

Wisconsin P1501 – DCF Post-Permanency Survey

Section A. About Your Family

To begin, we would like to ask you a few questions about your family.

A1. How many adult caregivers, including yourself, live in your household?

_____ ADULTS

A2. How many children under the age of 18 do you currently have? Please include biological, adoptive, foster, and step children, or any other child that depends on you for support.

_____ CHILDREN

[PAGE BREAK]

A3. How many of your children under the age of 18 live in your household?

_____ CHILDREN **[Give warning if # is greater than A2; “Please review your answer. Earlier you said that you have # children under the age of 18 total.”]**

A4. How many of your children under the age of 18 are...

Biological children

Adopted children from a public child welfare agency or foster care

Adopted children through a private domestic agency

Adopted children through a private agency that facilitated an intercountry or international adoption

Adopted children who are stepchildren

Adopted children who were adopted from another state’s child welfare system or foster care

-> List state **[drop down of states]**

Children under a Chapter 54 guardianship

Children under a Chapter 48 guardianship

Children in foster care

Children in kinship care

Stepchildren who are not adopted but in your home through marriage, civil union, or a domestic partnership with your partner or spouse

Other, please tell us: _____

[Give warning if number of children does not equal A2.]

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Section C. Child Information and Relationship to Child

For the rest of the survey, we will ask you to answer questions with just one of your adoptive or guardianship children in mind. We will refer to this child as the **Selected Child**.

For the purposes of this survey, your Selected Child will be the adoptive or guardianship child under the age of 18, with the most recent birthday. For example, if you have 3 adoptive children who have birthdays in August, December, and February, answer the following questions on the child who had their birthday in February. For this next section, we will ask you questions about your Selected Child and your relationship to your Selected Child prior to the adoption or guardianship.

C1. In what month and year was your child born?

MONTH YEAR

[drop down menus]

C2. What is your child's gender?

Male

Female

Another gender, please tell us: _____

C3. Did you adopt your child or assume guardianship?

Adopt **[go to C3a]**

Guardianship **[go to C3b]**

[PAGE BREAK]

C3a. What type of adoption was this?

From a public child welfare agency or foster care

Through a private domestic agency

Through a private domestic agency that facilitated an intercountry or international adoption

Child was a stepchild

From another state's child welfare agency or foster care

-> List state **[drop down of states]**

Other, please tell us: _____

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C3b. What type of guardianship was this?

Chapter 54 guardianship

Chapter 48 guardianship

Other, please tell us: _____

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C4. Is your child of Hispanic or Latino origin?

Yes, Hispanic or Latino

No, not Hispanic or Latino

C5. What is your child's race? Select all that apply.

American Indian or Alaska Native

Asian

- Black/African America/African
- Native Hawaiian/Pacific Islander
- White/Caucasian

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[IF C3a=3 (intercountry/international adoption) go to C6; ELSE SKIP TO C7.]

C6. What is your child's nationality?

[PAGE BREAK]

C7. Does your child consider **[Fill based on C2: himself/herself/themselves]** to be:

Heterosexual or straight

Gay or lesbian

Bisexual

I am unsure

[PAGE BREAK]

C8. In what year was the **[Fill based on C3: adoption/guardianship]** finalized?

[Drop down menu; range 2020 – 1999]

C9. Which agency assisted you with your **[Fill based on C3: adoption/ guardianship]**?

NAME OF AGENCY: _____

C10. Are you or your partner biologically related to your child?

Yes **[go to C10a]**

No **[go to C11]**

[PAGE BREAK]

C10a. What is your or your partner's biological relationship to your child?

Grandparent

Aunt/Uncle

Sibling

Cousin

Other relative, please tell us: _____

C10b. Are you or your partner biologically related to your child through his or her birth mother or birth father?

