format: F8

- Value Label**
- 1 probably accept the child
 - 2 probably not accept the child
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

B1A Could not have any, or any more children of my own Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

B1B Was single & wanted a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

B1C Didn't want to care for infant Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

B1D Wanted to adopt but couldn't get a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

B1E Thought about adopting and thought foster parenting was a
good way to start Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

B1F Wanted a certain kind of child (e.g., a girl or a five-year old) Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1G Thought a child might help my marriage Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1H Wanted companionship for myself Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1I Wanted companionship for my own child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1J Wanted a larger family Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1P My own children were grown and I wanted children in the house Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Q Wanted to provide a home for children who would otherwise be in an institution Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1R Wanted a child to help with chores or work in family business Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1S Wanted to increase family income Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1T Wanted to care for a child but did not want permanent responsibility Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1U Religious beliefs Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1V Wanted to do something for the community/society Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1W Wanted to fill time Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1X Knew the foster child or the child's family and wanted to help Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Y Am related to the child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Z Was a foster child myself Format: F8

- | Value | Label |
|-------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

B1AA Was abused or neglected myself Format: F8

- | Value | Label |
|-------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

B1BB Other reason for becoming a foster parent Format: F8

- | Value | Label |
|-------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

B2 Most important reason for being a foster parent Format: A2

C_B3 How did you first hear about the need for foster parents? Format: A1

- | Value | Label |
|-------|--|
| 1 | TV, radio announcement, poster or other advertising |
| 2 | From another foster parent |
| 3 | Through my church or other religious organization |
| 4 | Through a civic or community organization |
| 5 | From a foster child |
| 6 | Was a foster child |
| 7 | Inquired about adoption and was told about foster care |

C_B4 Best way to get more foster parents Format: F8

- | Value | Label |
|-------|----------|
| 0 | none |
| 1 | response |

97 refusal
 98 don't know
 99 not ascertained

TYPE Questionnaire Type Format: F8

RESP Response type Format: F8

C1MON What month did you first look into becoming a foster parent? Format: F8

Value Label
 1 January
 2 February
 3 March
 4 April
 5 May
 6 June
 7 July
 8 August
 9 September
 10 October
 11 November
 12 December
 97 refusal
 98 don't know
 99 not ascertained

C1YY Inquiry Year Format: F8

Value Label
 60-91 year
 97 refusal
 98 don't know
 99 not ascertained

C2 How many months after you first inquired did you become certified as a foster parent? Format: F8

Value Label
 1-36 Number of months
 88 greater than 99 months
 97 refusal
 98 don't know
 99 not ascertained

C3 How many months after you were licensed, was a foster child placed in your home? Format: F8

- | Value | Label |
|--------------|--------------------------|
| 0 | Had child before license |
| 1-36 | Number of months |
| 88 | greater than 99 months |
| 97 | refusal |
| 98 | don't know |
| 99 | not ascertained |

C4A Information about the role of a foster parent Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4B Information about the temporary nature of foster care Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4C Information about working with the child's parents Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4D Information about the kinds of children needing foster care Format: F8

- | Value | Label |
|--------------|----------------|
| 1 | no information |

- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4E Information about the role of the foster care worker Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4F Information about payments to foster parents Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4G Information about ways to contact the agency after working hours or on weekends Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4H Information about what must be reported to the agency Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4I Information about services given by the agency Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4J Information about services given by the foster parent association Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4K Information about what the agency does when foster parents are accused of abuse or neglect Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4L Information about the possibility of abuse or neglect charges Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4M Information about the legal aspects of foster care Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |

- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4N Information about the discipline of children Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4O Information about children's feelings about their own parents Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4P Information about the effects of foster parenting on your family Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4Q Information about fostering a teenager Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4R Information about helping a child develop skills for growing up and living on his or her own Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4S Information about working with a handicapped child Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4T Information about working with a child who is racially or culturally different from you Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4U Information about the availability of more foster parent training Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4V Information about working with a sexually abused child? Format: F8

- | Value | Label |
|--------------|----------------|
| 1 | no information |

- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4W Information about other topics? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C5A Did you receive information from agency training session? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5B Did you receive information by talking to agency staff? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5C Did you receive information by talking to other foster parents? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5D Did you receive information from a foster parent "buddy" assigned by the agency? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C5E Did you receive information from books, pamphlets, or other written materials provided by the agency? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C5F Did you receive information from books, pamphlets, or other written materials provided by the foster parent association? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C5G Did you receive information from another source? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C6 How well did the information you received prepare you for becoming a foster parent? Format: F8

Value Label
 1 very well prepared
 2 somewhat prepared
 3 somewhat unprepared
 4 very unprepared
 7 refusal
 8 don't know

9 not ascertained

C7 After you became a foster parent, did you receive any more training? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C8A Did you receive more training on fostering a teenager? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C8B Did you receive more training on fostering a handicapped child? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C8C Did you receive more training on fostering a child of a different race or culture? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C8D Did you receive more training on disciplining a foster child? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know

9 not ascertained

C8E Did you receive more training on supervising a foster child? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C8F Did you receive more training on fostering a sexually abused child? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C8G Did you receive more training on teaching a child life skills for growing up and living on his or her own? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C8H Did you receive training about children's feelings about their own parents? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C8I Did you receive more training on working with the child's own parents? Format: F8

Value Label
 1 yes
 2 no

- 7 refusal
- 8 don't know
- 9 not ascertained

C8J Did you receive more training on other topics? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C9 Has the child welfare agency assigned a caseworker or someone else who can answer any questions you have or help you if you have problems? Format: F8

Value Label

- 1 yes
- 2 no
- 3 respondent answer incorrect
- 7 refusal
- 8 don't know
- 9 not ascertained

C10 Does the worker contact you regularly? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C11 Have you ever contacted this worker? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C13 Do you have a foster parent buddy (i.e., another foster parent whom you can call for advice or support)? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C14 Was the foster parent buddy assigned to you by the: Format: F8

Value	Label
1	public child welfare agency
2	private children's agency
3	foster parent association
4	other
5	informal assignment
7	refusal
8	don't know

C15A1 Have you ever needed day care? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C15A2 Has the agency provided you with day care? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C15B1 Have you ever needed respite care? Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

C15B2 Has the agency provided you with respite care? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15C1 Have you ever liability insurance? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15C2 Has the agency provided you with liability insurance? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15D1 Have you ever needed health care costs not covered by Medicaid? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15D2 Has the agency provided you with health care costs not covered by Medicaid? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15E1 Have you ever needed transportation for medical appointments or other services needed by the child? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C15E2 Has the agency provided you with transportation for medical appointments or other services needed by the child? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C15F1 Have you ever needed changes to your home to accommodate a disabled child? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C15F2 Has the agency provided you with changes to your home to accommodate a disabled child? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C15G1 Have you ever needed child or family counseling? Format: F8

- | Value | Label |
|--------------|--------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |

- 8 don't know
- 9 not ascertained

C15G2 Has the agency provided you with child or family counseling? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15H1 Have you ever needed recreational activities for the child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15H2 Has the agency provided you with recreational activities for the child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15I1 Have you ever needed other services? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15I2 Has the agency provided you with other services? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal

- 8 don't know
- 9 not ascertained

C_C16 Most important service Format: A2

C_BOX_D Is there a foster child currently living in your home? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D1MON What month was your most recent foster child placed in your home? Format: F8

- Value Label**
- 1 January
 - 2 February
 - 3 March
 - 4 April
 - 5 May
 - 6 June
 - 7 July
 - 8 August
 - 9 September
 - 10 October
 - 11 November
 - 12 December
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

C_D1YY What year was your most recent foster child placed in your home? Format: F8

- Value Label**
- 60-91 year
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

C_D2 At the time this child was placed with you, was this child: Format: F8

- Value Label**

- 1 related to you
- 2 known to you, but not related
- 3 sibling of a foster or adopted child in home
- 4 not known to you before placement
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D3 How old was this child when he/she was placed? Format: F8

- Value Label**
- 0 related to you
 - 1-18 age
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

C_D4 Is this child male or female? Format: F8

- Value Label**
- 1 male
 - 2 female
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D5 Child Race/Ethnicity Format: F8

- Value Label**
- 1 American Indian or Alaskan Native
 - 2 Asian or Pacific Islander
 - 3 Black, not of Hispanic origin
 - 4 Hispanic (including Mexican American)
 - 5 White, not of Hispanic origin
 - 6 other
 - 7 multi response
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

C_D6 English as Child's Language Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 3 child not old enough to speak

- 7 refusal
- 8 don't know
- 9 not ascertained

C_D7 Child's Ability to speak English Format: F8

- Value Label**
- 1 very well
 - 2 some
 - 3 could not communicate in English at all
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D8 Foster Parent's Ability to Speak Child's Language Format: F8

- Value Label**
- 1 yes, fluently
 - 2 yes, somewhat
 - 3 no, not at all
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D9 Child's Siblings Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D10A Did the child's sisters or brothers live with you? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D10B Did the child's sisters or brothers live with another foster parent? Format: F8

- Value Label**

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D10C Did the child's sisters or brothers live with their own parents? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D10D Did the child's sisters or brothers live with relatives? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D10E Did the child's sisters or brothers live in a group care facility? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D10F Did the child's sisters or brothers live in a hospital? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D11A At the time this child was placed with you did the child have a developmental disability or mental retardation? Format: F8

- Value Label**
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D11B At the time this child was placed with you did the child have a physical handicap or serious illness? Format: F8

- Value Label**
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D11C At the time this child was placed with you was the a drug exposed infant or new born? Format: F8

- Value Label**
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D11D At the time this child was placed with you did the child have Fetal Alcohol Syndrome or other alcohol related disorders? Format: F8

- Value Label**
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D11E At the time this child was placed with you did the child have the AIDS virus? Format: F8

- Value Label**
 1 yes

2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D11F At the time this child was placed with you did the child have an emotional or behavioral disturbance or mental illness? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D12A Had this child ever been sexually abused? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D12B Had this child ever been physically abused? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D12C Had this child ever been seriously neglected? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_D12D Had this child ever been homeless? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D13 How many days notice did you receive before this child was placed with you? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D14 Immediately before being placed in your home, was this child living in: Format: F8

- Value Label**
- 1 a home with his or her parent(s)
 - 2 a home of a relative
 - 3 a foster family home
 - 4 a group care facility
 - 5 other
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D15 Was this child similar to or different from type of child you told the agency you wished to care for? Format: F8

- Value Label**
- 1 similar
 - 2 different
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D16A If this child was different from the kind of child you asked for, indicate the way he/she was different: Different race? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know

9 not ascertained

C_D16B If this child was different from the kind of child you asked for, indicate the way he/she was different: Different sex? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C_D16C If this child was different from the kind of child you asked for, indicate the way he/she was different: Older? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C_D16D If this child was different from the kind of child you asked for, indicate the way he/she was different: Younger? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C_D16E If this child was different from the kind of child you asked for, indicate the way he/she was different: Emotional/behavior problems or mental illness? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C_D16F If this child was different from the kind of child you asked for, indicate the way he/she was different: Handicapping condition or serious health problem? Format: F8

	<p>Value Label</p> <p>1 yes</p> <p>2 no</p> <p>7 refusal</p> <p>8 don't know</p> <p>9 not ascertained</p>	
C_D16G	If this child was different from the kind of child you asked for, indicate the way he/she was different: Mentally retarded or developmentally disabled?	Format: F8
	<p>Value Label</p> <p>1 yes</p> <p>2 no</p> <p>7 refusal</p> <p>8 don't know</p> <p>9 not ascertained</p>	
C_D16H	If this child was different from the kind of child you asked for, indicate the way he/she was different: Other?	Format: F8
	<p>Value Label</p> <p>1 yes</p> <p>2 no</p> <p>7 refusal</p> <p>8 don't know</p> <p>9 not ascertained</p>	
C_D17	Before the child was sent to you, did the agency accurately and completely describe the child to you or not?	Format: F8
	<p>Value Label</p> <p>1 yes</p> <p>2 no</p> <p>7 refusal</p> <p>8 don't know</p> <p>9 not ascertained</p>	
C_D18	How was the agency's description inaccurate or incomplete (open-ended)?	Format: F8
	<p>Value Label</p> <p>1 Yes, answered</p> <p>2 No, unanswered</p> <p>7 refusal</p> <p>8 don't know</p> <p>9 not ascertained</p>	

C_D19A How much information did you receive about the child's history of abuse or neglect? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19B How much information did you receive about the child's foster care placement history? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19C How much information did you receive about the future plans for the child? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19D How much information did you receive about the child's feelings about own parents and separation from parents? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know

9 not ascertained

C_D19E How much information did you receive about the child's visitation plans with parents? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19F How much information did you receive about the child's feelings about being separated from brothers and sisters? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19G How much information did you receive about the child's medical history? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19H How much information did you receive about the child's school history? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable

- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19I How much information did you receive about the child's school history? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19J How much information did you receive about the child's handicap? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19K How much information did you receive about the child's level of retardation? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19L How much information did you receive about the child's emotional problems? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information

- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19M How much information did you receive about the child's other special care needs? Format: F8

- Value Label**
- 1 no information
 - 2 some, but not enough information
 - 3 enough information
 - 4 not applicable
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D19N How much information did you receive about the child's possible behavior problems? Format: F8

- Value Label**
- 1 no information
 - 2 some, but not enough information
 - 3 enough information
 - 4 not applicable
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D19O How much information did you receive about the child's own parents' plan for visiting? Format: F8

- Value Label**
- 1 no information
 - 2 some, but not enough information
 - 3 enough information
 - 4 not applicable
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_D19P How much information did you receive about your role in deciding plans for the child's future? Format: F8

- Value Label**

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19Q How much information did you receive about how often you and the caseworker would talk? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

C_D19R How much information did you receive about other issues? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 4 not applicable
- 7 refusal
- 8 don't know
- 9 not ascertained

D20_D28 How many caseworkers have been assigned to the child? Format: F8

Value Label

- 1-25 Number of workers
- 97 refusal
- 98 don't know
- 99 not ascertained

D21_D29 How many months has the child's current worker been assigned to the case? Format: F8

Value Label

- 1-36 Number of months
- 88 Greater than 99 months
- 97 refusal

- 98 don't know
- 99 not ascertained

D22_D30 On average, how often do you talk with the current caseworker? Format: F8

Value Label

- 1 at least once a week
- 2 less than once a week, but at least once a month
- 3 less than once a month
- 4 never
- 7 refusal
- 8 don't know
- 9 not ascertained

D23_D31 How well would you say the caseworker knows and understands the needs of this child? Format: F8

Value Label

- 1 understands child needs completely
- 2 is somewhat understanding of child needs
- 3 does not understand child needs at all
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32A Has the caseworker discussed any of the following with you: Plans for this child's future? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32B Has the caseworker discussed any of the following with you: This child's adjustment to your home? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32C	Has the caseworker discussed any of the following with you: This child's environment before coming to your home?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
D24_D32D	Has the caseworker discussed any of the following with you: How this child is doing in school?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
D24_D32E	Has the caseworker discussed any of the following with you: How this child relates to his/her own parents?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
D24_D32F	Has the caseworker discussed any of the following with you: This child's need for services such as counseling?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
D25_D33	On the whole, how satisfied are you with the current caseworker?	Format: F8
	Value Label	
	1 very satisfied	
	2 somewhat satisfied	
	3 somewhat dissatisfied	

- 4 very dissatisfied
- 7 refusal
- 8 don't know
- 9 not ascertained

D26_D34 Is there anything about your relationship with the caseworker which you think could be better? Format: F8

- Value Label**
- 1 Response
 - 2 No response
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C_E_BOX Has any child who was placed in your home left your care? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E1_D1MON What month was this child placed with you? Format: F8

- Value Label**
- 1 January
 - 2 February
 - 3 March
 - 4 April
 - 5 May
 - 6 June
 - 7 July
 - 8 August
 - 9 September
 - 10 October
 - 11 November
 - 12 December
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

E1_D1YY What year was this child placed with you? Format: F8

- Value Label**

68-91 Year
 97 refusal
 98 don't know
 99 not ascertained

E2A_D2 At the time this child was placed with you, was this child: Format: F8

Value Label
 1 related to you
 2 known to you, but not related
 3 the sibling of a foster or adopted child in home
 4 not known to you before placement
 7 refusal
 8 don't know
 9 not ascertained

E3_D3MON In what month did this child leave your care? Format: F8

Value Label
 1 January
 2 February
 3 March
 4 April
 5 May
 6 June
 7 July
 8 August
 9 September
 10 October
 11 November
 12 December
 97 refusal
 98 don't know
 99 not ascertained

E3_D3YY In what year did this child leave your care? Format: F8

Value Label
 70-91 Year
 97 refusal
 98 don't know
 99 not ascertained

E4_D4 How old was the child when he/she was placed with you? Format: F8

Value Label

- 0 Less than a year
- 1-18 Age in years
- 96 Less than a year old
- 97 refusal
- 98 don't know
- 99 not ascertained

E5_D5 Was this child male or female? Format: F8

- Value Label**
- 1 male
 - 2 female
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E6_D6 What was this child's race? Format: F8

- Value Label**
- 0 other
 - 1 American Indian or Alaskan Native
 - 2 Asian or Pacific Islander
 - 3 Black, not of Hispanic origin
 - 4 Hispanic (including Mexican American)
 - 5 white, not of Hispanic origin
 - 7 multi response
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

E7_D7 At the time the child was placed with you, did he/she speak English as his/her native language? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 3 child not old enough to speak
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E8_D8 At the time this child was placed with you, how well could he/she speak English? Format: F8

- Value Label**
- 1 very well
 - 2 some

	<ul style="list-style-type: none"> 3 could not communicate in English at all 7 refusal 8 don't know 9 not ascertained 	
E9_D9	At the time this child was placed with you, could you speak this child's native language?	Format: F8
	<p>Value Label</p> <ul style="list-style-type: none"> 1 Yes, fluently 2 Yes, somewhat 3 No, not at all 7 refusal 8 don't know 9 not ascertained 	
E10_D10	Did this child have any sisters or brothers?	Format: F8
	<p>Value Label</p> <ul style="list-style-type: none"> 1 yes 2 no 7 refusal 8 don't know 9 not ascertained 	
E11_D11A	At the time this child was placed with you, where did the child child's sisters or brothers live: with you?	Format: F8
	<p>Value Label</p> <ul style="list-style-type: none"> 1 yes 2 no 7 refusal 8 don't know 9 not ascertained 	
E11_D11B	At the time this child was placed with you, where did the child child's sisters or brothers live: with another foster parent?	Format: F8
	<p>Value Label</p> <ul style="list-style-type: none"> 1 yes 2 no 7 refusal 8 don't know 9 not ascertained 	
E11_D11C	At the time this child was placed with you, where did the child child's sisters or brothers live: with his/her parents?	Format: F8

	Value	Label	
	1	yes	
	2	no	
	7	refusal	
	8	don't know	
	9	not ascertained	
E11_D11D	At the time this child was placed with you, where did the child's sisters or brothers live: with relatives?		Format: F8
	Value	Label	
	1	yes	
	2	no	
	7	refusal	
	8	don't know	
	9	not ascertained	
E11_D11E	At the time this child was placed with you, where did the child's sisters or brothers live: in a group care facility?		Format: F8
	Value	Label	
	1	yes	
	2	no	
	7	refusal	
	8	don't know	
	9	not ascertained	
E11_D11F	At the time this child was placed with you, where did the child's sisters or brothers live: in a hospital?		Format: F8
	Value	Label	
	1	yes	
	2	no	
	7	refusal	
	8	don't know	
	9	not ascertained	
E11_D11G	At the time this child was placed with you, where did the child's sisters or brothers live: in another place?		Format: F8
	Value	Label	
	1	yes	
	2	no	
	7	refusal	
	8	don't know	
	9	not ascertained	

E12_D12A	Did this child have any of the following conditions: Developmental disability or mental retardation?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E12_D12B	Did this child have any of the following conditions: Physical handicap or serious illness?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E12_D12C	Did this child have any of the following conditions: Drug exposed infant or newborn?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E12_D12D	Did this child have any of the following conditions: born with Fetal Alcohol Syndrome or other alcohol related disorder?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E12_D12E	Did this child have any of the following conditions: Emotional or behavioral disturbance or mental illness?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know	

9 not ascertained

E13_D13A Before coming to your home had this child previously been sexually abused? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E13_D13B Before coming to your home had this child previously been physically abused? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E13_D13C Before coming to your home had this child previously been seriously neglected? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E13_D13D Before coming to your home had this child previously been homeless? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E14_D14 Which one of the following best describes the circumstances that led to this child's leaving your home? Format: F8

Value Label
 1 I requested that the child be placed elsewhere

- 2 the agency wished to place the child elsewhere/return to home
- 3 this child ran away
- 4 this child turned 18 or was legally free to leave
- 5 this child was in jail or prison
- 6 other reason
- 7 multi response 1 & 13
- 8 multi response 3 & 5
- 97 refusal
- 98 don't know
- 99 not ascertained

E15_D15 Which one of the following best describes the circumstances that led to this child's leaving your home? Format: F8

Value Label

- 1 there were problems with the child's behavior
- 2 child needed more care or supervision
- 3 could not afford the cost of keeping this child
- 4 family member objected to the child
- 5 illness, moving, or other personal reason
- 6 could not cope with child's own parents
- 7 needed to return to work
- 8 family emergency
- 9 other reason
- 10 multi response
- 97 refusal
- 98 don't know
- 99 not ascertained

E16_D16 Did you request removal because there were problems with the child's behavior (open ended)? Format: F8

Value Label

- 1 response
- 97 refusal
- 98 don't know
- 99 not ascertained

E17_D17 Did you request removal because there were problems with the child's behavior (open ended)? Format: F8

Value Label

- 1 yes
- 2 No, please explain
- 7 refusal
- 8 don't know
- 9 not ascertained

E18_D18 Which statement best describes the worker's attitude about the problems? Format: F8

- | Value | Label |
|--------------|---|
| 1 | very sympathetic & helpful |
| 2 | sympathetic, but could not provide any real help |
| 3 | did not seem to understand problems /made me feel unimportant |
| 4 | made me feel problems were my fault |
| 5 | other |
| 6 | multi response |
| 97 | refusal |
| 98 | don't know |
| 99 | not ascertained |

E19_D19 Did you participate in the decision to remove the child? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E20_D20 Did you participate agree with the decision? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E21_D21 Who told the child? Format: F8

- | Value | Label |
|--------------|-------------------------------------|
| 1 | I did/my spouse did |
| 2 | the caseworker did |
| 3 | both the caseworker and I/my spouse |
| 4 | someone else |
| 5 | child not old enough to be told |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E22_D22 How many days passed between the time the decision was made to remove this child and the day he/she was removed? Format: F8

Value Label
 0 Same day
 1-100 Number of days
 888 Greater than 999 days
 997 refusal
 998 don't know
 999 not ascertained

E23_D23 Immediately after this child left your care, was this child...? Format: F8

Value Label
 1 returned to his or her own parent(s)
 2 placed with a relative of the child
 3 placed in another foster family home
 4 placed in another home for purpose of adoption
 5 placed in a group home or institution
 6 other place
 97 refusal
 98 don't know
 99 not ascertained

E24_D24A During the time this child was in your care, were you involved in any of the following: Informal meetings? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E24_D24B During the time this child was in your care, were you involved in any of the following: Agency or court hearings to decide the child's future? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

E24_D24C During the time this child was in your care, were you involved in any of the following: Other hearings? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E25_D25 During the time this child was in your care, were you in contact with this child's own parents? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E26_D26A What was the nature of your contact with the child's own parents: Scheduled visits? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E26_D26B What was the nature of your contact with the child's own parents: Unplanned visits by the child's own parents? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

E26_D26C What was the nature of your contact with the child's own parents: Questions from the child's own parent(s) about the child's health, adjustment to foster care, or other concerns? Format: F8

- | Value | Label |
|--------------|--------------|
| 1 | yes |

- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

E26_D26D What was the nature of your contact with the child's own parents: Advice provided by you to the child's own parent(s) on caring for and supervising children? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E26_D26E What was the nature of your contact with the child's own parents: Other contact? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E27_D27 How would you describe your contacts with the child's own parent(s)? Format: F8

- Value Label**
- 1 very positive
 - 2 somewhat positive
 - 3 neither positive nor negative
 - 4 somewhat negative
 - 5 very negative
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F1 What is your current marital status? Format: F8

- Value Label**
- 1 married, or living as married
 - 2 divorced
 - 3 separated
 - 4 widow/widower

- 5 never married
- 7 refusal
- 8 don't know
- 9 not ascertained

F2 Have you given birth to any children? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F3 How many children? Format: F8

- Value Label**
- 0 No children
 - 1-10 Number of children
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

F4 Do you have any adopted children? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F5 How many adopted children? Format: F8

- Value Label**
- 0 No children
 - 1-10 Number of children
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

F6 Had any of your adopted children previously been placed with you as foster children? Format: F8

- Value Label**

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F7 Had you been interested in adopting any of your foster children, but were not able to do so? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F8 Why were you unable to adopt you foster children? Format: F8

Value Label

- 1 relative(s) came first
- 2 returned to parent(s)/home
- 3 race
- 4 removed from foster home
- 5 natural grand/parent(s) would not consent
- 6 not in best interest of child
- 7 against state regulations
- 8 not free for adoption
- 9 foster parent(s) financial reasons
- 10 against doctor's advice
- 11 delays in court system
- 12 multi response 1 & 7
- 13 adoption would not leave room for foster children in home
- 14 foster parent too old
- 15 child had behavior problems or was emotionally unstable
- 16 multi response 2 & 3
- 17 foster parent's grandchildren
- 18 agency would not permit
- 19 foster parent(s) marital or employment status
- 20 parent put child up for private adoption
- 21 child too old
- 22 spouse disagreed
- 23 multi response 5 & 15
- 24 none available at the right age
- 25 multi response 9 & 14
- 26 multi response 3 & 05
- 27 no steps have been taken to proceed

- 28 didn't have knowledge to proceed
- 29 death or serious problem in foster home
- 30 multi response 18 & 15
- 31 multi response 5 & 21
- 32 child did not want to be adopted
- 97 refusal
- 98 don't know
- 99 not ascertained

F9 Excluding foster care payments, what was the total combined annual income of all members of your family in 1990? Format: F8

- | Value | Label |
|--------------|--------------------|
| 1 | less than \$15,000 |
| 2 | \$15,000-19,999 |
| 3 | \$20,000-24,999 |
| 4 | \$25,000-29,999 |
| 5 | \$30,000-34,999 |
| 6 | \$35,000-39,999 |
| 7 | \$40,000-44,999 |
| 8 | \$50,000 or more |
| 97 | refusal |
| 98 | don't know |
| 99 | not ascertained |

F10 What is the primary source of income for your household? Format: F8

- | Value | Label |
|--------------|--|
| 1 | employment |
| 2 | public assistance (AFDC or SSI) |
| 3 | social security or other retirement |
| 4 | child support/alimony |
| 5 | other (specify) |
| 6 | multi response (public assistance and other) |
| 7 | multi response (social security and other) |
| 8 | other multi response |
| 97 | refusal |
| 98 | don't know |
| 99 | not ascertained |

F11MOTHR Mother's Employment Status Format: F8

- | Value | Label |
|--------------|---|
| 1 | employed full-time (30hrs or more per week) |
| 2 | employed part-time (less than 30hrs per week) |

- 3 unemployed and looking for work
- 4 home maker, not employed outside the home
- 5 disabled or retired, not employed
- 6 other
- 97 multi response (social security and other)
- 98 other multi response
- 99 refusal

F11MOTHR Mother's Employment Status Format: F8

Value Label

- 1 employed full-time (30hrs or more per week)
- 2 employed part-time (less than 30hrs per week)
- 3 unemployed and looking for work
- 4 home maker, not employed outside the home
- 5 disabled or retired, not employed
- 6 other
- 88 not applicable
- 97 refusal
- 99 not ascertained

F11FATHR Father's Employment Status Format: F8

Value Label

- 1 employed full-time (30hrs or more per week)
- 2 employed part-time (less than 30hrs per week)
- 3 unemployed and looking for work
- 4 home maker, not employed outside the home
- 5 disabled or retired, not employed
- 6 other
- 88 not applicable
- 97 refusal
- 99 not ascertained

F12MOTHR Mother's Occupation Format: F8

F12FATHR Father's Occupation Format: F8

F13MOTHR Mother's Level of Schooling Format: F8

Value Label

- 1 eighth grade or less

- 2 more than 8th grade, but less than high school completion
- 3 high school graduate (or GED)
- 4 some training or college classes
- 5 graduate of a 2-year college
- 6 graduate of a 4-year college
- 7 graduate work after college graduation
- 8 graduate degree
- 88 not applicable
- 97 refusal
- 99 not ascertained

F13FATHR Father's Level of Schooling Format: F8

Value Label

- 1 eighth grade or less
- 2 more than 8th grade, but less than high school completion
- 3 high school graduate (or GED)
- 4 some training or college classes
- 5 graduate of a 2-year college
- 6 graduate of a 4-year college
- 7 graduate work after college graduation
- 8 graduate degree
- 88 not applicable
- 97 refusal
- 99 not ascertained

F14MOTHR Mother's Race/Ethnicity Format: F8

Value Label

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander
- 3 Black, not of Hispanic origin
- 4 Hispanic (including Mexican American)
- 5 white, not of Hispanic origin
- 6 other (specify)
- 88 not applicable
- 97 refusal
- 99 not ascertained

F14FATHR Father's Race/Ethnicity Format: F8

Value Label

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander

- 3 Black, not of Hispanic origin
- 4 Hispanic (including Mexican American)
- 5 white, not of Hispanic origin
- 6 other (specify)
- 88 not applicable
- 97 refusal
- 99 not ascertained

F15AGEM Mother's Age Format: F8

- Value Label**
- 21-86 Age
 - 88 not applicable
 - 97 refusal
 - 99 not ascertained

F15AGEF Father's Age Format: F8

- Value Label**
- 21-86 Age
 - 88 not applicable
 - 97 refusal
 - 99 not ascertained

F16M_A Mother was a Foster Child Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_B Mother was adopted Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_C Mother was raised by relatives Format: F8

- Value Label**

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_D Mother lived most of childhood in an institution Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_E Mother lived in foster homes or relatives' homes Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_F Mother was abused (sexually or physically) as a child Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_G Mother was seriously neglected as a child Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F16M_H Mother was abandoned by parents Format: F8

- Value Label**

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_I Mother had a parent die during childhood Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_J Mother had foster or adopted brother(s) and/or sister(s) Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_K Mother had close friend or relative who was in foster care Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_L Mother has/had a relative or close friend who is/was a foster parent Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F16M_M Mother had family member who was retarded, handicapped, or emotionally disturbed Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16M_N Mother worked or volunteered with handicapped, retarded, or disturbed children Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16M_O Mother had a large number of brothers and/or sisters Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_A Father was a Foster Child Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_B Father was adopted Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_C Father was raised by relatives Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

F16F_D	Father lived most of childhood in an institution	Format: F8
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Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

F16F_E	Father lived in foster homes or relatives' homes	Format: F8
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Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

F16F_F	Father was abused (sexually or physically) as a child	Format: F8
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Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

F16F_G	Father was seriously neglected as a child	Format: F8
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Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

F16F_H	Father was abandoned by parents	Format: F8
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Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_I Father had a parent die during childhood Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_J Father had foster or adopted brother(s) and/or sister(s) Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_K Father had close friend or relative who was in foster care Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_L Father has/had a relative or close friend who is/was a foster parent Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_M	Father had family member who was retarded, handicapped, or emotionally disturbed	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F16F_N	Father worked or volunteered with handicapped, retarded, or disturbed children	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F16F_O	Father had a large number of brothers and/or sisters	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F17A	Do you belong to any of the following: local foster parent organization?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F17B	Do you belong to any of the following: state foster parent organization?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	

F17C	Do you belong to any of the following: National Foster Parent Organization?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
C_F18	Thinking ahead, over the next three years, do you intend to continue as a foster parent?	Format: F8
	Value Label 1 yes 2 no 3 yes, answered question F19 7 refusal 8 don't know 9 not ascertained	
F19_E2A	Why do you intend to stop being a foster parent? Age- will be too old to care for children	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
C_F19BA	Why do you intend to stop being a foster parent? Divorce, marital problems	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2C	Why do you intend to stop being a foster parent? Health problems	Format: F8
	Value Label 1 yes 2 no	

- 7 refusal
- 8 don't know
- 9 not ascertained

F19_E2D Why do you intend to stop being a foster parent? Moved, relocated Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2E Why do you intend to stop being a foster parent? Conflict between foster child and my own or adopted child Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2F Why do you intend to stop being a foster parent? Expect to have my own child or more of my own children Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2G Why do you intend to stop being a foster parent? Expect to adopt a child Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2H Why do you intend to stop being a foster parent? May need to return to work full time Format: F8

- Value Label**

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

F19_E2I Why do you intend to stop being a foster parent? Inadequate reimbursements Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2J Why do you intend to stop being a foster parent? Cannot get type of child requested Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2K Why do you intend to stop being a foster parent? Poor communication with foster care worker Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2L Why do you intend to stop being a foster parent? Agency insensitive to my needs/ lack of support from the agency Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

F19_E2M	Why do you intend to stop being a foster parent? Do not have any say in child's future	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2N	Why do you intend to stop being a foster parent? Lack of respite services	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2O	Why do you intend to stop being a foster parent? Lack of day care	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2P	Why do you intend to stop being a foster parent? Lack of other services	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2Q	Why do you intend to stop being a foster parent? Problems with child's parent(s)	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know	

9 not ascertained

F19_E2R Why do you intend to stop being a foster parent? Child's behavior/ discipline problems Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2S Why do you intend to stop being a foster parent? Health or personal care needs of child will become too difficult to manage Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2T Why do you intend to stop being a foster parent? Have difficulty seeing child leave Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2U Why do you intend to stop being a foster parent? Other reason Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C_F20 What one thing would be most important in keeping you from terminating as a foster parent? Format: F8

Value Label
 1 response
 2 No response

	97 refusal	
	98 don't know	
	99 not ascertained	
C_F21	What other kinds of improvements in agency support or services to foster parents to you feel are needed	Format: F8.2
	Value Label	
	1 response	
	2 No response	
	97 refusal	
	98 don't know	
	99 not ascertained	
C_F22	Who completed this questionnaire?	Format: F8
	Value Label	
	1 both foster mother and foster father	
	2 foster mother	
	3 foster father	
	9 not ascertained	
C_SFFLAG	Flag if information from short form questionnaire	Format: F8
C_NEWSTR	Modified Strata Code	Format: F8.2
C_FINWT	Final Weight	Format: F8.2
C_RPWT1	Replicate Weight 1	Format: F8.2
C_RPWT2	Replicate Weight 2	Format: F8.2
C_RPWT3	Replicate Weight 3	Format: F8.2
C_RPWT4	Replicate Weight 4	Format: F8.2
C_RPWT5	Replicate Weight 5	Format: F8.2
C_RPWT6	Replicate Weight 6	Format: F8.2
C_RPWT7	Replicate Weight 7	Format: F8.2
C_RPWT8	Replicate Weight 8	Format: F8.2

C_RPWT9	Replicate Weight 9	Format: F8.2
C_RPWT10	Replicate Weight 10	Format: F8.2
C_RPWT11	Replicate Weight 11	Format: F8.2
C_RPWT12	Replicate Weight 12	Format: F8.2
C_RPWT13	Replicate Weight 13	Format: F8.2
C_RPWT14	Replicate Weight 14	Format: F8.2
C_RPWT15	Replicate Weight 15	Format: F8.2
C_RPWT16	Replicate Weight 16	Format: F8.2

GROUPD Year foster child placed-Grouped

Value	Label
1	before 1989
2	1990 or 1991
3	not applicable or not ascertained

APPENDIX C: FORMER FOSTER PARENT VARIABLE INFORMATION

This appendix consists of three sections. The first and second section are lists of all the variables in the FORMER data file, sorted alphabetically and by the order in which they appear in the file, respectively. The third section provides a description of the variables arranged in the order found in FORMER data file. For each variable, the variable name, variable label, and variable format is provided on the first line. A more extensive description of the variable follows if appropriate. Finally, variable values and their corresponding labels are listed.