Birth mother

Birth father

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C11. Did you have a significant relationship with your child prior to when this child was removed from [his/her/their] birth parent's home?
Yes
No

C12. Did you foster your child prior to [adoption/guardianship]?
Yes
No

C13. Prior to [adoption/guardianship], how long did your child live with you in your home?
_____ NUMBER MONTHS
YEARS

C14. How old was your child when you finalized the [adoption/guardianship]?
_____ YEARS OLD

[PAGE BREAK]

C15. Do your child's biological siblings live with you?
Yes **[goto C15a]**
No, there are no biological siblings **[go to C16]**
No, biological siblings do not live with us **[go to C16]**

[PAGE BREAK]

C15a. How many biological siblings live with you?
_____ SIBLINGS

C15b. Do **all** of your child's biological siblings live with you?
Yes
No
Don't know

[PAGE BREAK]

C16. Prior to your [adoption/guardianship], had your child ever previously been adopted or in a guardianship?
Yes
No
Don't know

[PAGE BREAK]

Section D. Family Wellbeing

In completing this section, you will help us better understand family wellbeing and the challenges faced by parents and guardians caring for a child in Wisconsin. You will be asked to answer questions about your family's strengths, challenges, parenting, and your relationship to your **Selected Child**.

D1. Please select the response that best describes how often each statement is true for you or your family.

	Never	Very rarely	Rarely	Half the time	Frequently	Very frequently	Always
In my family, we talk about problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we argue, my family listens to "both sides of the story."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my family, we take time to listen to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family pulls together when things are stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family is able to solve our problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. Please read each statement below. Select the response that best describes how much you disagree or agree with each statement. When answering question about your child, please refer to your Selected Child.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
There are many times when I don't know what to do as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child misbehaves just to upset me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. Please tell us how often each of the following happens in your family. Think about your Selected Child when answering each question. Select the response that best fits how often each statement occurs.

	Never	Very rarely	Rarely	Half the time	Frequently	Very frequently	Always
I praise my child when he/she behaves well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I discipline my child, I lose control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy being with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child and I are very close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to soothe my child when he/she is upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend time with my child doing what he/she likes to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Next, please answer the following questions about parenting the **Selected Child**.

- D4. During the past month, how often have you felt that you just did not understand your child?
 Never
 Less than once a week
 Once a week
 A few times a week
 Every day
- D5. How confident are you that your family can meet your child’s needs?
 Not at all confident
 Slightly confident
 Somewhat confident
 Very confident
 Extremely confident
- D6. How would you describe your relationship to your child over the past 6 months?
 Has gotten worse
 About the same
 Has gotten better

[PAGE BREAK]

- D7. The next few questions ask you to think about the overall impact of [adoption/ guardianship] of your child on your family. Please think about your **Selected Child** as you answer each question.

	Extremely Positive	Moderately positive	Slightly Positive	Neither positive nor negative	Slightly negative	Moderately negative	Extremely negative	Does not apply
Overall, how would you rate the impact of your child’s [adoption/guardianship] on your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how do you think your spouse, partner, or other adult caring for your child would rate the impact of your child’s [adoption/guardianship] on your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, would you say the impact of your child’s [adoption/guardianship] on your relationship with your partner, spouse, or other adult caring for this child has been...?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, would you say the impact of your child’s [adoption/guardianship] on your other children has been...?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PAGE BREAK]

- D8. Please think about your **Selected Child** as you answer each question.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My child belongs to our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When something important happens to my child, I want to talk with [him/her/they] about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I care deeply about what happens to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It makes me feel happy when we spend time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I let my child know [he/she/they] [is/are] wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect to exchange holiday cards or gifts with my child just like everyone else in our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would give my child money if [he/she/they] ever needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I include my child in family photos and portraits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pay attention to my child when [she/he/they] [asks/ask] for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child cares deeply about what happens to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I include my child in family vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child loves me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I let my child know [he/she/they] will be in our family for life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I let my child know [he/she/they] will always be able to count on my help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will do everything to keep my relationship going when my child is no longer living at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find a way to stand behind my child even when [he/she/they] [is/are] wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done everything I can to make my child feel [he/she/they] [belongs/belong] to our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am committed to my child for life, no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section E. Child Wellbeing

In this section, we will ask you questions about your child’s strengths, challenging behaviors, and school experiences. This information will be used to help provide feedback to the Wisconsin Department of Children and Families about the experiences of families formed through adoption and guardianship.