FORMER Variables Sorted Alphabetically

Variable	Label	Page
A1YY	Year First Approved as Foster Parent	153
A2A	Approved as Family Foster Home	153
A2B	Approved for Emergency Care	153
A2C	Approved as Specialized Foster Home	153
A2D	Approved as Relative Foster Home	153
A2E	Approved as Group Home	154
A2F	Approved as Other Foster Home	154
A3	Number of Children Approved to Accept at One Time	154
A5A_A4A	Number of Foster Children Related by Birth or Marriage	154
A5A4TOTL	Total Number of Children A through C	155
A5B_A4B	Number of Foster Children Known Before Placement, but not Related	154
A5C_A4C	Number of Foster Children Neither Known nor Related	154
A6A_A5A	Any Foster children developmentally disabled/mentally retarded	155
A6B_A5B	Any Foster Children Physically Seriously Ill	155
A6C_A5C	Any Foster Children Drug Exposed Infant/Newborn	155
A6D_A5D	Any Foster Children Born with Fetal Alcohol Syndrome	155
A6E_A5E	Any Foster Children Born with AIDS	156
A6F_A5F	Any Foster Children Mentally Ill or Behaviorally Disturbed	156
A7_A6	Any Foster Children Sexually Abused Before	156
A8A_A7A	Any Foster Children American Indian or Alaskan Native	156
A8B_A7B	Any Foster Children Asian or Pacific Islander	156
A8C_A7C	Any Foster Children Black, Not Hispanic	157
A8D_A7D	Any Foster Children Hispanic	157
A8E_A7E	Any Foster Children White, not Hispanic	157
A8F_A7F	Any Foster Children of Other Origin	157
B1A	Could not have any, or any more children of my own	157
B1AA	Was abused or neglected myself	163
B1B	Was single & wanted a child	158
B1BB	Other reason for becoming a foster parent	163
B1C	Didn't want to care for infant	158
B1D	Wanted to adopt but couldn't get a child	158
B1E	Thought about adopting and thought foster parenting was a good way to start	158

Variable	Label	Page
B1F	Wanted a certain kind of child (e.g., a girl or a five-year old)	158
B1G	Thought a child might help my marriage	159
B1H	Wanted companionship for myself	159
B1I	Wanted companionship for my own child	159
B1J	Wanted a larger family	159
B1K	Wanted to provide a child with love	159
B1L	Wanted to be loved by a child	160
B1M	Wanted to provide a good home for a child	160
B1N	Had a child who died	160
B1O	Wanted to help a child with special problems	160
B1P	My own children were grown and I wanted children in the house	160
B1Q	Wanted to provide a home for children who would otherwise be in an institution	161
B1R	Wanted a child to help with chores or work in family business	161
B1S	Wanted to increase family income	161
B1T	Wanted to care for a child but did not want permanent responsibility	161
B1U	Religious beliefs	161
B1V	Wanted to do something for the community/society	162
B1W	Wanted to fill time	162
B1X	Knew the foster child or the child's family and wanted to help	162
B1Y	Am related to the child	162
B1Z	Was a foster child myself	162
B2	Most important reason for being a foster parent	163
C10	Does the worker contact you regularly?	173
C11	Have you ever contacted this worker?	173
C13	Do you have a foster parent buddy (i.e., another foster parent whom you can call for advice or support)?	174
C14	Was the foster parent buddy assigned to you by the:	174
C15A1	Have you ever needed day care?	174
C15A2	Has the agency provided you with day care?	174
C15B1	Have you ever needed respite care?	175
C15B2	Has the agency provided you with respite care?	175
C15C1	Have you ever liability insurance?	175
C15C2	Has the agency provided you with liability insurance?	175

Variable	Label	Page
C15C2	Has the agency provided you with liability insurance?	175
C15D1	Have you ever needed health care costs not covered by Medicaid?	175
C15D2	Has the agency provided you with health care costs not covered by Medicaid?	176
C15E1	Have you ever needed transportation for medical appointments or other services needed by the child?	176
C15E2	Has the agency provided you with transportation for medical appointments or other services needed by the child?	176
C15F1	Have you ever needed changes to your home to accommodate a disabled child?	176
C15F2	Has the agency provided you with changes to your home to accommodate a disabled child?	176
C15F2	Has the agency provided you with changes to your home to accommodate a disabled child?	176
C15G1	Have you ever needed child or family counseling?	177
C15G2	Has the agency provided you with child or family counseling?	177
C15H1	Have you ever needed recreational activities for the child?	177
C15H2	Has the agency provided you with recreational activities for the child?	177
C15I1	Have you ever needed other services?	177
C15I2	Has the agency provided you with other services?	178
C16	Most important service	178
C1MON	What month did you first look into becoming a foster parent?	163
C1YY	Inquiry Year	163
C2	How many months after you first inquired did you become certified as a foster parent?	164
C3	How many months after you were licensed, was a foster child placed in your home?	164
C4A	Information about the role of a foster parent	164
C4B	Information about the temporary nature of foster care	164
C4C	Information about working with the child's parents	164
C4D	Information about the kinds of children needing foster care	165
C4E	Information about the role of the foster care worker	165
C4F	Information about payments to foster parents	165
C4G	Information about ways to contact the agency after working hours or on weekends	165
C4H	Information about what must be reported to the agency	166
C4I	Information about services given by the agency	166

Variable	Label	Page
C4J	Information about services given by the foster parent association	166
C4K	Information about what the agency does when foster parents are accused of abuse or neglect	166
C4L	Information about the possibility of abuse or neglect charges	166
C4M	Information about the legal aspects of foster care	167
C4N	Information about the discipline of children	167
C4O	Information about children's feelings about their own parents	167
C4P	Information about the effects of foster parenting on your family	167
C4Q	Information about fostering a teenager	168
C4R	Information about helping a child develop skills for growing up and living on his or her own	168
C4S	Information about working with a handicapped child	168
C4T	Information about working with a child who is racially or culturally different from you	168
C4U	Information about the availability of more foster parent training	168
C4V	Information about working with a sexually abused child?	169
C4W	Information about other topics?	169
C5A	Did you receive information from agency training session?	169
C5B	Did you receive information by talking to agency staff?	169
C5C	Did you receive information by talking to other foster parents?	169
C5D	Did you receive information from a foster parent "buddy" assigned by the agency?	170
C5E	Did you receive information from books, pamphlets, or other written materials provided by the agency?	170
C5F	Did you receive information from books, pamphlets, or other written materials provided by the foster parent association?	170
C5G	Did you receive information from another source?	170
C6	How well did the information you received prepare you for becoming a foster parent?	171
C7	After you became a foster parent, did you receive any more training?	171
C8A	Did you receive more training on fostering a teenager?	171
C8B	Did you receive more training on fostering a handicapped child?	171
C8C	Did you receive more training on fostering a child of a different race or culture?	171
C8D	Did you receive more training on disciplining a foster child?	172
C8E	Did you receive more training on supervising a foster child?	172

Variable	Label	Page
C8F	Did you receive more training on fostering a sexually abused child?	172
C8G	Did you receive more training on teaching a child life skills for growing up and living on his or her own?	172
C8H	Did you receive training about children's feelings about their own parents?	172
C8I	Did you receive more training on working with the child's own parents?	173
C8J	Did you receive more training on other topics?	173
C9	Has the child welfare agency assigned a caseworker or someone else who can answer any questions you have or help you if you have problems?	173
D20_D28	How many caseworkers have been assigned to the child?	189
D21_D29	How many months has the child's current worker been assigned to the case?	189
D22_D30	On average, how often do you talk with the current caseworker?	190
D23_D31	How well would you say the caseworker knows and understands the needs of this child?	190
D24_D32A	Has the caseworker discussed any of the following with you: Plans for this child's future?	190
D24_D32B	Has the caseworker discussed any of the following with you: This child's adjustment to your home?	190
D24_D32C	Has the caseworker discussed any of the following with you: This child's environment before coming to your home?	190
D24_D32D	Has the caseworker discussed any of the following with you: How this child is doing in school?	191
D24_D32E	Has the caseworker discussed any of the following with you: How this child relates to his/her own parents?	191
D24_D32F	Has the caseworker discussed any of the following with you: This child's need for services such as counseling?	191
D25_D33	On the whole, how satisfied are you with the current caseworker?	191
D26_D34	Is there anything about your relationship with the caseworker which you think could be better?	192
E1_D1MON	What month was this child placed with you?	178
E1_D1YY	What year was this child placed with you?	178
E10_D10	Did this child have any sisters or brothers?	181
E11_D11A	At the time this child was placed with you, where did the child child's sisters or brothers live: with you?	181
E11_D11B	At the time this child was placed with you, where did the child child's sisters or brothers live: with another foster parent?	181

Variable	Label	Page
E11_D11C	At the time this child was placed with you, where did the child child's sisters or brothers live: with his/her parents?	181
E11_D11D	At the time this child was placed with you, where did the child child's sisters or brothers live: with relatives?	182
E11_D11E	At the time this child was placed with you, where did the child child's sisters or brothers live: in a group care facility?	182
E11_D11F	At the time this child was placed with you, where did the child child's sisters or brothers live: in a hospital?	182
E11_D11G	At the time this child was placed with you, where did the child child's sisters or brothers live: in another place?	182
E12_D12A	Did this child have any of the following conditions: Developmental disability or mental retardation?	182
E12_D12B	Did this child have any of the following conditions: Physical handicap or serious illness?	183
E12_D12C	Did this child have any of the following conditions: Drug exposed infant or newborn?	183
E12_D12D	Did this child have any of the following conditions: born with Fetal Alcohol Syndrome or other alcohol related disorder?	183
E12_D12E	Did this child have any of the following conditions: Emotional or behavioral disturbance or mental illness?	183
E13_D13A	Before coming to your home had this child previously been sexually abused?	183
E13_D13B	Before coming to your home had this child previously been physically abused?	184
E13_D13C	Before coming to your home had this child previously been seriously neglected?	184
E13_D13D	Before coming to your home had this child previously been homeless?	184
E14_D14	Which one of the following best describes the circumstances that led to this child's leaving your home?	184
E15_D15	Which one of the following best describes the circumstances that led to this child's leaving your home?	185
E16_D16	Did you request removal because there were problems with the child's behavior (open ended)?	185
E17_D17	Did you request removal because there were problems with the child's behavior (open ended)?	185
E18_D18	Which statement best describes the worker's attitude about the problems?	185
E19_D19	Did you participate in the decision to remove the child?	186
E20_D20	Did you participate agree with the decision?	186
E21_D21	Who told the child?	186
E22_D22	How many days passed between the time the decision was made to remove this child and the day he/she was removed?	186

Variable	Label	Page
E23_D23	Immediately after this child left your care, was this child...?	187
E24_D24A	During the time this child was in your care, were you involved in any of the following: Informal meetings?	187
E24_D24B	During the time this child was in your care, were you involved in any of the following: Agency or court hearings to decide the child's future?	187
E24_D24B	During the time this child was in your care, were you involved in any of the following: Agency or court hearings to decide the child's future?	187
E24_D24C	During the time this child was in your care, were you involved in any of the following: Other hearings?	187
E25_D25	During the time this child was in your care, were you in contact with this child's own parents?	188
E26_D26A	What was the nature of your contact with the child's own parents: Scheduled visits?	188
E26_D26B	What was the nature of your contact with the child's own parents: Unplanned visits by the child's own parents?	188
E26_D26C	What was the nature of your contact with the child's own parents: Questions from the child's own parent(s) about the child's health, adjustment to foster care, or other concerns?	188
E26_D26D	What was the nature of your contact with the child's own parents: Advice provided by you to the child's own parent(s) on caring for and supervising children?	188
E26_D26E	What was the nature of your contact with the child's own parents: Other contact?	189
E27_D27	How would you describe your contacts with the child's own parent(s)?	189
E2A_D2	At the time this child was placed with you, was this child:	179
E3_D3MON	In what month did this child leave your care?	179
E3_D3YY	In what year did this child leave your care?	179
E4_D4	How old was the child when he/she was placed with you?	179
E5_D5	Was this child male or female?	180
E6_D6	What was this child's race?	180
E7_D7	At the time the child was placed with you, did he/she speak English as his/her native language?	180
E8_D8	At the time this child was placed with you, how well could he/she speak English?	180
E9_D9	At the time this child was placed with you, could you speak this child's native language?	181
F_E1MON	What month did you stop being a foster parent?	192
F_E1YY	In what year did you stop being a foster parent?	192

Variable	Label	Page
F_E3	What was the most important reason you stopped being a foster parent?	197
F_E4	Description of problems with foster care caseworker	197
F_E5	Description of problems with child's behavior or needs	197
F_E6	Description of problems with child's own parents	197
F_E7	What one thing could have been done that would have prevented you from terminating as a foster parent?	197
F_E8_1	Recommendation 1	197
F_E8_2	Recommendation 2	198
F_E8_3	Recommendation 3	198
F_F18	Who completed this questionnaire?	210
F_FINWT	Final Weight	153
F_LCENS	Are you still a licensed foster parent?	211
F_QUIT1	Flag For Personal Reasons	211
F_QUIT2	Flag For Economic Reasons	211
F_QUIT3	Flag For Larger Family Plans	211
F_QUIT4	Flag For Foster Child Related Problems	211
F_QUIT5	Flag For Agency Related Problems	211
F_QUIT6	Flag for other problems	211
F_QUIT7	Flag for Licensing	211
F_QUIT8	Flag for New Child	212
F_RPWT1	Replicate Weight 1	212
F_RPWT10	Replicate Weight 10	212
F_RPWT11	Replicate Weight 11	212
F_RPWT12	Replicate Weight 12	212
F_RPWT13	Replicate Weight 13	212
F_RPWT14	Replicate Weight 14	212
F_RPWT15	Replicate Weight 15	212
F_RPWT16	Replicate Weight 16	212
F_RPWT2	Replicate Weight 2	212
F_RPWT3	Replicate Weight 3	212
F_RPWT4	Replicate Weight 4	212
F_RPWT5	Replicate Weight 5	212
F_RPWT6	Replicate Weight 6	212
F_RPWT7	Replicate Weight 7	212

Variable	Label	Page
F_RPWT8	Replicate Weight 8	212
F_RPWT9	Replicate Weight 9	212
F_SFFLAG	Flag for information from the short questionnaire	211
F1	What is your current marital status?	198
F10	What is the primary source of income for your household?	201
F11FATHR	Father's Employment Status	202
F11MOTHR	Mother's Employment Status	201
F12FATHR	Father's Occupation	202
F12MOTHR	Mother's Occupation	202
F13FATHR	Father's Level of Schooling	202
F13MOTHR	Mother's Level of Schooling	202
F14FATHR	Father's Race/Ethnicity	203
F14MOTHR	Mother's Race/Ethnicity	203
F15AGEF	Father's Age	204
F15AGEM	Mother's Age	203
F16F_A	Father was a Foster Child	207
F16F_B	Father was adopted	207
F16F_C	Father was raised by relatives	207
F16F_D	Father lived most of childhood in an institution	207
F16F_E	Father lived in foster homes or relatives' homes	208
F16F_F	Father was abused (sexually or physically) as a child	208
F16F_G	Father was seriously neglected as a child	208
F16F_H	Father was abandoned by parents	208
F16F_I	Father had a parent die during childhood	208
F16F_J	Father had foster or adopted brother(s) and/or sister(s)	209
F16F_K	Father had close friend or relative who was in foster care	209
F16F_L	Father has/had a relative or close friend who is/was a foster parent	209
F16F_M	Father had family member who was retarded, handicapped, or emotionally disturbed	209
F16F_N	Father worked or volunteered with handicapped, retarded, or disturbed children	209
F16F_O	Father had a large number of brothers and/or sisters	210
F16M_A	Mother was a Foster Child	204
F16M_B	Mother was adopted	204
F16M_C	Mother was raised by relatives	204

Variable	Label	Page
F16M_D	Mother lived most of childhood in an institution	204
F16M_E	Mother lived in foster homes or relatives' homes	205
F16M_F	Mother was abused (sexually or physically) as a child	205
F16M_G	Mother was seriously neglected as a child	205
F16M_H	Mother was abandoned by parents	205
F16M_I	Mother had a parent die during childhood	205
F16M_J	Mother had foster or adopted brother(s) and/or sister(s)	206
F16M_K	Mother had close friend or relative who was in foster care	206
F16M_L	Mother has/had a relative or close friend who is/was a foster parent	206
F16M_M	Mother had family member who was retarded, handicapped, or emotionally disturbed	206
F16M_N	Mother worked or volunteered with handicapped, retarded, or disturbed children	206
F16M_O	Mother had a large number of brothers and/or sisters	207
F17A	Do you belong to any of the following: local foster parent organization?	210
F17B	Do you belong to any of the following: state foster parent organization?	210
F17C	Do you belong to any of the following: National Foster Parent Organization?	210
F19_E2A	Why did you stop being a foster parent? Age- will be too old to care for children	192
F19_E2B	Why did you stop being a foster parent? Divorce, marital problems	193
F19_E2C	Why did you stop being a foster parent? Health problems	193
F19_E2D	Why did you stop being a foster parent? Moved, relocated	193
F19_E2E	Why did you stop being a foster parent? Conflict between foster child and my own or adopted child	193
F19_E2F	Why did you stop being a foster parent? Expect to have my own child or more of my own children	193
F19_E2G	Why did you stop being a foster parent? Expect to adopt a child	194
F19_E2H	Why did you stop being a foster parent? May need to return to work full time	194
F19_E2I	Why did you stop being a foster parent? Inadequate reimbursements	194
F19_E2J	Why did you stop being a foster parent? Cannot get type of child requested	194
F19_E2K	Why did you stop being a foster parent? Poor communication with foster care worker	194

Variable	Label	Page
F19_E2L	Why did you stop being a foster parent? Agency insensitive to my needs/ lack of support from the agency	195
F19_E2M	Why did you stop being a foster parent? Do not have any say in child's future	195
F19_E2N	Why did you stop being a foster parent? Lack of respite services	195
F19_E2O	Why did you stop being a foster parent? Lack of day care	195
F19_E2P	Why did you stop being a foster parent? Lack of other services	195
F19_E2Q	Why did you stop being a foster parent? Problems with child's parent(s)	196
F19_E2R	Why did you stop being a foster parent? Child's behavior/ discipline problems	196
F19_E2S	Why did you stop being a foster parent? Health or personal care needs of child will become too difficult to manage	196
F19_E2T	Why did you stop being a foster parent? Have difficulty seeing child leave	196
F19_E2U	Why did you stop being a foster parent? Other reason	196
F2	Have you given birth to any children?	198
F3	How many children?	198
F4	Do you have any adopted children?	199
F5	How many adopted children?	199
F6	Had any of your adopted children previously been placed with you as foster children?	199
F7	Had you been interested in adopting any of your foster children, but were not able to do so?	199
F8	Why were you unable to adopt you foster children?	200
F9	Excluding foster care payments, what was the total combined annual income of all members of your family in 1990?	200
ID	Identification Number	152
RESP	Response hard copy or phone	174
SITEWT	Weight Assigned by Site	152
STATE	Foster Parent State of Residence	152
STATEWT	Weight Assigned by State	152
STRATA	Stratum Code	152
STRATAWT	Weight assigned by Strata	152
TYPE	Type of Questionnaire	174
URBAN	Urbanicity	152

FORMER Variables Sorted by Location in the Data File

Variable	Label	Page
ID	Identification Number	152
STATE	Foster Parent State of Residence	152
STRATA	Stratum Code	152
URBAN	Urbanicity	152
SITEWT	Weight Assigned by Site	152
STATEWT	Weight Assigned by State	152
STRATAWT	Weight assigned by Strata	152
F_FINWT	Final Weight	153
A1YY	Year First Approved as Foster Parent	153
A2A	Approved as Family Foster Home	153
A2B	Approved for Emergency Care	153
A2C	Approved as Specialized Foster Home	153
A2D	Approved as Relative Foster Home	153
A2E	Approved as Group Home	154
A2F	Approved as Other Foster Home	154
A3	Number of Children Approved to Accept at One Time	154
A5A_A4A	Number of Foster Children Related by Birth or Marriage	154
A5B_A4B	Number of Foster Children Known Before Placement, but not Related	154
A5C_A4C	Number of Foster Children Neither Known nor Related	154
A5A4TOTL	Total Number of Children A through C	155
A6A_A5A	Any Foster children developmentally disabled/mentally retarded	155
A6B_A5B	Any Foster Children Physically Seriously Ill	155
A6C_A5C	Any Foster Children Drug Exposed Infant/Newborn	155
A6D_A5D	Any Foster Children Born with Fetal Alcohol Syndrome	155
A6E_A5E	Any Foster Children Born with AIDS	156
A6F_A5F	Any Foster Children Mentally Ill or Behaviorally Disturbed	156
A7_A6	Any Foster Children Sexually Abused Before	156
A8A_A7A	Any Foster Children American Indian or Alaskan Native	156
A8B_A7B	Any Foster Children Asian or Pacific Islander	156
A8C_A7C	Any Foster Children Black, Not Hispanic	157
A8D_A7D	Any Foster Children Hispanic	157
A8E_A7E	Any Foster Children White, not Hispanic	157

Variable	Label	Page
A8F_A7F	Any Foster Children of Other Origin	157
B1A	Could not have any, or any more children of my own	157
B1B	Was single & wanted a child	158
B1C	Didn't want to care for infant	158
B1D	Wanted to adopt but couldn't get a child	158
B1E	Thought about adopting and thought foster parenting was a good way to start	158
B1F	Wanted a certain kind of child (e.g., a girl or a five-year old)	158
B1G	Thought a child might help my marriage	159
B1H	Wanted companionship for myself	159
B1I	Wanted companionship for my own child	159
B1J	Wanted a larger family	159
B1K	Wanted to provide a child with love	159
B1L	Wanted to be loved by a child	160
B1M	Wanted to provide a good home for a child	160
B1N	Had a child who died	160
B1O	Wanted to help a child with special problems	160
B1P	My own children were grown and I wanted children in the house	160
B1Q	Wanted to provide a home for children who would otherwise be in an institution	161
B1R	Wanted a child to help with chores or work in family business	161
B1S	Wanted to increase family income	161
B1T	Wanted to care for a child but did not want permanent responsibility	161
B1U	Religious beliefs	161
B1V	Wanted to do something for the community/society	162
B1W	Wanted to fill time	162
B1X	Knew the foster child or the child's family and wanted to help	162
B1Y	Am related to the child	162
B1Z	Was a foster child myself	162
B1AA	Was abused or neglected myself	163
B1BB	Other reason for becoming a foster parent	163
B2	Most important reason for being a foster parent	163
C1MON	What month did you first look into becoming a foster parent?	163
C1YY	Inquiry Year	163

Variable	Label	Page
C2	How many months after you first inquired did you become certified as a foster parent?	164
C3	How many months after you were licensed, was a foster child placed in your home?	164
C4A	Information about the role of a foster parent	164
C4B	Information about the temporary nature of foster care	164
C4C	Information about working with the child's parents	164
C4D	Information about the kinds of children needing foster care	165
C4E	Information about the role of the foster care worker	165
C4F	Information about payments to foster parents	165
C4G	Information about ways to contact the agency after working hours or on weekends	165
C4H	Information about what must be reported to the agency	166
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F16M_E	Mother lived in foster homes or relatives' homes	205
F16M_F	Mother was abused (sexually or physically) as a child	205
F16M_G	Mother was seriously neglected as a child	205
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F16M_I	Mother had a parent die during childhood	205
F16M_J	Mother had foster or adopted brother(s) and/or sister(s)	206
F16M_K	Mother had close friend or relative who was in foster care	206
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F16M_N	Mother worked or volunteered with handicapped, retarded, or disturbed children	206
F16M_O	Mother had a large number of brothers and/or sisters	207
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F16F_C	Father was raised by relatives	207
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F16F_F	Father was abused (sexually or physically) as a child	208
F16F_G	Father was seriously neglected as a child	208
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F16F_I	Father had a parent die during childhood	208
F16F_J	Father had foster or adopted brother(s) and/or sister(s)	209
F16F_K	Father had close friend or relative who was in foster care	209
F16F_L	Father has/had a relative or close friend who is/was a foster parent	209
F16F_M	Father had family member who was retarded, handicapped, or emotionally disturbed	209
F16F_N	Father worked or volunteered with handicapped, retarded, or disturbed children	209
F16F_O	Father had a large number of brothers and/or sisters	210

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Former Foster Parent Codebook Information

The variables in this codebook are arranged in the order in which they appear in the FORMER data file. The first line in the description of each of the variables gives the variable name (in all capital letters), label and format for the variable. Formats beginning with the letter "F" are numeric. Those beginning with "A" are string, or character, variables. The numbers in the format refer to the number of digits allowed for the variable. Below the first line, a brief explanation of the variable is provided if necessary. Next, the allowable values and their labels are provided.

ID	Identification Number	Format: A8
STATE	Foster Parent State of Residence	Format: A2
	Value Label CA California IL Illinois IN Indiana MI Michigan MN Minnesota MO Missouri NJ New Jersey PA Pennsylvania TN Tennessee	
STRATA	Stratum Code	
URBAN	Urbanicity	
	Value Label R Rural S Suburban U Urban	
SITEWT	Weight Assigned by Site	Format: F8.2
STATEWT	Weight Assigned by State	Format: F8.2
STRATAWT	Weight assigned by Strata	Format: F8.2

F_FINWT	Final Weight	Format: F8.2
A1YY	Year First Approved as Foster Parent	Format: F8
	Value Label	
	44-91 Year	
	99 Not ascertained	
A2A	Approved as Family Foster Home	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
A2B	Approved for Emergency Care	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
A2C	Approved as Specialized Foster Home	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
A2D	Approved as Relative Foster Home	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	

A2E Approved as Group Home Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

A2F Approved as Other Foster Home Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

A3 Number of Children Approved to Accept at One Time Format: F8

Value Label
1-8 number of children
97 no
98 refusal
99 don't know

A5A_A4A Number of Foster Children Related by Birth or Marriage Format: F8

Value Label
0-10 number of children
997 refusal
998 don't know
999 not ascertained

A5B_A4B Number of Foster Children Known Before Placement, but not Related Format: F8

Value Label
0-10 number of children
997 refusal
998 don't know
999 not ascertained

A5C_A4C Number of Foster Children Neither Known nor Related Format: F8

Value Label

0-300 number of children
 997 refusal
 998 don't know
 999 not ascertained

A5A4TOTL Total Number of Children A through C Format: F8

Value Label
 0-335 total
 997 refusal
 998 don't know
 999 not ascertained

A6A_A5A Any Foster children developmentally disabled/mentally retarded Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6B_A5B Any Foster Children Physically Seriously Ill Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6C_A5C Any Foster Children Drug Exposed Infant/Newborn Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A6D_A5D Any Foster Children Born with Fetal Alcohol Syndrome Format: F8

Value Label
 1 yes
 2 no
 7 refusal

- 8 don't know
- 9 not ascertained

A6E_A5E Any Foster Children Born with AIDS Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

A6F_A5F Any Foster Children Mentally Ill or Behaviorally Disturbed Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

A7_A6 Any Foster Children Sexually Abused Before Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

A8A_A7A Any Foster Children American Indian or Alaskan Native Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

A8B_A7B Any Foster Children Asian or Pacific Islander Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know

9 not ascertained

A8C_A7C Any Foster Children Black, Not Hispanic Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8D_A7D Any Foster Children Hispanic Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8E_A7E Any Foster Children White, not Hispanic Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

A8F_A7F Any Foster Children of Other Origin Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1A Could not have any, or any more children of my own Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1B	Was single & wanted a child	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
B1C	Didn't want to care for infant	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
B1D	Wanted to adopt but couldn't get a child	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
B1E	Thought about adopting and thought foster parenting was a good way to start	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
B1F	Wanted a certain kind of child (e.g., a girl or a five-year old)	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	

B1G Thought a child might help my marriage Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1H Wanted companionship for myself Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1I Wanted companionship for my own child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1J Wanted a larger family Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1K Wanted to provide a child with love Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1L Wanted to be loved by a child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1M Wanted to provide a good home for a child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1N Had a child who died Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1O Wanted to help a child with special problems Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1P My own children were grown and I wanted children in the house Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Q Wanted to provide a home for children who would otherwise be in an institution Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1R Wanted a child to help with chores or work in family business Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1S Wanted to increase family income Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1T Wanted to care for a child but did not want permanent responsibility Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1U Religious beliefs Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

B1V Wanted to do something for the community/society Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1W Wanted to fill time Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1X Knew the foster child or the child's family and wanted to help Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Y Am related to the child Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1Z Was a foster child myself Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1AA Was abused or neglected myself Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B1BB Other reason for becoming a foster parent Format: F8

Value	Label
1	yes
2	no
7	refusal
8	don't know
9	not ascertained

B2 Most important reason for being a foster parent Format: A2

C1MON What month did you first look into becoming a foster parent? Format: F8

Value	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December
97	refusal
98	don't know
99	not ascertained

C1YY Inquiry Year Format: F8

Value	Label
60-91	year
97	refusal
98	don't know

99 not ascertained

C2 How many months after you first inquired did you become certified as a foster parent? Format: F8

Value Label

1-36 Number of months
 88 greater than 99 months
 97 refusal
 98 don't know
 99 not ascertained

C3 How many months after you were licensed, was a foster child placed in your home? Format: F8

Value Label

0 Had child before license
 1-36 Number of months
 88 greater than 99 months
 97 refusal
 98 don't know
 99 not ascertained

C4A Information about the role of a foster parent Format: F8

Value Label

1 no information
 2 some, but not enough information
 3 enough information
 7 refusal
 8 don't know
 9 not ascertained

C4B Information about the temporary nature of foster care Format: F8

Value Label

1 no information
 2 some, but not enough information
 3 enough information
 7 refusal
 8 don't know
 9 not ascertained

C4C Information about working with the child's parents Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4D Information about the kinds of children needing foster care Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4E Information about the role of the foster care worker Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4F Information about payments to foster parents Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4G Information about ways to contact the agency after working hours or on weekends Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know

9 not ascertained

C4H Information about what must be reported to the agency Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4I Information about services given by the agency Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4J Information about services given by the foster parent association Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4K Information about what the agency does when foster parents are accused of abuse or neglect Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4L Information about the possibility of abuse or neglect charges Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4M Information about the legal aspects of foster care Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4N Information about the discipline of children Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4O Information about children's feelings about their own parents Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4P Information about the effects of foster parenting on your family Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4Q Information about fostering a teenager Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4R Information about helping a child develop skills for growing up and living on his or her own Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4S Information about working with a handicapped child Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4T Information about working with a child who is racially or culturally different from you Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |
| 3 | enough information |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

C4U Information about the availability of more foster parent training Format: F8

- | Value | Label |
|--------------|----------------------------------|
| 1 | no information |
| 2 | some, but not enough information |

- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4V Information about working with a sexually abused child? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C4W Information about other topics? Format: F8

Value Label

- 1 no information
- 2 some, but not enough information
- 3 enough information
- 7 refusal
- 8 don't know
- 9 not ascertained

C5A Did you receive information from agency training session? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5B Did you receive information by talking to agency staff? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5C Did you receive information by talking to other foster parents? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C5D Did you receive information from a foster parent "buddy" assigned by the agency? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C5E Did you receive information from books, pamphlets, or other written materials provided by the agency? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C5F Did you receive information from books, pamphlets, or other written materials provided by the foster parent association? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C5G Did you receive information from another source? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C6	How well did the information you received prepare you for becoming a foster parent?	Format: F8
	Value Label	
	1 very well prepared	
	2 somewhat prepared	
	3 somewhat unprepared	
	4 very unprepared	
	7 refusal	
	8 don't know	
	9 not ascertained	
C7	After you became a foster parent, did you receive any more training?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
C8A	Did you receive more training on fostering a teenager?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
C8B	Did you receive more training on fostering a handicapped child?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
C8C	Did you receive more training on fostering a child of a different race or culture?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	

- 8 don't know
- 9 not ascertained

C8D Did you receive more training on disciplining a foster child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C8E Did you receive more training on supervising a foster child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C8F Did you receive more training on fostering a sexually abused child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C8G Did you receive more training on teaching a child life skills for growing up and living on his or her own? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C8H Did you receive training about children's feelings about their own parents? Format: F8

- Value Label**
- 1 yes
 - 2 no

- 7 refusal
- 8 don't know
- 9 not ascertained

C8I Did you receive more training on working with the child's own parents? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C8J Did you receive more training on other topics? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C9 Has the child welfare agency assigned a caseworker or someone else who can answer any questions you have or help you if you have problems? Format: F8

Value Label

- 1 yes
- 2 no
- 3 respondent answer incorrect
- 7 refusal
- 8 don't know
- 9 not ascertained

C10 Does the worker contact you regularly? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C11 Have you ever contacted this worker? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

C13 Do you have a foster parent buddy (i.e., another foster parent whom you can call for advice or support)? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C14 Was the foster parent buddy assigned to you by the: Format: F8

- Value Label**
- 1 public child welfare agency
 - 2 private children's agency
 - 3 foster parent association
 - 4 other
 - 5 informal assignment
 - 7 refusal
 - 8 don't know

TYPE Type of Questionnaire Format: F8

RESP Response hard copy or phone Format: F8

C15A1 Have you ever needed day care? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15A2 Has the agency provided you with day care? Format: F8

- Value Label**
- 1 yes
 - 2 no

7 refusal
8 don't know
9 not ascertained

C15B1 Have you ever needed respite care? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15B2 Has the agency provided you with respite care? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15C1 Have you ever liability insurance? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15C2 Has the agency provided you with liability insurance? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

C15D1 Have you ever needed health care costs not covered by Medicaid? Format: F8

Value Label
1 yes
2 no

- 7 refusal
- 8 don't know
- 9 not ascertained

C15D2 Has the agency provided you with health care costs not covered by Medicaid? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15E1 Have you ever needed transportation for medical appointments or other services needed by the child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15E2 Has the agency provided you with transportation for medical appointments or other services needed by the child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15F1 Have you ever needed changes to your home to accommodate a disabled child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

C15F2 Has the agency provided you with changes to your home to accommodate a disabled child? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15G1 Have you ever needed child or family counseling? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15G2 Has the agency provided you with child or family counseling? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15H1 Have you ever needed recreational activities for the child? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15H2 Has the agency provided you with recreational activities for the child? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15I1 Have you ever needed other services? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C15I2 Has the agency provided you with other services? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

C16 Most important service Format: A2

E1_D1MON What month was this child placed with you? Format: F8

Value Label
 1 January
 2 February
 3 March
 4 April
 5 May
 6 June
 7 July
 8 August
 9 September
 10 October
 11 November
 12 December
 97 refusal
 98 don't know
 99 not ascertained

E1_D1YY What year was this child placed with you? Format: F8

Value Label
 68-91 Year
 97 refusal
 98 don't know
 99 not ascertained

E2A_D2 At the time this child was placed with you, was this child: Format: F8

Value	Label
1	related to you
2	known to you, but not related
3	the sibling of a foster or adopted child in home
4	not known to you before placement
7	refusal
8	don't know
9	not ascertained

E3_D3MON In what month did this child leave your care? Format: F8

Value	Label
1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December
97	refusal
98	don't know
99	not ascertained

E3_D3YY In what year did this child leave your care? Format: F8

Value	Label
70-91	Year
97	refusal
98	don't know
99	not ascertained

E4_D4 How old was the child when he/she was placed with you? Format: F8

Value	Label
0	Less than a year
1-18	Age in years
96	Less than a year old
97	refusal
98	don't know

99 not ascertained

E5_D5 Was this child male or female? Format: F8

Value Label
 1 male
 2 female
 7 refusal
 8 don't know
 9 not ascertained

E6_D6 What was this child's race? Format: F8

Value Label
 0 other
 1 American Indian or Alaskan Native
 2 Asian or Pacific Islander
 3 Black, not of Hispanic origin
 4 Hispanic (including Mexican American)
 5 white, not of Hispanic origin
 7 multi response
 97 refusal
 98 don't know
 99 not ascertained