First, we will ask about your Selected Child’s experiences in school. Please answer even if your child is not in school.

- E1. What best describes your child’s current educational status?
- Enrolled in school **[go to E1a]**
 - Has not started school yet **[go to E8]**
 - Homeschooled **[go to E8]**
 - Graduated high school or received GED **[go to E8]**
 - Dropped out **[go to E8]**
 - Not in school for other reasons **[go to E8]**

[PAGE BREAK]

- E1a. At what grade level was your child enrolled in most recently?
- [drop down menu]**
- 4-year old kindergarten
 - 5-year old kindergarten
 - 1st grade
 - 2nd grade
 - 3rd grade
 - 4th grade
 - 5th grade
 - 6th grade
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - College or post-high school

During the current or most recent school year, did your child have...			
	Yes	No	Don't know
E2. ...an IEP or a 504 plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E3. ...at least one teacher at school who really understood [his/her/their] needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the current or most recent school year, how would you describe your child’s school performance in the following subjects?					
	Very poor	Poor	Fair	Good	Excellent
E4. Reading and language arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5. Math	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- E6. Since starting kindergarten, has your child repeated any grades?
 Yes
 No

[PAGE BREAK]

E7. During the past 6 months, has your child...		
	Yes	No
a. ...changed schools for reasons other than grade promotion?	<input type="radio"/>	<input type="radio"/>
b. ...skipped school or cut classes without your permission?	<input type="radio"/>	<input type="radio"/>
c. ...received an in-school suspension?	<input type="radio"/>	<input type="radio"/>
d. ...received an out-of-school suspension?	<input type="radio"/>	<input type="radio"/>
e. ...been expelled from school?	<input type="radio"/>	<input type="radio"/>
f. ...been suspended from the school bus?	<input type="radio"/>	<input type="radio"/>
g. ...received any awards, certificates, or made honor role?	<input type="radio"/>	<input type="radio"/>
h. ...had a leadership role in a club or organization?	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

E8. During the past 6 months, please indicate if your child participated in any of these activities after school or on weekends.		
	Yes	No
a. Academic tutoring or support	<input type="radio"/>	<input type="radio"/>
b. Sports or athletic activities	<input type="radio"/>	<input type="radio"/>
c. Art, dance, or music class	<input type="radio"/>	<input type="radio"/>
d. Clubs or organizations	<input type="radio"/>	<input type="radio"/>
e. Religious youth group, instruction, or Sunday school	<input type="radio"/>	<input type="radio"/>
f. Volunteer work	<input type="radio"/>	<input type="radio"/>
g. Part-time job	<input type="radio"/>	<input type="radio"/>
h. Unpaid internship	<input type="radio"/>	<input type="radio"/>
i. Other, please tell us: _____	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

- E9. Does your child have others outside of your family that are positive influences in [his/he/their] life?
 Yes
 No

 Don't know

- E10. Has anyone consistently been in your child's life since birth?
 Yes
 No

Don't know

E11. How much is your child liked by other children?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal

Don't know/Does not apply

E12. How much does your child get along with other adults in [his/her/their] life?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal

Don't know/Does not apply

[PAGE BREAK]

	Very Easy	Somewhat easy	Somewhat hard	Very hard	Do not know/does not apply
E13. How easy or hard is it for your child to bounce back quickly when things don't go his or her way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14. How easy or hard is it for your child to find things [he/she/they] like/s about [himself/herself/themselves]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15. How easy or hard is it for your child to stay calm when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16. How easy or hard is it for your child to ask for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E17. In general, how easy or hard is it for your child to make friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PAGE BREAK]

E18. How optimistic is your child about [his/her/their] future?