E7_D7 At the time the child was placed with you, did he/she speak English as his/her native language? Format: F8

Value Label
 1 yes
 2 no
 3 child not old enough to speak
 7 refusal
 8 don't know
 9 not ascertained

E8_D8 At the time this child was placed with you, how well could he/she speak English? Format: F8

Value Label
 1 very well
 2 some
 3 could not communicate in English at all
 7 refusal
 8 don't know
 9 not ascertained

E9_D9	At the time this child was placed with you, could you speak this child's native language?	Format: F8
	Value Label 1 Yes, fluently 2 Yes, somewhat 3 No, not at all 7 refusal 8 don't know 9 not ascertained	
E10_D10	Did this child have any sisters or brothers?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E11_D11A	At the time this child was placed with you, where did the child child's sisters or brothers live: with you?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E11_D11B	At the time this child was placed with you, where did the child child's sisters or brothers live: with another foster parent?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
E11_D11C	At the time this child was placed with you, where did the child child's sisters or brothers live: with his/her parents?	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	

E11_D11D	At the time this child was placed with you, where did the child child's sisters or brothers live: with relatives?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
E11_D11E	At the time this child was placed with you, where did the child child's sisters or brothers live: in a group care facility?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
E11_D11F	At the time this child was placed with you, where did the child child's sisters or brothers live: in a hospital?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
E11_D11G	At the time this child was placed with you, where did the child child's sisters or brothers live: in another place?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
E12_D12A	Did this child have any of the following conditions: Developmental disability or mental retardation?	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	

9 not ascertained

E12_D12B Did this child have any of the following conditions: Physical handicap or serious illness? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E12_D12C Did this child have any of the following conditions: Drug exposed infant or newborn? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E12_D12D Did this child have any of the following conditions: born with Fetal Alcohol Syndrome or other alcohol related disorder? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E12_D12E Did this child have any of the following conditions: Emotional or behavioral disturbance or mental illness? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E13_D13A Before coming to your home had this child previously been sexually abused? Format: F8

Value Label

1 yes

- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

E13_D13B Before coming to your home had this child previously been physically abused? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E13_D13C Before coming to your home had this child previously been seriously neglected? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E13_D13D Before coming to your home had this child previously been homeless? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E14_D14 Which one of the following best describes the circumstances that led to this child's leaving your home? Format: F8

- Value Label**
- 1 I requested that the child be placed elsewhere
 - 2 the agency wished to place the child elsewhere/return to home
 - 3 this child ran away
 - 4 this child turned 18 or was legally free to leave
 - 5 this child was in jail or prison
 - 6 other reason
 - 7 multi response 1 & 13

- 8 multi response 3 & 5
- 97 refusal
- 98 don't know
- 99 not ascertained

E15_D15 Which one of the following best describes the circumstances that led to this child's leaving your home? Format: F8

Value Label

- 1 there were problems with the child's behavior
- 2 child needed more care or supervision
- 3 could not afford the cost of keeping this child
- 4 family member objected to the child
- 5 illness, moving, or other personal reason
- 6 could not cope with child's own parents
- 7 needed to return to work
- 8 family emergency
- 9 other reason
- 10 multi response
- 97 refusal
- 98 don't know
- 99 not ascertained

E16_D16 Did you request removal because there were problems with the child's behavior (open ended)? Format: F8

Value Label

- 1 response
- 97 refusal
- 98 don't know
- 99 not ascertained

E17_D17 Did you request removal because there were problems with the child's behavior (open ended)? Format: F8

Value Label

- 1 yes
- 2 No, please explain
- 7 refusal
- 8 don't know
- 9 not ascertained

E18_D18 Which statement best describes the worker's attitude about the problems? Format: F8

Value Label

- 1 very sympathetic & helpful
- 2 sympathetic, but could not provide any real help

- 3 did not seem to understand problems /made me feel unimportant
- 4 made me feel problems were my fault
- 5 other
- 6 multi response
- 97 refusal
- 98 don't know
- 99 not ascertained

E19_D19 Did you participate in the decision to remove the child? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E20_D20 Did you participate agree with the decision? Format: F8

- Value Label**
- 1 yes
 - 2 no
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E21_D21 Who told the child? Format: F8

- Value Label**
- 1 I did/my spouse did
 - 2 the caseworker did
 - 3 both the caseworker and I/my spouse
 - 4 someone else
 - 5 child not old enough to be told
 - 7 refusal
 - 8 don't know
 - 9 not ascertained

E22_D22 How many days passed between the time the decision was made to remove this child and the day he/she was removed? Format: F8

- Value Label**
- 0 Same day
 - 1-100 Number of days
 - 888 Greater than 999 days
 - 997 refusal

998 don't know
999 not ascertained

E23_D23 Immediately after this child left your care, was this child...? Format: F8

Value Label

1 returned to his or her own parent(s)
2 placed with a relative of the child
3 placed in another foster family home
4 placed in another home for purpose of adoption
5 placed in a group home or institution
6 other place
97 refusal
98 don't know
99 not ascertained

E24_D24A During the time this child was in your care, were you involved in any of the following: Informal meetings? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E24_D24B During the time this child was in your care, were you involved in any of the following: Agency or court hearings to decide the child's future? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E24_D24C During the time this child was in your care, were you involved in any of the following: Other hearings? Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E25_D25 During the time this child was in your care, were you in contact with this child's own parents? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E26_D26A What was the nature of your contact with the child's own parents: Scheduled visits? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E26_D26B What was the nature of your contact with the child's own parents: Unplanned visits by the child's own parents? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E26_D26C What was the nature of your contact with the child's own parents: Questions from the child's own parent(s) about the child's health, adjustment to foster care, or other concerns? Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

E26_D26D What was the nature of your contact with the child's own parents: Advice provided by you to the child's own parent(s) on caring for and supervising children? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

E26_D26E What was the nature of your contact with the child's own parents: Other contact? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

E27_D27 How would you describe your contacts with the child's own parent(s)? Format: F8

Value Label

- 1 very positive
- 2 somewhat positive
- 3 neither positive nor negative
- 4 somewhat negative
- 5 very negative
- 7 refusal
- 8 don't know
- 9 not ascertained

D20_D28 How many caseworkers have been assigned to the child? Format: F8

Value Label

- 1-25 Number of workers
- 97 refusal
- 98 don't know
- 99 not ascertained

D21_D29 How many months has the child's current worker been assigned to the case? Format: F8

Value Label

- 1-36 Number of months
- 88 Greater than 99 months
- 97 refusal
- 98 don't know
- 99 not ascertained

D22_D30 On average, how often do you talk with the current caseworker? Format: F8

Value Label

- 1 at least once a week
- 2 less than once a week, but at least once a month
- 3 less than once a month
- 4 never
- 7 refusal
- 8 don't know
- 9 not ascertained

D23_D31 How well would you say the caseworker knows and understands the needs of this child? Format: F8

Value Label

- 1 understands child needs completely
- 2 is somewhat understanding of child needs
- 3 does not understand child needs at all
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32A Has the caseworker discussed any of the following with you: Plans for this child's future? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32B Has the caseworker discussed any of the following with you: This child's adjustment to your home? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32C Has the caseworker discussed any of the following with you: This child's environment before coming to your home? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32D Has the caseworker discussed any of the following with you:
How this child is doing in school? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32E Has the caseworker discussed any of the following with you:
How this child relates to his/her own parents? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D24_D32F Has the caseworker discussed any of the following with you:
This child's need for services such as counseling? Format: F8

Value Label

- 1 yes
- 2 no
- 7 refusal
- 8 don't know
- 9 not ascertained

D25_D33 On the whole, how satisfied are you with the current
caseworker? Format: F8

Value Label

- 1 very satisfied
- 2 somewhat satisfied
- 3 somewhat dissatisfied
- 4 very dissatisfied
- 7 refusal
- 8 don't know
- 9 not ascertained

D26_D34 Is there anything about your relationship with the caseworker which you think could be better? Format: F8

Value Label
1 Response
2 No response
7 refusal
8 don't know
9 not ascertained

F_E1MON What month did you stop being a foster parent? Format: F8

Value Label
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
97 refusal
98 don't know
99 not ascertained

F_E1YY In what year did you stop being a foster parent? Format: F8

Value Label
60-91 Year
97 refusal
98 don't know
99 not ascertained

F19_E2A Why did you stop being a foster parent? Age- will be too old to care for children Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F19_E2B	Why did you stop being a foster parent? Divorce, marital problems	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2C	Why did you stop being a foster parent? Health problems	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2D	Why did you stop being a foster parent? Moved, relocated	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2E	Why did you stop being a foster parent? Conflict between foster child and my own or adopted child	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2F	Why did you stop being a foster parent? Expect to have my own child or more of my own children	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	

F19_E2G	Why did you stop being a foster parent? Expect to adopt a child	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2H	Why did you stop being a foster parent? May need to return to work full time	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2I	Why did you stop being a foster parent? Inadequate reimbursements	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2J	Why did you stop being a foster parent? Cannot get type of child requested	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know 9 not ascertained	
F19_E2K	Why did you stop being a foster parent? Poor communication with foster care worker	Format: F8
	Value Label 1 yes 2 no 7 refusal 8 don't know	

9 not ascertained

F19_E2L Why did you stop being a foster parent? Agency insensitive to my needs/ lack of support from the agency Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F19_E2M Why did you stop being a foster parent? Do not have any say in child's future Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F19_E2N Why did you stop being a foster parent? Lack of respite services Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F19_E2O Why did you stop being a foster parent? Lack of day care Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F19_E2P Why did you stop being a foster parent? Lack of other services Format: F8

Value Label

1 yes
2 no
7 refusal
8 don't know

9 not ascertained

F19_E2Q Why did you stop being a foster parent? Problems with child's parent(s) Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2R Why did you stop being a foster parent? Child's behavior/discipline problems Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2S Why did you stop being a foster parent? Health or personal care needs of child will become too difficult to manage Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2T Why did you stop being a foster parent? Have difficulty seeing child leave Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F19_E2U Why did you stop being a foster parent? Other reason Format: F8

Value Label
 1 yes
 2 no

	7 refusal	
	8 don't know	
	9 not ascertained	
F_E3	What was the most important reason you stopped being a foster parent?	Format: A2
F_E4	Description of problems with foster care caseworker	Format: F8.2
	Value Label	
	0 none	
	1 response	
	97 refusal	
	98 don't know	
	99 not ascertained	
F_E5	Description of problems with child's behavior or needs	Format: F8.2
	Value Label	
	0 none	
	1 response	
	97 refusal	
	98 don't know	
	99 not ascertained	
F_E6	Description of problems with child's own parents	Format: F8.2
	Value Label	
	0 none	
	1 response	
	97 refusal	
	98 don't know	
	99 not ascertained	
F_E7	What one thing could have been done that would have prevented you from terminating as a foster parent?	Format: F8.2
	Value Label	
	0 none	
	1 response	
	97 refusal	
	98 don't know	
	99 not ascertained	
F_E8_1	Recommendation 1	Format: F8.2
	Value Label	
	0 none	

1 response
 97 refusal
 98 don't know
 99 not ascertained

F_E8_2 Recommendation 2 Format: F8.2

Value Label
 0 none
 1 response
 97 refusal
 98 don't know
 99 not ascertained

F_E8_3 Recommendation 3 Format: F8.2

Value Label
 0 none
 1 response
 97 refusal
 98 don't know
 99 not ascertained

F1 What is your current marital status? Format: F8

Value Label
 1 married, or living as married
 2 divorced
 3 separated
 4 widow/widower
 5 never married
 7 refusal
 8 don't know
 9 not ascertained

F2 Have you given birth to any children? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F3 How many children? Format: F8

Value Label
 0 No children
 1-10 Number of children
 97 refusal
 98 don't know
 99 not ascertained

F4 Do you have any adopted children? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F5 How many adopted children? Format: F8

Value Label
 0 No children
 1-10 Number of children
 97 refusal
 98 don't know
 99 not ascertained

F6 Had any of your adopted children previously been placed with you as foster children? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F7 Had you been interested in adopting any of your foster children, but were not able to do so? Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F8

Why were you unable to adopt you foster children?

Format: F8

Value	Label
1	relative(s) came first
2	returned to parent(s)/home
3	race
4	removed from foster home
5	natural grand/parent(s) would not consent
6	not in best interest of child
7	against state regulations
8	not free for adoption
9	foster parent(s) financial reasons
10	against doctor's advice
11	delays in court system
12	multi response 1 & 7
13	adoption would not leave room for foster children in home
14	foster parent too old
15	child had behavior problems or was emotionally unstable
16	multi response 2 & 3
17	foster parent's grandchildren
18	agency would not permit
19	foster parent(s) marital or employment status
20	parent put child up for private adoption
21	child too old
22	spouse disagreed
23	multi response 5 & 15
24	none available at the right age
25	multi response 9 & 14
26	multi response 3 & 05
27	no steps have been taken to proceed
28	didn't have knowledge to proceed
29	death or serious problem in foster home
30	multi response 18 & 15
31	multi response 5 & 21
32	child did not want to be adopted
97	refusal
98	don't know
99	not ascertained

F9

Excluding foster care payments, what was the total combined annual income of all members of your family in 1990?

Format: F8

Value	Label
1	less than \$15,000
2	\$15,000-19,999
3	\$20,000-24,999

- 4 \$25,000-29,999
- 5 \$30,000-34,999
- 6 \$35,000-39,999
- 7 \$40,000-44,999
- 8 \$50,000 or more
- 97 refusal
- 98 don't know
- 99 not ascertained

F10 What is the primary source of income for your household? Format: F8

- Value Label**
- 1 employment
 - 2 public assistance (AFDC or SSI)
 - 3 social security or other retirement
 - 4 child support/alimony
 - 5 other (specify)
 - 6 multi response (public assistance and other)
 - 7 multi response (social security and other)
 - 8 other multi response
 - 97 refusal
 - 98 don't know
 - 99 not ascertained

F11MOTHR Mother's Employment Status Format: F8

- Value Label**
- 1 employed full-time (30hrs or more per week)
 - 2 employed part-time (less than 30hrs per week)
 - 3 unemployed and looking for work
 - 4 home maker, not employed outside the home
 - 5 disabled or retired, not employed
 - 6 other
 - 97 multi response (social security and other)
 - 98 other multi response
 - 99 refusal

F11MOTHR Mother's Employment Status Format: F8

- Value Label**
- 1 employed full-time (30hrs or more per week)
 - 2 employed part-time (less than 30hrs per week)
 - 3 unemployed and looking for work
 - 4 home maker, not employed outside the home

- 2 more than 8th grade, but less than high school completion
- 3 high school graduate (or GED)
- 4 some training or college classes
- 5 graduate of a 2-year college
- 6 graduate of a 4-year college
- 7 graduate work after college graduation
- 8 graduate degree
- 88 not applicable
- 97 refusal
- 99 not ascertained

F14MOTHR Mother's Race/Ethnicity Format: F8

Value Label

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander
- 3 Black, not of Hispanic origin
- 4 Hispanic (including Mexican American)
- 5 white, not of Hispanic origin
- 6 other (specify)
- 88 not applicable
- 97 refusal
- 99 not ascertained

F14FATHR Father's Race/Ethnicity Format: F8

Value Label

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander
- 3 Black, not of Hispanic origin
- 4 Hispanic (including Mexican American)
- 5 white, not of Hispanic origin
- 6 other (specify)
- 88 not applicable
- 97 refusal
- 99 not ascertained

F15AGEM Mother's Age Format: F8

Value Label

- 21-86 Age
- 88 not applicable
- 97 refusal
- 99 not ascertained

F15AGEF	Father's Age	Format: F8
	Value Label	
	21-86 Age	
	88 not applicable	
	97 refusal	
	99 not ascertained	
F16M_A	Mother was a Foster Child	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
F16M_B	Mother was adopted	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
F16M_C	Mother was raised by relatives	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	
F16M_D	Mother lived most of childhood in an institution	Format: F8
	Value Label	
	1 yes	
	2 no	
	7 refusal	
	8 don't know	
	9 not ascertained	

F16M_E Mother lived in foster homes or relatives' homes Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_F Mother was abused (sexually or physically) as a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_G Mother was seriously neglected as a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_H Mother was abandoned by parents Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_I Mother had a parent die during childhood Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_J Mother had foster or adopted brother(s) and/or sister(s) Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_K Mother had close friend or relative who was in foster care Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_L Mother has/had a relative or close friend who is/was a foster parent Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_M Mother had family member who was retarded, handicapped, or emotionally disturbed Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_N Mother worked or volunteered with handicapped, retarded, or disturbed children Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16M_O Mother had a large number of brothers and/or sisters Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_A Father was a Foster Child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_B Father was adopted Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_C Father was raised by relatives Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_D Father lived most of childhood in an institution Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_E Father lived in foster homes or relatives' homes Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_F Father was abused (sexually or physically) as a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_G Father was seriously neglected as a child Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_H Father was abandoned by parents Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_I Father had a parent die during childhood Format: F8

Value Label
1 yes
2 no
7 refusal
8 don't know
9 not ascertained

F16F_J Father had foster or adopted brother(s) and/or sister(s) Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_K Father had close friend or relative who was in foster care Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_L Father has/had a relative or close friend who is/was a foster parent Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_M Father had family member who was retarded, handicapped, or emotionally disturbed Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_N Father worked or volunteered with handicapped, retarded, or disturbed children Format: F8

Value Label
 1 yes
 2 no
 7 refusal
 8 don't know
 9 not ascertained

F16F_O Father had a large number of brothers and/or sisters Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

F17A Do you belong to any of the following: local foster parent organization? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

F17B Do you belong to any of the following: state foster parent organization? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

F17C Do you belong to any of the following: National Foster Parent Organization? Format: F8

- | Value | Label |
|--------------|-----------------|
| 1 | yes |
| 2 | no |
| 7 | refusal |
| 8 | don't know |
| 9 | not ascertained |

F_F18 Who completed this questionnaire? Format: F8

- | Value | Label |
|--------------|--------------------------------------|
| 1 | Both foster mother and foster father |
| 2 | Foster mother |
| 3 | Foster father |
| 9 | Not ascertained |

F_LCENS	Are you still a licensed foster parent?	Format: F8
	Value Label	
	0 No	
	1 Yes	
	9 Not ascertained	
F_SFFLAG	Flag for information from the short questionnaire	Format: F8.2
F_QUIT1	Flag For Personal Reasons	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT2	Flag For Economic Reasons	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT3	Flag For Larger Family Plans	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT4	Flag For Foster Child Related Problems	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT5	Flag For Agency Related Problems	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT6	Flag for other problems	Format: F8.2
	Value Label	
	1 yes	
	2 no	
F_QUIT7	Flag for Licensing	Format: F8.2

	Value	Label	
	1	yes	
	2	No	
F_QUIT8		Flag for New Child	Format: F8.2
	Value	Label	
	1	yes	
	2	no	
F_RPWT1		Replicate Weight 1	Format: F8.2
F_RPWT2		Replicate Weight 2	Format: F8.2
F_RPWT3		Replicate Weight 3	Format: F8.2
F_RPWT4		Replicate Weight 4	Format: F8.2
F_RPWT5		Replicate Weight 5	Format: F8.2
F_RPWT6		Replicate Weight 6	Format: F8.2
F_RPWT7		Replicate Weight 7	Format: F8.2
F_RPWT8		Replicate Weight 8	Format: F8.2
F_RPWT9		Replicate Weight 9	Format: F8.2
F_RPWT10		Replicate Weight 10	Format: F8.2
F_RPWT11		Replicate Weight 11	Format: F8.2
F_RPWT12		Replicate Weight 12	Format: F8.2
F_RPWT13		Replicate Weight 13	Format: F8.2
F_RPWT14		Replicate Weight 14	Format: F8.2
F_RPWT15		Replicate Weight 15	Format: F8.2
F_RPWT16		Replicate Weight 16	Format: F8.2

APPENDIX D: FOSTER PARENT SURVEYS

92901\CUR-FOS.QUX, April 12, 1991

OMB #: 0980-0216
Exp. Date: September, 1991

SURVEY OF CURRENT FOSTER PARENTS

**Part A
Being a Foster Parent**

A1. In what year were you first approved, certified, or licensed as a foster parent?

YEAR

A2. Are you approved, licensed or certified as a: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Foster family home	<input type="checkbox"/>	<input type="checkbox"/>
Emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Specialized foster family home	<input type="checkbox"/>	<input type="checkbox"/>
Relative foster home	<input type="checkbox"/>	<input type="checkbox"/>
Group home	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

A3. How many children is your home approved, certified or licensed to accept at one time?

OF CHILDREN

A4. How many foster children are currently in your home?

OF CHILDREN

A5. Since you first became a foster parent, how many foster care children have you had who were:

	Number of children
Related to you by birth or marriage	_____
<u>Were known</u> to you before placement but <u>not related</u>	_____
Were neither related nor known to you before placement	_____
TOTAL	_____

A6. To the best of your knowledge, were any of the children you have fostered: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Developmentally disabled/mentally retarded	<input type="checkbox"/>	<input type="checkbox"/>
Physically handicapped or seriously ill	<input type="checkbox"/>	<input type="checkbox"/>
Drug-exposed infant or newborn	<input type="checkbox"/>	<input type="checkbox"/>
Born with Fetal Alcohol Syndrome or other alcohol-related disorders	<input type="checkbox"/>	<input type="checkbox"/>
Born with the AIDS virus	<input type="checkbox"/>	<input type="checkbox"/>
Mentally ill or emotionally or behaviorally disturbed	<input type="checkbox"/>	<input type="checkbox"/>

A7. To the best of your knowledge, were any of the children you have fostered sexually abused before they came to you?

Yes	1
No	2
Don't know	8

A8. Were any of the children you have fostered: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Black, not of Hispanic origin	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic (including Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
White, not of Hispanic origin	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

A11. If you were asked to care for a foster child who is physically handicapped or seriously ill, would you: (CIRCLE ONE.)

Probably accept the child	1
Possibly accept the child depending on the extent of the problem	2
Probably not accept the child	3

A12. What would be your major concerns in caring for a physically handicapped or seriously ill child? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A13. If you were asked to care for a foster child who had serious behavioral or emotional problems, would you: (CIRCLE ONE.)

- Probably accept the child 1
- Possibly accept the child depending on the extent of the problem 2
- Probably not accept the child 3

A14. What would be your major concerns in caring for a child who had serious behavioral or emotional problems? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A15. If you were asked to care for a teenage foster child, would you: (CIRCLE ONE.)

- Probably accept the child 1
- Possibly accept the child depending on the age 2
- Probably not accept the child 3

A16. What would be your major concerns in caring for a teenage foster child? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A17. If you were asked to care for a child whose race is different from yours, would you: (CIRCLE ONE.)

- Probably accept the child 1
- Probably not accept the child 2

A18. What would be your major concerns in caring for a child whose race is different from yours? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A19. If you were asked to care for a child who was born with the AIDS virus, would you: (CIRCLE ONE.)

- Probably accept the child 1
- Probably not accept the child 2

A20. What would be your major concerns in caring for a child with the AIDS virus? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A21. If you were asked to care for a drug-exposed infant, would you: (CIRCLE ONE.)

- Probably accept the infant 1
- Probably not accept the infant 2

A22. What would be your major concerns in caring for a drug-exposed infant? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A23. If you were asked to care for an infant who was born with Fetal Alcohol Syndrome or other alcohol related disorders, would you: (CIRCLE ONE.)

Probably accept the infant 1
Probably not accept the infant 2

A24. What would be your major concerns in caring for an infant who was born with Fetal Alcohol Syndrome or other alcohol-related disorders? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

A25. If you were asked to care for a child who had been sexually abused, would you: (CIRCLE ONE.)

Probably accept the child 1
Probably not accept the child 2

A26. What would be your major concerns in caring for a child who had been sexually abused? (IF YOU HAVE NO CONCERNS, WRITE IN "NONE".)

Part B
Reasons for Becoming a Foster Parent

B1. People have many reasons for becoming foster parents. Which of the following reasons describe why you wanted to be a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. Could not have any, or any more, children of my own | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was single and wanted a child | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did not want to care for an infant | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Wanted to adopt but couldn't get a child | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Thought about adopting and thought foster parenting was a good way to start | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wanted a certain kind of child (e.g., a girl or a five-year-old) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Thought a child might help my marriage | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wanted companionship for myself | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Wanted companionship for my own child | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Wanted a larger family | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wanted to provide a child with love | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wanted to be loved by a child | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Wanted to provide a good home for a child | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Had a child who died | <input type="checkbox"/> | <input type="checkbox"/> |

B1. (Con't.) People have many reasons for becoming foster parents. Which of the following reasons describe why you wanted to be a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| o. Wanted to help a child with special problems | <input type="checkbox"/> | <input type="checkbox"/> |
| p. My own children were grown and I wanted children in the house | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Wanted to provide a home for children who would otherwise be in an institution | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Wanted a child to help with chores or work in family business | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Wanted to increase family income | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Wanted to care for a child but did not want permanent responsibility | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Religious beliefs | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Wanted to do something for the community/society | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Wanted to fill time | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Knew the foster child or the child's family and wanted to help | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Am related to the child | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Was a foster child myself | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Was abused or neglected myself | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. Other reason for becoming a foster parent (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

B2. Please look over all of the reasons you checked on the previous page and this one and write the letter of the reason that was most important to you.

LETTER

B3. How did you first hear about the need for foster parents? (CIRCLE ONE.)

- Television or radio announcement, poster or other advertising 1
- From another foster parent 2
- Through my church or other religious organization 3
- Through a civic or community organization 4
- From a foster child 5
- Was a foster child 6
- Inquired about adoption and was also told about foster parenting 7

B4. As you know, new foster parents are always needed. What do you think is the best way to get more people to be foster parents?

Part C
Licensing, Training, and Foster Parent Services

C1. Please think back to the time when you first looked into becoming a foster parent. When did you first inquire about becoming a foster parent? (IF YOU CAN'T REMEMBER EXACTLY, PLEASE ESTIMATE.)

|_| |_| |_| |_|
Month Year

C2. About how many months after you first inquired did you become certified, licensed or approved as a foster parent?

____ or ____
Months Years

C3. About how many months after you were certified, licensed, or approved was a foster child placed in your home?

____ or ____
Months Years

C4. Below are a number of topics on which agencies may provide information to people who want to become foster parents. For each topic, please check the box appropriate for whether you received: no information; some information, but not enough; or enough information before you became licensed as a foster parent. (CHECK ONE BOX FOR EACH TOPIC.)

Topic	No information	Some, but not enough information	Enough information
a. Role of the foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary nature of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with the child's parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kinds of children needing foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Role of the foster care worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Payments to foster parents - for what expenses and how they get paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ways to contact the agency after working hours or on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What must be reported to the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Services given by the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Services given by the foster parent association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. What the agency does when foster parents are accused of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Possibilities of abuse or neglect charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Legal aspects of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Children's feelings about their own parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Effects of foster parenting on your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Fostering a teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Helping a child develop skills for growing up and living on his or her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Working with a handicapped child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Working with a child who is racially or culturally different from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Availability of more foster parent training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Working with a sexually abused child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Other topics (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. How or where did you receive information? (CHECK THE BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Orientation or training session provided by the agency before being approved	<input type="checkbox"/>	<input type="checkbox"/>
By talking with agency staff	<input type="checkbox"/>	<input type="checkbox"/>
By talking with other foster parents	<input type="checkbox"/>	<input type="checkbox"/>
From a foster parent "buddy" assigned by the agency	<input type="checkbox"/>	<input type="checkbox"/>
Books, pamphlets, foster parent handbook, or other written material provided by the agency	<input type="checkbox"/>	<input type="checkbox"/>
Books, pamphlets, or other written materials provided by foster parent association	<input type="checkbox"/>	<input type="checkbox"/>
Other source (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C6. Overall, how well did the information you received prepare you for becoming a foster parent? (CIRCLE ONE.)

Very well prepared	1
Somewhat prepared	2
Somewhat unprepared	3
Very unprepared	4

C7. After you became a foster parent, did you receive any more training?

Yes	1
No	2 (SKIP TO C9)

C8. Did you receive more training on any of the following: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Fostering a teenager	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a handicapped child	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a child of a different race or culture	<input type="checkbox"/>	<input type="checkbox"/>
Disciplining a foster child	<input type="checkbox"/>	<input type="checkbox"/>
Supervising a foster child	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a sexually abused child	<input type="checkbox"/>	<input type="checkbox"/>
Teaching a child skills for growing up and living on his or her own	<input type="checkbox"/>	<input type="checkbox"/>
Children's feelings about their own parents	<input type="checkbox"/>	<input type="checkbox"/>
Working with the child's own parents	<input type="checkbox"/>	<input type="checkbox"/>
Other training (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C9. Has the child welfare agency designated a caseworker or someone else who can answer any questions you have or help if you have problems? (NOTE: DO NOT COUNT CASEWORKERS ASSIGNED TO A FOSTER CHILD – ONLY A WORKER ASSIGNED TO YOU AS A FOSTER PARENT.)

Yes 1
 No 2 (SKIP TO C13)

C10. Does this worker contact you regularly?

Yes 1
 No 2

C11. Have you ever contacted this worker?

Yes 1
 No 2

C12. Why did you contact the worker?

C13. Do you have a foster parent "buddy" (i.e., another foster parent whom you can call for advice or support)?

Yes 1
 No 2 (SKIP TO C15)

C14. Was the foster parent "buddy" assigned to you by the: (CIRCLE ONE.)

Public child welfare agency 1
 Private children's agency 2
 Foster parent association 3
 Other (specify) _____ 4

C15. Foster parents often need help from the agency in order to care for a foster child. Please check the boxes below to indicate: (1) whether or not you need each type of service listed, and (2) check whether or not the agency has provided each type of service. (CHECK YES OR NO FOR EACH ITEM IN COLUMN 1 AND COLUMN 2.)

	Column 1		Column 2	
	Service needed		Service provided	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health care costs not covered by Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation for medical appointments or other services needed by the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Changes to your home necessary to accommodate a disabled child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child or family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Recreational activities for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other services (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C16. Write the letter of the service listed above which you consider to be most important:

LETTER

Part D
The Child Most Recently Placed

INSTRUCTION BOX

Is there a foster child currently living in your home?
(CIRCLE ONE.)

YES 1 (CONTINUE)
NO 2 (SKIP TO PART E)

Now we would like to learn about the child most recently placed in your care who still lives in your home. Please answer the questions below about this child only. If more than one child was placed on the same day, answer the questions for the child whose first name is first alphabetically (for example, if Barbara, Mitchell, and Susan were all placed on the same day, answer the questions below about Barbara because B comes before M and S in the alphabet).

D1. In what month and year was your most recent foster child placed in your home?

_	_	_	_
Month		Year	

D2. At the time this child was placed with you, was this child: (CIRCLE ONE.)

- Related to you 1
- Known to you, but not related 2
- The brother or sister of a foster or adopted child in your home
(who was not related or known to you) 3
- Not known to you before placement 4

D3. How old was this child when he/she was placed?

AGE WHEN PLACED WITH YOU

D4. Is this child male or female?

- Male 1
- Female 2

D5. Is this child:

- American Indian or Alaskan Native 01
- Asian or Pacific Islander 02
- Black, Not of Hispanic origin 03
- Hispanic (including Mexican American) 04
- White, not of Hispanic origin 05
- Other (specify) 06

D6. Did this child speak English as his/her native language? (CIRCLE ONE NUMBER.)

- Yes 1 (SKIP TO D8)
- No 2 (GO TO D7)
- Child not old enough to speak 3 (SKIP TO D8)

D7. At the time this child was placed with you, how well could he/she communicate with you in English? (CIRCLE ONE.)

- Very well 1
- Some 2
- Could not communicate in English at all 3

D8. At the time this child was placed with you, could you speak this child's native language? (CIRCLE ONE.)

- Yes, fluently 1
- Yes, somewhat 2
- No, not at all 3

D9. Does this child have any sisters or brothers?

- Yes 1
 No 2 (SKIP TO D11)

D10. At the time this child was placed with you, where did this child's sisters or brothers live? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|----------------------------------|--------------------------|--------------------------|
| With you | <input type="checkbox"/> | <input type="checkbox"/> |
| With another foster parent | <input type="checkbox"/> | <input type="checkbox"/> |
| With own parents | <input type="checkbox"/> | <input type="checkbox"/> |
| With relatives | <input type="checkbox"/> | <input type="checkbox"/> |
| In a group care facility | <input type="checkbox"/> | <input type="checkbox"/> |
| In a hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Other place (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

D11. At the time this child was placed with you, did this child have any of the following conditions? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| Developmental disability or mental retardation | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical handicap or serious illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug-exposed infant or newborn | <input type="checkbox"/> | <input type="checkbox"/> |
| Born with Fetal Alcohol Syndrome or other alcohol related disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Born with the AIDS virus | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional or behavioral disturbance or mental illness | <input type="checkbox"/> | <input type="checkbox"/> |

D12. Had this child ever been: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|---------------------------|--------------------------|--------------------------|
| Sexually abused | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically abused | <input type="checkbox"/> | <input type="checkbox"/> |
| Seriously neglected | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | <input type="checkbox"/> |

D13. How many days' notice did you receive before this child was placed with you? (CIRCLE ONE NUMBER.)

- Less than one day 1
 One to three days 2
 Four to seven days 3
 More than seven days 4
 Don't recall 5

D14. Immediately before being placed in your home, was this child living in: (CIRCLE ONE.)

- A home with his or her parent(s) 01
- A home of a relative 02
- A foster family home 03
- A group care facility 04
- Other (specify) _____ 05

D15. Was this child similar to or different from the type of child you had told the agency you wished to care for?

- Similar 1 (SKIP TO D17)
- Different 2

D16. If this child was different from the kind of child you asked for, indicate the way he/she was different. (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Different race	<input type="checkbox"/>	<input type="checkbox"/>
Different sex	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/behavior problems or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Handicapping condition or serious health problem	<input type="checkbox"/>	<input type="checkbox"/>
Mentally retarded or developmentally disabled	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

D17. Before the child was sent to you, did the agency accurately and completely describe the child to you or not?

- Yes 1 (SKIP TO D19)
- No 2

D18. How was the agency's description inaccurate or incomplete?

D19. Below are some topics about which agencies may provide information to help the foster parent care for the child. Please indicate how much information you received about this child at the time he/she was placed. (CHECK ONE BOX FOR EACH TOPIC LISTED.)

Topic	No information	Some, but not enough information	Enough information	Not applicable
a. Child's history of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Foster care placement history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Future plans for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child's feelings about own parents and separation from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child's visitation plans with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Child's feelings about being separated from brothers and sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child's plans for visiting with brothers and sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Child's medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Child's school history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Child's handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Child's level of retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Child's emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other special care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Possible behavior problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Child's own parents' plan for visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Your role in deciding plans for the child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. How often you and the caseworker would talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D20. From the time this child was placed in your home until now, how many caseworkers have been assigned to this child?

OF CASEWORKERS

D21. How many months has this child's current worker been assigned to the case?

OF MONTHS

D22. On the average, how often do you talk with the current caseworker? (CIRCLE ONE.)

- At least once a week 1
- Less than once a week but at least once a month 2
- Less than once a month 3
- Never 4

D23. How well would you say the caseworker knows and understands the needs of this child? (CIRCLE ONE.)

- Understands child's needs completely 1
- Is somewhat understanding of child's needs 2
- Does not understand child's needs at all 3

D24. Has the caseworker discussed any of the following with you? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Plans for this child's future | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's adjustment in your home | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's home environment before coming to your home | <input type="checkbox"/> | <input type="checkbox"/> |
| How this child is doing in school | <input type="checkbox"/> | <input type="checkbox"/> |
| How this child relates to his/her own parents | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's need for services such as counseling | <input type="checkbox"/> | <input type="checkbox"/> |

D25. On the whole, how satisfied are you with the current caseworker? (CIRCLE ONE.)

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4

D26. Is there anything about your relationship with the caseworker which you think could be better? Please describe.