- Not at all optimistic
- Slightly optimistic
- Moderately optimistic
- Very optimistic
- Extremely optimistic

E19. How often does your child offer to help others?

- Never
- Some of the time

About half of the time
 Most of the time
 Always

Don't know/Does not apply

E20. During the past 6 months, how often did your child show interest and curiosity in learning new things?

Never
 Some of the time
 About half of the time
 Most of the time
 Always

[PAGE BREAK]

E21. In your opinion, what are your child's three greatest strengths?

1. _____
2. _____
3. _____

[PAGE BREAK]

E22. For this set of questions, we hope to better understand the behavioral challenges that your child may face. Please think about your child's behavior over the past 6 months and indicate whether the behavior is not true, sometimes true, or often true for your child. Please refer to your Selected Child.

In the past 6 months, your child....	Not true	Sometimes True	Often True
Has had difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been impulsive or has acted without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has cheated or told lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has argued too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has demanded a lot of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sudden changes in mood or feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been restless or overly active and/or has not been able to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been stubborn, sullen, or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had a very strong temper and lost it easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been rather high strung, tense, or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has not seemed to feel sorry after they have misbehaved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been disobedient at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had difficulty getting mind off certain thoughts or had obsessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been disobedient at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been easily confused or seemed to be in a fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been too fearful or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had trouble getting along with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has bullied or has been cruel or mean to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been too dependent on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has had trouble getting along with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has felt worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been unhappy, sad, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been clinging to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has broken things on purpose or deliberately destroyed things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is not liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has felt or complained that no one loves them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has cried too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has been withdrawn or has not gotten involved with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has taken things that do not belong to him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PAGE BREAK]

In the past 6 months, has your child...

Been in trouble with the law or youth justice system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been involved in a gang?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Run away or been missing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[PAGE BREAK]

E23. Does your child have any of the following issues that impact [his/her] daily functioning?

	Yes	No
a. Physical health issues	<input type="radio"/>	<input type="radio"/>
b. Mental health issues	<input type="radio"/>	<input type="radio"/>
c. Sibling conflicts	<input type="radio"/>	<input type="radio"/>
d. Food or eating issues	<input type="radio"/>	<input type="radio"/>
e. Physical disability	<input type="radio"/>	<input type="radio"/>
f. Language problems	<input type="radio"/>	<input type="radio"/>
g. Alcohol or substance use problems	<input type="radio"/>	<input type="radio"/>
h. Intellectual conditions	<input type="radio"/>	<input type="radio"/>

E24. Has your child's physical and mental health, or behavioral issues had an impact on your job during the past 6 months?

- Yes
- No

[PAGE BREAK]

E25. Since the [adoption/guardianship] was finalized, has your child ever lived outside of your home because [he /she] was...

	Yes	No
a. ...living with a relative or family friend?	<input type="radio"/>	<input type="radio"/>

b. ...receiving treatment in a psychiatric hospital setting?	<input type="radio"/>	<input type="radio"/>
c. ...receiving treatment in a residential care center?	<input type="radio"/>	<input type="radio"/>
d. ...at a summer camp or on extended vacation?	<input type="radio"/>	<input type="radio"/>
e. ...at a boarding school or in college?	<input type="radio"/>	<input type="radio"/>
f. ...in foster care?	<input type="radio"/>	<input type="radio"/>
g. ...in detention or another secure setting?	<input type="radio"/>	<input type="radio"/>
h. ...receiving an emergency assessment for treatment?	<input type="radio"/>	<input type="radio"/>

E26. Where is your child currently living?

- With me
- With a relative or family friend
- Residential care center
- Psychiatric hospital setting
- Summer camp or extended vacation
- Detention or another secure setting
- Boarding school or college
- Run away or homeless
- Emergency assessment bed
- Foster care
- Other, please describe: _____

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Section F. Caregiver Wellbeing

In this section, we will ask you questions about your own experiences as a parent or guardian for your child, past experiences you may have had, and the support from those around you. Additionally, we will ask a few more questions specifically around adoption and guardianship.