Part E
Child Who Most Recently Left Care

INSTRUCTION BOX

Has any child who was placed in your home left your care?

YES 1 (CONTINUE)
NO 2 (SKIP TO PART F)

Please think about the child who most recently left your care. Answer all the questions in this section about this child. (Note: Do not count a child that you adopted.) If more than one child left your care on that day, answer the questions below for the child whose first name begins first alphabetically.

E1. In what month and year was this child placed with you?

| | |
 Month Year

E2. At the time this child was placed with you, was this child: (CIRCLE ONE.)

- Related to you 1
- Known to you, but not related 2
- The brother or sister of a foster or adopted child in your home
(who was not related or known to you) 3
- Not known to you before placement 4

E3. In what month and year did this child leave your care?

| | |
 Month Year

E4. How old was this child when he/she was placed with you?

AGE WHEN PLACED WITH YOU

E5. Was this child male or female?

- Male 1
- Female 2

E6. Was this child: (CIRCLE ONE.)

- American Indian or Alaskan Native 01
- Asian or Pacific Islander 02
- Black, not of Hispanic origin 03
- Hispanic (including Mexican American) 04
- White, not of Hispanic origin 05
- Other (specify) 06

E7. At the time this child was placed with you, did he/she speak English as his/her native language?

- Yes 1 (SKIP TO E9)
- No 2 (GO TO E8)
- Child not old enough to speak 3 (SKIP TO E9)

E8. At the time this child was placed with you, how well could he/she speak English? (CIRCLE ONE.)

- Very well 1
- Some 2
- Could not communicate in English at all 3

E9. At the time this child was placed with you, could you speak this child's native language? (CIRCLE ONE.)

- Yes, fluently 1
- Yes, somewhat 2
- No, not at all 3

E10. Did this child have any sisters or brothers?

- Yes 1
- No 2 (SKIP TO E12)

E11. At the time this child was placed with you, where did this child's sisters or brothers live? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|----------------------------------|--------------------------|--------------------------|
| With you | <input type="checkbox"/> | <input type="checkbox"/> |
| With another foster parent | <input type="checkbox"/> | <input type="checkbox"/> |
| With his/her parents | <input type="checkbox"/> | <input type="checkbox"/> |
| With relatives | <input type="checkbox"/> | <input type="checkbox"/> |
| In a group care facility | <input type="checkbox"/> | <input type="checkbox"/> |
| In a hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Other place (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

E12. Did this child have any of the following conditions? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Developmental disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Physical handicap or serious illness	<input type="checkbox"/>	<input type="checkbox"/>
Drug-exposed infant or newborn	<input type="checkbox"/>	<input type="checkbox"/>
Born with Fetal Alcohol Syndrome or other alcohol-related disorders	<input type="checkbox"/>	<input type="checkbox"/>
Emotional or behavioral disturbance or mental illness	<input type="checkbox"/>	<input type="checkbox"/>

E13. Before coming to your home, had this child previously been: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Seriously neglected	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>

E14. Which of the following best describes the circumstances that led to this child's leaving your home? (CIRCLE ONE.)

I requested that this child be placed elsewhere	01 (GO TO E15)
The agency wished to place this child elsewhere or return him/her home	02 (SKIP TO E19)
This child ran away	03 (SKIP TO E24)
This child turned 18 or was legally free to leave	04 (SKIP TO E24)
This child was in jail or prison	05 (SKIP TO E24)
Other reason child left your home (specify) _____	06 (SKIP TO E19)

E15. Did you request removal because: (CIRCLE ONE.)

There were problems with the child's behavior	01
Child needed more care or supervision	02
Could not afford the cost of keeping this child	03
Family member objected to the child	04
Illness, moving or other personal reason made it impossible for child to stay	05
Could not cope with child's own parent(s)	06
Needed to return to work	07
Family emergency	08
Other reason for requesting removal (specify) _____	09

E16. Briefly describe the problems which led to your request for removal:

E17. Did you discuss any problems you were having with your worker? (CIRCLE ONE.)

- Yes 1
 No, please explain _____ 2

E18. Which statement best describes the worker's attitude about the problem(s)? (CIRCLE ONLY ONE.)

- | | | |
|---|----|-----------------|
| The worker was very sympathetic and helpful in trying to resolve the problems | 01 | } (SKIP TO E21) |
| The worker was sympathetic but could not provide any real help | 02 | |
| The worker did not seem to understand my problems or made me feel they were unimportant | 03 | |
| The worker made me feel the problems were my fault | 04 | |
| Other (specify) _____ | 05 | |

E19. Did you participate in the decision to remove this child?

- Yes 1
 No 2

E20. Did you agree with the decision?

- Yes 1
 No 2

E21. Who first told this child about the decision? (CIRCLE ONE.)

- I did/my spouse did 1
 The caseworker did 2
 Both the caseworker and I/my spouse told the child 3
 Someone else (specify) _____ 4

E22. How many days passed between the time the decision was made to remove this child and the day he/she was removed?

OF DAYS

E23. Immediately after this child left your care, was this child: (CIRCLE ONE.)

- Returned to his or her own parent(s) 01
- Placed with a relative of the child 02
- Placed in another foster family home 03
- Placed in another home for the purpose of adoption 04
- Placed in a group home or institution 05
- Other place (specify) _____ 06
- Don't know 88

E24. During the time this child was in your care, were you involved in any of the following? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Informal meetings with agency staff to discuss this child's adjustment or problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency or court hearings to decide the child's future | <input type="checkbox"/> | <input type="checkbox"/> |
| Other hearings (describe) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

E25. During the time this child was in your care, were you in contact with this child's own parent(s)?

- Yes 1
- No 2 (SKIP TO PART F)

E26. What was the nature of your contacts with the child's own parent(s)? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Scheduled visits	<input type="checkbox"/>	<input type="checkbox"/>
Unplanned visits by child's own parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
Questions from the child's own parent(s) about this child's health, adjustment to foster care, or other concerns.	<input type="checkbox"/>	<input type="checkbox"/>
Advice provided by you to the child's own parent(s) on caring for and supervising children	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

E27. How would you describe your contacts with the child's own parent(s)? (CIRCLE ONE.)

- Very positive 1
- Somewhat positive 2
- Neither positive nor negative 3
- Somewhat negative 4
- Very negative 5

Part F
Description of Foster Parents

The next group of questions asks for some general information about you and your household. Remember that your responses are confidential.

F1. What is your current marital status? (CIRCLE ONE.)

- Married or living as married 1
- Divorced 2
- Separated 3
- Widow/Widower 4
- Never married 5

F2. Have you given birth to any children?

- Yes 1
- No 2 (SKIP TO F4)

F3. How many?

OF CHILDREN

F4. Do you have any adopted children?

- Yes 1
- No 2 (SKIP TO F7)

F5. How many?

OF CHILDREN

F6. Had any of your adopted children previously been placed with you as foster children?

- Yes 1
- No 2

F7. Had you been interested in adopting any of your foster care children, but were not able to do so?

- Yes 1
- No 2 (SKIP TO F9)

F8. Why were you unable to adopt your foster children?

F9. Excluding foster care payments, what was the total combined annual income of all members of your family in 1990? Count income of family members age 14 and older. (CIRCLE ONE.)

- Less than \$15,000 01
- \$15,000-\$19,999 02
- \$20,000-\$24,999 03
- \$25,000-\$29,999 04
- \$30,000-\$34,999 05
- \$35,000-\$39,999 06
- \$40,000-\$49,999 07
- \$50,000 or more 08

F10. What is the primary source of income for your household? (CIRCLE ONE.)

- Employment 01
- Public assistance (AFDC or SSI) 02
- Social security or other retirement income 03
- Child support/alimony 04
- Other (specify) _____ 05

IF THERE ARE TWO FOSTER PARENTS, PLEASE ANSWER QUESTIONS F11 TO F16 SEPARATELY FOR EACH ONE. OTHERWISE, ANSWER FOR YOURSELF ONLY.

F11. What is your current employment status? (CIRCLE ONE NUMBER IN EACH COLUMN.)

	<u>Foster mother</u>	<u>Foster father</u>
a. Employed full-time (30 hours or more per week)	01	01
b. Employed part-time (less than 30 hours per week)	02	02
c. Unemployed and looking for work	03	03
d. Homemaker, not employed outside the home	04	04
e. Disabled or retired, not employed outside the home	05	05
f. Other (specify) _____	06	06
g. Not applicable	88	88

F12. What is your occupation, or, if not currently employed, your most recent occupation? (For example, secretary, typist, stock clerk, grocery store manager, etc.)

Foster mother: _____

Foster father: _____

F13. What was the highest grade or level of schooling that you completed? (CIRCLE ONLY ONE FOR EACH COLUMN.)

	<u>Foster mother</u>	<u>Foster father</u>
Eighth grade or less	01	01
More than 8th grade but less than high school completion (or GED)	02	02
High school graduate (or GED)	03	03
Some training or some college classes after high school graduation	04	04
Graduate of a 2-year college	05	05
Graduate of a 4-year college	06	06
Graduate work after college graduation	07	07
Graduate degree	08	08
Not applicable	88	88

F14. What is your race or ethnic group? (CIRCLE ONLY ONE FOR EACH COLUMN.)

	<u>Foster mother</u>	<u>Foster father</u>
American Indian or Alaskan Native	01	01
Asian or Pacific Islander	02	02
Black, not of Hispanic origin	03	03
Hispanic (including Mexican American)	04	04
White, not of Hispanic origin	05	05
Other (specify) _____	06	06

Not applicable	88	88

F15. What is your age?

<u>Foster mother</u>	<u>Foster father</u>
_____	_____
AGE	AGE

F16. Please check Yes or No for the following statements which apply to you. (CHECK ONE BOX FOR EACH ITEM FOR EACH FOSTER PARENT, AS APPLICABLE.)

	<u>Foster mother</u>		<u>Foster father</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Was a foster child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was an adopted child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was raised by relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lived most of childhood in an institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lived in foster homes or relatives' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Was abused (sexually or physically) as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Was seriously neglected as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Was abandoned by parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Had a parent die during childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Had foster or adopted brother(s) and/or sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Had close friend or relative who was in foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Have/had a relative or close friend who is/was a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Had family member who was retarded, handicapped, or emotionally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Worked or volunteered with handicapped, retarded, or disturbed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Have/had a large number of brothers and/or sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F17. Do you belong to any of the following? (CHECK BOX FOR YES OR NO ON EACH LINE.)

	<u>Yes</u>	<u>No</u>
Local foster parent organization	<input type="checkbox"/>	<input type="checkbox"/>
State foster parent organization	<input type="checkbox"/>	<input type="checkbox"/>
National Foster Parent Association	<input type="checkbox"/>	<input type="checkbox"/>

F18. Thinking ahead, over the next three years, do you intend to continue as a foster parent?

Yes 1 (SKIP TO F21)
 No 2

F19. Why do you intend to stop being a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Age - will be too old to care for children	<input type="checkbox"/>	<input type="checkbox"/>
b. Divorce, marital problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Health problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Moved/relocated	<input type="checkbox"/>	<input type="checkbox"/>
e. Conflict between foster child and my own or adopted child	<input type="checkbox"/>	<input type="checkbox"/>
f. Expect to have my own child or more of my own children	<input type="checkbox"/>	<input type="checkbox"/>
g. Expect to adopt a child	<input type="checkbox"/>	<input type="checkbox"/>
h. May need to return to work or to work full-time	<input type="checkbox"/>	<input type="checkbox"/>
i. Inadequate reimbursements	<input type="checkbox"/>	<input type="checkbox"/>
j. Cannot get type of child requested	<input type="checkbox"/>	<input type="checkbox"/>
k. Poor communications with foster care worker	<input type="checkbox"/>	<input type="checkbox"/>
l. Agency insensitive to my needs/lack of support from the agency	<input type="checkbox"/>	<input type="checkbox"/>
m. Do not have any say in child's future	<input type="checkbox"/>	<input type="checkbox"/>
n. Lack of respite services	<input type="checkbox"/>	<input type="checkbox"/>
o. Lack of day care	<input type="checkbox"/>	<input type="checkbox"/>
p. Lack of other services (specify)	<input type="checkbox"/>	<input type="checkbox"/>

q. Problems with children parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
r. Child's behavior/discipline problems	<input type="checkbox"/>	<input type="checkbox"/>
s. Health or personal care needs of child will become too difficult to manage	<input type="checkbox"/>	<input type="checkbox"/>
t. Have difficulty seeing child leave	<input type="checkbox"/>	<input type="checkbox"/>
u. Other reason for not continuing to be a foster parent (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

F20. What one thing would be most important in keeping you from terminating as a foster parent?

F21. What other kinds of improvements in agency support or services to foster parents do you feel are needed?

F22. Who completed this questionnaire? (CIRCLE ONE.)

- Both foster mother and foster father 1
- Foster mother 2
- Foster father 3

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. PLEASE USE THE ENCLOSED ENVELOPE TO MAIL THE QUESTIONNAIRE BACK.

928501\FOR-FOS.QUX, April 12, 1991

OMB #: 0980-0216
Exp. Date: September, 1991

SURVEY OF FORMER FOSTER PARENTS

**Part A
Being a Foster Parent**

A1. In what year were you first approved, certified, or licensed as a foster parent?

YEAR

A2. Were you approved, licensed or certified as a: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Foster family home	<input type="checkbox"/>	<input type="checkbox"/>
Emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Specialized foster family home	<input type="checkbox"/>	<input type="checkbox"/>
Relative foster home	<input type="checkbox"/>	<input type="checkbox"/>
Group home	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

A3. How many children was your home approved, certified or licensed to accept at one time?

OF CHILDREN

A4. Since you first became a foster parent, how many foster care children have you had who were:

Number of children

Related to you by birth or marriage

Were known to you before placement but not related

Were neither related nor known to you before placement

TOTAL _____

A5. To the best of your knowledge, were any of the children you have fostered: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Developmentally disabled/mentally retarded	<input type="checkbox"/>	<input type="checkbox"/>
Physically handicapped or seriously ill	<input type="checkbox"/>	<input type="checkbox"/>
Drug-exposed infant or newborn	<input type="checkbox"/>	<input type="checkbox"/>
Born with Fetal Alcohol Syndrome or other alcohol-related disorders	<input type="checkbox"/>	<input type="checkbox"/>
Born with the AIDS virus	<input type="checkbox"/>	<input type="checkbox"/>
Mentally ill or emotionally or behaviorally disturbed	<input type="checkbox"/>	<input type="checkbox"/>

A6. To the best of your knowledge, were any of the children you have fostered sexually abused before they came to you?

Yes 1
 No 2
 Don't know 8

A7. Were any of the children you have fostered: (CHECK BOX FOR EACH YES OR NO ITEM.)

	<u>YES</u>	<u>NO</u>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Black, not of Hispanic origin	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic (including Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
White, not of Hispanic origin	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Part B
Reasons for Becoming a Foster Parent

B1. People have many reasons for becoming foster parents. Which of the following reasons describe why you wanted to be a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. Could not have any, or any more, children of my own | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was single and wanted a child | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did not want to care for an infant | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Wanted to adopt but couldn't get a child | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Thought about adopting and thought foster parenting was a good way to start | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wanted a certain kind of child (e.g., a girl or a five-year-old) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Thought a child might help my marriage | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wanted companionship for myself | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Wanted companionship for my own child | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Wanted a larger family | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wanted to provide a child with love | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wanted to be loved by a child | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Wanted to provide a good home for a child | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Had a child who died | <input type="checkbox"/> | <input type="checkbox"/> |

B1. (Cont.) People have many reasons for becoming foster parents. Which of the following reasons describe why you wanted to be a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| o. Wanted to help a child with special problems | <input type="checkbox"/> | <input type="checkbox"/> |
| p. My own children were grown and I wanted children in the house | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Wanted to provide a home for children who would otherwise be in an institution | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Wanted a child to help with chores or work in family business | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Wanted to increase family income | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Wanted to care for a child but did not want permanent responsibility | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Religious beliefs | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Wanted to do something for the community/society | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Wanted to fill time | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Knew the foster child or the child's family and wanted to help | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Am related to the child | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Was a foster child myself | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Was abused or neglected myself | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. Other reason for becoming a foster parent (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

B2. Please look over all the reasons you checked on the previous page and this one and write the letter of the reason that was most important to you.

LETTER

Part C
Licensing, Training, and Foster Parent Services

C1. Please think back to the time when you first looked into becoming a foster parent. When did you first inquire about becoming a foster parent? (IF YOU CAN'T REMEMBER EXACTLY, PLEASE ESTIMATE.)

|_| |_| |_| |_|
Month Year

C2. About how many months after you first inquired did you become certified, licensed or approved as a foster parent?

____ or ____
Months Years

C3. About how many months after you were licensed was a foster child placed in your home?

____ or ____
Months Years

- C4. Below are a number of topics on which agencies may provide information to people who want to become foster parents. For each topic, please check the box appropriate for whether you received: no information; some information, but not enough; or enough information before you became licensed as a foster parent. (CHECK ONE BOX FOR EACH TOPIC.)

Topic	Receipt of Information		
	No information	Some, but not enough information	Enough information
a. Role of the foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary nature of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with the child's parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kinds of children needing foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Role of the foster care worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Payments to foster parents - for what expenses and how they get paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ways to contact the agency after working hours or on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What must be reported to the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Services given by the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Services given by the foster parent association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. What the agency does when foster parents are accused of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Possibility of abuse or neglect charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Legal aspects of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Children's feelings about their own parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Effects of foster parenting on your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Fostering a teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Helping a child develop skills for growing up and living on his or her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Working with a handicapped child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Working with a child who is racially or culturally different from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Availability of more foster parent training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Working with a sexually abused child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Other topics (specify) _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. How or where did you receive information? (CHECK THE BOX FOR YES OR NO FOR EACH ITEM.)