F1. Please read each statement and indicate whether you strongly disagree, disagree, feel neutral, agree, or strongly agree with the statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I tend to bounce back quickly after hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I have a hard time making it through stressful events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. It does not take me long to recover from a stressful event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. It is hard for me to snap back when something bad happens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I usually come through difficult times with little trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I tend to take a long time to get over setbacks in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PAGE BREAK]

F2. In your opinion, what are your three greatest strengths as a parent or guardian?

1. _____
2. _____
3. _____

F3. How often do you feel that you make a difference in the life of your child?

- Never
- Some of the time
- About half the time
- Most of the time
- Always

[PAGE BREAK]

F4. Next, please think back over the past 6 months and try to remember how things have been for **you** as a result of parenting your **Selected Child**.

During the past 6 months, <u>as a result of parenting your Selected Child who was [adopted/in guardianship]</u> , how much was each of the following a problem for <u>you</u> ?	Not at all	A little	A moderate amount	A lot	A great deal
A. Interruption of personal time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Missing obligations related to your job or similar responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Disruption of family routines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Financial strain for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Less attention paid to other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Disruption or upset relationships within the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Disruption of your family's social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Disruption of friendships or significant relationships within the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Poor self-care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Increase in your alcohol consumption or substance use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please think back to how you have felt as a result of parenting your Selected Child who was [adopted/is in guardianship].					
During the past 6 months, as a result of parenting your child,	Not at all	A little	A moderate amount	A lot	A great deal
K. How isolated have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. How sad or unhappy have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. How angry or frustrated have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. How worried have you felt about your child's future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. How worried have you felt about your family's future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. How resentful have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. How overwhelmed have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. How hopeful have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. How proud have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. How supported have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. How misunderstood have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. How judged or criticized have you felt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PAGE BREAK]

- F5. During the past 6 months, how often have you felt you could turn to a friend or family member for support?
 Never
 Some of the time
 About half the time
 Most of the time
 Always
- F6. In the past 6 months, has the support you receive from others increased, stayed about the same, or decreased?
 Support increased
 Support stayed the same
 Support decreased
- F7. In the past 6 months, how easy or hard has it been to get childcare when needed?
 Very easy
 Somewhat easy
 Somewhat hard

Very hard

Have not needed childcare in the past 6 months

F8. In the past 6 months, how easy or hard has it been to get respite when needed?

Very easy

Somewhat easy

Somewhat hard

Very hard

Have not needed respite in the past 6 months

[PAGE BREAK]

This set of questions asks more specifically about adoption and guardianship. Please think about the **Selected Child** as you answer each question.

F9. In the past 6 months, how often did your child bring up [adoption/guardianship] in conversation?

Never

Less than monthly

Monthly

Weekly

Daily

F10. In the past 6 months, how often did you bring up [adoption/guardianship] with your child?

Never

Less than monthly

Monthly

Weekly

Daily

F11. How comfortable or uncomfortable are you answering questions about [his/her/their] birth parent's history for your child?

Very comfortable

Somewhat comfortable

Somewhat uncomfortable

Very uncomfortable

Does not apply, please explain: _____

[PAGE BREAK]

F12. In general, how important is it to you that the Selected Child has contact with [his/her/their] **birth mother**?

Not at all important

Slightly important

Moderately important

Very important

Extremely important

F13. In the past 6 months, how often has your child had contact with [his/her/their] **birth mother**?

Never

[go to F15]

Less than monthly
Monthly
Weekly
Daily

Contact is not possible, please explain: _____ **[go to F15]**

[PAGE BREAK]

F14. In the past 6 months, how has your Selected Child's contact with [his/her/their] **birth mother** impacted your family?