	<u>YES</u>	<u>NO</u>
Orientation or training session provided by the agency before being approved	<input type="checkbox"/>	<input type="checkbox"/>
By talking with agency staff	<input type="checkbox"/>	<input type="checkbox"/>
By talking with other foster parents	<input type="checkbox"/>	<input type="checkbox"/>
From a foster parent "buddy" assigned by the agency	<input type="checkbox"/>	<input type="checkbox"/>
Books, pamphlets, foster parent handbook, or other written material provided by the agency	<input type="checkbox"/>	<input type="checkbox"/>
Books, pamphlets, or other written materials provided by foster parent association	<input type="checkbox"/>	<input type="checkbox"/>
Other source (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C6. Overall, how well did the information you received prepare you for becoming a foster parent? (CIRCLE ONE.)

Very well prepared	1
Somewhat prepared	2
Somewhat unprepared	3
Very unprepared	4

C7. After you became a foster parent, did you receive any more training?

Yes	1
No	2 (SKIP TO C9)

C8. Did you receive more training on any of the following: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Fostering a teenager	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a handicapped child	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a child of a different race or culture	<input type="checkbox"/>	<input type="checkbox"/>
Disciplining a foster child	<input type="checkbox"/>	<input type="checkbox"/>
Supervising a foster child	<input type="checkbox"/>	<input type="checkbox"/>
Fostering a sexually abused child	<input type="checkbox"/>	<input type="checkbox"/>
Teaching a child skills for growing up and living on his or her own	<input type="checkbox"/>	<input type="checkbox"/>
Children's feelings about their own parents	<input type="checkbox"/>	<input type="checkbox"/>
Working with the child's own parents	<input type="checkbox"/>	<input type="checkbox"/>
Other training (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C9. Did the child welfare agency designate a caseworker or someone else who could answer any questions you had or help if you had problems? (NOTE: DO NOT COUNT CASEWORKERS ASSIGNED TO A FOSTER CHILD -- ONLY A WORKER ASSIGNED TO YOU AS A FOSTER PARENT.)

Yes 1
 No 2 (SKIP TO C13)

C10. Did this worker contact you regularly?

Yes 1
 No 2

C11. Did you ever contact the worker?

Yes 1
 No 2 (SKIP TO C13)

C12. Why did you contact the worker?

C13. Did you have a foster parent "buddy" (i.e., another foster parent whom you could call for advice or support)?

Yes 1
 No 2 (SKIP TO C15)

C14. Was the foster parent "buddy" assigned to you by the: (CIRCLE ONE.)

Public child welfare agency 1
 Private children's agency 2
 Foster parent association 3
 Other (specify) _____ 4

C15. Foster parents often need help from the agency in order to care for a foster child. Please check the boxes below to indicate: (1) whether or not you needed each type of service listed, and (2) check whether or not the agency had provided each type of service. (CHECK YES OR NO FOR EACH ITEM IN COLUMN 1 AND COLUMN 2.)

	Column 1		Column 2	
	Service needed		Service provided	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health care costs not covered by Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation for medical appointments or other services needed by the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical changes to your home necessary to accommodate a disabled child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child or family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Recreational activities for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other services (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C16. Write the letter of the service listed above which you consider to be most important:

LETTER

Part D
The Child Who Most Recently Left Care

Please think about the last foster child who left your care. Answer all the questions in this section about this child. (Note: Do not count a child that you adopted.) If more than one child left your care on that day, answer the questions below for the child whose first name begins first alphabetically. For example, if Barbara, Mary, Susan all left on the same day, answer the questions below about Barbara because B comes before M and S in the alphabet.

D1. In what month and year was this foster child placed in your home?

_	_	_	_
Month		Year	

D2. Was this child: (CIRCLE ONLY ONE.)

- Related to you 1
- Known to you, but not related 2
- The brother or sister of a foster or adopted child in your home
(who was not related or known to you) 3
- Not known to you before placement 4

D3. In what month and year did this child leave your care?

_	_	_	_
Month		Year	

D4. How old was this child when he/she was placed with you?

AGE WHEN PLACED WITH YOU

D5. Was this child male or female?

- Male 1
- Female 2

D6. Was this child: (CIRCLE ONE)

- American Indian or Alaskan Native 01
- Asian or Pacific Islander 02
- Black, Not of Hispanic origin 03
- Hispanic (including Mexican American) 04
- White, not of Hispanic origin 05
- Other (specify) 06

D7. At the time this child was placed with you, did he/she speak English as his/her native language? (CIRCLE ONE.)

- Yes 1 (SKIP TO D9)
- No 2 (GO TO D8)
- Child not old enough to speak 3 (SKIP TO D9)

D8. At the time this child was placed with you, how well could he/she speak English? (CIRCLE ONE.)

- Very well 1
- Some 2
- Could not communicate in English at all 3

D9. At the time this child was placed with you, could you speak this child's native language? (CIRCLE ONE.)

- Yes, fluently 1
- Yes, somewhat 2
- No, not at all 3

D10. Does this child have any sisters or brothers?

- Yes 1
- No 2 (SKIP TO D12)

D11. At the time this child was placed with you, where did this child's sisters or brothers live? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
With me	<input type="checkbox"/>	<input type="checkbox"/>
With another foster parent	<input type="checkbox"/>	<input type="checkbox"/>
With biological parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
With relatives	<input type="checkbox"/>	<input type="checkbox"/>
In a group home	<input type="checkbox"/>	<input type="checkbox"/>
In a hospital	<input type="checkbox"/>	<input type="checkbox"/>
Other place (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

D12. At the time this child was placed with you, did this child have any of the following conditions? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Developmental disability or mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Physical handicap or serious illness	<input type="checkbox"/>	<input type="checkbox"/>
Drug-exposed infant or newborn	<input type="checkbox"/>	<input type="checkbox"/>
Born with Fetal Alcohol Syndrome or other alcohol related disorders	<input type="checkbox"/>	<input type="checkbox"/>
Born with the AIDS virus	<input type="checkbox"/>	<input type="checkbox"/>
Emotional or behavioral disturbance or mental illness	<input type="checkbox"/>	<input type="checkbox"/>

D13. Before coming to your home, had this child ever been: (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Sexually abused	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused	<input type="checkbox"/>	<input type="checkbox"/>
Seriously neglected	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>

D14. Which of the following best describes the circumstances that led to this child's leaving your care? (CIRCLE ONE).

- I requested that this child be placed elsewhere 1 (GO TO D15)
- The agency wished to place this child elsewhere or return
him/her home 2 (SKIP TO D19)
- This child ran away 3 (SKIP TO D24)
- This child turned 18 or was emancipated 4 (SKIP TO D24)
- This child was incarcerated 5 (SKIP TO D24)
- Other reason child left your home (specify) _____ 6 (GO TO D15)

D15. Did you request removal because: (CIRCLE ONE.)

- There were problems with the child's behavior 01
- Child needed more care or supervision 02
- Could not afford the cost of keeping this child 03
- Family member objected to the child 04
- Illness, moving or other personal reason made it impossible for
child to stay 05
- Could not cope with child's own parent(s) 06
- Needed to return to work 07
- Family emergency 08
- Other reason for requesting removal (specify) _____ 09

D16. Briefly describe the problems which led to your request for removal.

D17. Did you discuss any problems you were having with your worker?

- Yes 1
- No, please explain _____ 2

D18. Which statement best describes the worker's attitude about the problem(s)? (CIRCLE ONLY ONE.)

- The worker was very sympathetic and helpful in trying to resolve
the problems 01
- The worker was sympathetic but could not provide any real help 02
- The worker did not seem to understand my problems or made me feel
they were unimportant 03
- The worker made me feel the problems were my fault 04
- Other (specify) _____ 05

(SKIP TO D21)

D19. Did you participate in the decision to remove this child?

- Yes 1
- No 2

D20. Did you agree with the decision?

Yes 1
 No 2

D21. Who first told this child about the decision? (CIRCLE ONE.)

I did/my spouse did 1
 The caseworker did 2
 Both the caseworker and I/my spouse told the child 3
 Someone else (specify) _____ 4

D22. How many days passed between the time the decision was made to remove this child and the day he/she was removed?

_____ # OF DAYS

D23. Immediately after this child left your care, was this child: (CIRCLE ONE.)

Returned to his or her own parent(s) 01
 Placed with a relative of the child 02
 Placed in another foster family home 03
 Placed in another home for the purpose of adoption 04
 Placed in a group home or institution 05
 Other place (specify) _____ 06
 Don't know 88

D24. During the time this child was in your care, were you involved in any of the following? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Informal meetings with agency staff to discuss this child's adjustment or problems	<input type="checkbox"/>	<input type="checkbox"/>
Agency or court hearings to decide the child's future	<input type="checkbox"/>	<input type="checkbox"/>
Other hearings (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

D25. During the time this child was in your care, were you in contact with this child's own parent(s)?

Yes 1
 No 2 (SKIP TO D28)

D26. What was the nature of your contacts with the child's own parent(s)? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
Scheduled visits	<input type="checkbox"/>	<input type="checkbox"/>
Unplanned visits by child's own parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
Questions from the child's own parent(s) about this child's health, adjustment to foster care, or other concerns.	<input type="checkbox"/>	<input type="checkbox"/>
Advice provided by you to the child's own parent(s) on caring for and supervising children	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

D27. How would you describe your contacts with the child's own parent(s)? (CIRCLE ONE.)

- Very positive 1
- Somewhat positive 2
- Neither positive nor negative 3
- Somewhat negative 4
- Very negative 5

D28. From the time this child was placed in your home until this child left, how many caseworkers were assigned to this child?

OF CASEWORKERS

D29. How many months had this child's most recent caseworker been assigned to the case?

OF MONTHS

D30. On the average, how often did you talk with the most recent caseworker? (CIRCLE ONE.)

- At least once a week 1
- Less than once a week but at least once a month 2
- Less than once a month 3
- Never 4

D31. How well would you say the caseworker knew and understood the needs of this child? (CIRCLE ONE.)

- Understood child's needs completely 1
- Was somewhat understanding of child's needs 2
- Did not understand child's needs at all 3

D32. Did the caseworker discuss any of the following with you? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Plans for this child's future | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's adjustment in your home | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's home environment before coming to your home | <input type="checkbox"/> | <input type="checkbox"/> |
| How this child is doing in school | <input type="checkbox"/> | <input type="checkbox"/> |
| How this child relates to his/her own parents | <input type="checkbox"/> | <input type="checkbox"/> |
| This child's need for services such as counseling | <input type="checkbox"/> | <input type="checkbox"/> |

D33. On the whole, how satisfied were you with the caseworker? (CIRCLE ONE.)

- Very satisfied 1
- Somewhat satisfied 2
- Somewhat dissatisfied 3
- Very dissatisfied 4

D34. Is there anything about your relationship with the caseworker which you think could have been better? Please describe.

Part E
Reasons for Terminating as a Foster Parent

E1. When did you stop being a foster parent?

|_| |_| |_| |_|
Month Year

E2. Why did you decide to stop being a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Age - felt too old to care for children	<input type="checkbox"/>	<input type="checkbox"/>
b. Divorce, marital problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Health problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Moved/relocated	<input type="checkbox"/>	<input type="checkbox"/>
e. Conflict between foster child and my own or adopted child	<input type="checkbox"/>	<input type="checkbox"/>
f. Expect to have my own child or more of my own children	<input type="checkbox"/>	<input type="checkbox"/>
g. Expect to adopt a child	<input type="checkbox"/>	<input type="checkbox"/>
h. May need to return to work or to work full-time	<input type="checkbox"/>	<input type="checkbox"/>
i. Inadequate reimbursements	<input type="checkbox"/>	<input type="checkbox"/>
j. Cannot get type of child requested	<input type="checkbox"/>	<input type="checkbox"/>
k. Poor communications with foster care worker	<input type="checkbox"/>	<input type="checkbox"/>
l. Agency insensitive to my needs/lack of support from the agency	<input type="checkbox"/>	<input type="checkbox"/>
m. Do not have any say in child's future	<input type="checkbox"/>	<input type="checkbox"/>

E2. (Con't.) Why did you decide to stop being a foster parent? (CHECK BOX FOR YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
n. Lack of respite services	<input type="checkbox"/>	<input type="checkbox"/>
o. Lack of day care	<input type="checkbox"/>	<input type="checkbox"/>
p. Lack of other services (specify)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
q. Problems with children parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
r. Child's behavior/discipline problems	<input type="checkbox"/>	<input type="checkbox"/>
s. Health or personal care needs of child will become too difficult to manage	<input type="checkbox"/>	<input type="checkbox"/>
t. Have difficulty seeing child leave	<input type="checkbox"/>	<input type="checkbox"/>
u. Other reason for not continuing to be a foster parent (specify)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
<hr/>		

E3. Please look over all the reasons you checked on the previous page and this one and write the letter of the reason above which you consider to be most important:

LETTER

E4. If you stopped being a foster parent because of any problems with the foster care caseworker or the agency, please briefly describe these problems.

Part F
Description of Foster Parents

Please think back to the time when you stopped being a foster parent. The next group of questions asks for some general information about you and your household at that time. Remember that responses are confidential.

F1. At the time you stopped being a foster parent, what was your marital status? (CIRCLE ONE.)

- Married or living as married 1
- Divorced 2
- Separated 3
- Widow/Widower 4
- Never married 5

F2. At the time you stopped being a foster parent, had you given birth to any children?

- Yes 1
- No 2 (SKIP TO F4)

F3. How many?

OF CHILDREN

F4. At the time you stopped being a foster parent, did you have any adopted children?

- Yes 1
- No 2 (SKIP TO F7)

F5. How many?

OF CHILDREN

F6. Had any of your adopted children previously been placed with you as foster children?

- Yes 1
- No 2

F7. Had you been interested in adopting any of your foster care children, but were not able to do so?

- Yes 1
- No 2 (SKIP TO F9)

F8. Why were you unable to adopt your prior foster children?

F9. At the time you stopped being a foster parent, excluding foster care payments, what was the total combined annual income of all members of your family? Count income of family members age 14 and older. (CIRCLE ONE.)

- Less than \$15,000 01
- \$15,000-\$19,999 02
- \$20,000-\$24,999 03
- \$25,000-\$29,999 04
- \$30,000-\$34,999 05
- \$35,000-\$39,999 06
- \$40,000-\$49,999 07
- \$50,000 or more 08

F10. At the time you stopped being a foster parent, what was the primary source of income for your household? (CIRCLE ONE.)

- Employment 01
- Public assistance (AFDC or SSI) 02
- Social security or other retirement income 03
- Child support/alimony 04
- Other (specify) _____ 05

IF THERE WERE TWO FOSTER PARENTS, PLEASE ANSWER QUESTIONS F11 TO F16 SEPARATELY FOR EACH ONE. OTHERWISE, ANSWER FOR YOURSELF ONLY.

F11. At the time you stopped being a foster parent, what was your current employment status? (CIRCLE ONE NUMBER IN EACH COLUMN.)

	<u>Foster mother</u>	<u>Foster father</u>
a. Employed full-time (30 hours or more per week)	01	01
b. Employed part-time (less than 30 hours per week)	02	02
c. Unemployed and looking for work	03	03
d. Homemaker, not employed outside the home	04	04
e. Disabled or retired, not employed outside the home	05	05
f. Other (specify) _____	06	06
g. NOT APPLICABLE	88	88

F8. Why were you unable to adopt your prior foster children?

F9. At the time you stopped being a foster parent, excluding foster care payments, what was the total combined annual income of all members of your family? Count income of family members age 14 and older. (CIRCLE ONE.)

- Less than \$15,000 01
- \$15,000-\$19,999 02
- \$20,000-\$24,999 03
- \$25,000-\$29,999 04
- \$30,000-\$34,999 05
- \$35,000-\$39,999 06
- \$40,000-\$49,999 07
- \$50,000 or more 08

F10. At the time you stopped being a foster parent, what was the primary source of income for your household? (CIRCLE ONE.)

- Employment 01
- Public assistance (AFDC or SSI) 02
- Social security or other retirement income 03
- Child support/alimony 04
- Other (specify) _____ 05

IF THERE WERE TWO FOSTER PARENTS, PLEASE ANSWER QUESTIONS F11 TO F16 SEPARATELY FOR EACH ONE. OTHERWISE, ANSWER FOR YOURSELF ONLY.

F11. At the time you stopped being a foster parent, what was your current employment status? (CIRCLE ONE NUMBER IN EACH COLUMN.)

	<u>Foster mother</u>	<u>Foster father</u>
a. Employed full-time (30 hours or more per week)	01	01
b. Employed part-time (less than 30 hours per week)	02	02
c. Unemployed and looking for work	03	03
d. Homemaker, not employed outside the home	04	04
e. Disabled or retired, not employed outside the home	05	05
f. Other (specify) _____	06	06
g. NOT APPLICABLE	88	88

F16. Please check Yes or No for the following statements which apply to you. (CHECK ONLY ONE BOX PER ITEM FOR EACH FOSTER PARENT AS APPLICABLE.)

	<u>Foster mother</u>		<u>Foster father</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Was a foster child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was an adopted child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was raised by relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lived most of childhood in an institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lived in foster homes or relatives' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Was abused (sexually or physically) as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Was seriously neglected as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Was abandoned by parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Had a parent die during childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Had foster or adopted brother(s) and/or sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Had close friend or relative who was in foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Have/had a relative or close friend who is/was a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Had family member who was retarded, handicapped, or emotionally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Worked or volunteered with handicapped, retarded, or disturbed children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Have/had a large number of brothers and/or sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F17. Did you belong to any of the following? (CHECK BOX FOR YES OR NO ON EACH LINE.)

	<u>Yes</u>	<u>No</u>
Local foster parent organization	<input type="checkbox"/>	<input type="checkbox"/>
State foster parent organization	<input type="checkbox"/>	<input type="checkbox"/>
National Foster Parent Association	<input type="checkbox"/>	<input type="checkbox"/>

F18. Who completed this questionnaire? (CIRCLE ONE.)

Both foster mother and foster father	1
Foster mother	2
Foster father	3

THANK YOU FOR COMPLETING THE QUESTIONNAIRE. PLEASE USE THE ENCLOSED ENVELOPE TO MAIL THE QUESTIONNAIRE BACK.

We estimate that it will take you about 60 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Office of Human Development Services, Attention: Reports Clearance Officer, Rm. 326-F, HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0980-0216), Washington, D.C. 20503.