Very negative impact
Slightly negative impact
Neither positive nor negative
Slightly positive impact
Very positive impact

[PAGE BREAK]

F15. In general, how important is it to you that the Selected Child has contact with [his/her/their] **birth father**?

Not at all important
Slightly important
Moderately important
Very important
Extremely important

F16. In the past 6 months, how often has your child had contact with [his/her/their] **birth father**?

Never **[go to F18]**
Less than monthly
Monthly
Weekly
Daily

Contact is not possible, please explain: _____ **[go to F18]**

[PAGE BREAK]

F17. In the past 6 months, how has your Selected Child's contact with [his/her/their] **birth father** impacted your family?

Very negative impact
Slightly negative impact
Neither positive nor negative
Slightly positive impact
Very positive impact

[PAGE BREAK]

[SKIP F18 – F20 if C15 = 2 (No, there are no biological siblings)]

F18. In general, how important is it to you that the Selected Child has contact with [his/her/their] **birth siblings**?
Not at all important

- Slightly important
- Moderately important
- Very important
- Extremely important

F19. In the past 6 months, how often has your child had contact with [his/her/their] **birth siblings**?

- Never **[go to F21]**
- Less than monthly
- Monthly
- Weekly
- Daily

Contact is not possible, please explain: _____ **[go to F21]**

[PAGE BREAK]

F20. In the past 6 months, how has your Selected Child’s contact with [his/her/their] **birth siblings** impacted your family?

- Very negative impact
- Slightly negative impact
- Neither positive nor negative
- Slightly positive impact
- Very positive impact

[PAGE BREAK]

F21. If you knew then what you know now, do you think you still would have [adopted/assumed guardianship] of your child?

- Definitely would not have
- Probably would not have
- Might or might not have
- Probably would have
- Definitely would have

F22. How often do you think of ending this [adoption/guardianship]? Would you say...?

- Never
- Rarely
- Sometimes
- Usually
- Always

[PAGE BREAK]

SKIP F23 and F24 if F22=1 (Never)]

F23. Which of the following reasons do you feel contributed to your considering ending this [adoption/guardianship]?	Yes	No
a. Child’s challenging behaviors	<input type="radio"/>	<input type="radio"/>
b. Concerns for the safety of myself and others in the family.	<input type="radio"/>	<input type="radio"/>

- | | | |
|--|-----------------------|-----------------------|
| c. Lack of family bonding | <input type="radio"/> | <input type="radio"/> |
| d. Inadequate support from other family members | <input type="radio"/> | <input type="radio"/> |
| e. Inadequate support from professionals and system of care | <input type="radio"/> | <input type="radio"/> |
| f. Concerns about my age as a caregiver | <input type="radio"/> | <input type="radio"/> |
| g. Martial or relationship stress | <input type="radio"/> | <input type="radio"/> |
| h. Concerns about my ability to meet the needs of this child | <input type="radio"/> | <input type="radio"/> |
| i. Financial or job stress | <input type="radio"/> | <input type="radio"/> |
| j. Other, please tell us: _____ | | |

F24. Have you or your spouse or partner ever taken any of the following actions to end this [adoption/guardianship]?

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Spoken with a caseworker, adoption agency worker, or social service agency worker about it | <input type="radio"/> | <input type="radio"/> |
| b. Spoken with an attorney about it | <input type="radio"/> | <input type="radio"/> |
| c. Spoken with a close friend or family member about it | <input type="radio"/> | <input type="radio"/> |
| d. Spoken with clergy or religious leader about it | <input type="radio"/> | <input type="radio"/> |
| e. Reached out online or via social media | <input type="radio"/> | <input type="radio"/> |
| f. Spoken with other, please tell us: _____ | | |

[PAGE BREAK]

F25. Looking back now, how prepared did you feel you were to meet the needs of your child at the time of finalization?

- Not at all prepared
- Slightly prepared
- Moderately prepared
- Very prepared
- Extremely prepared

F26. Overall, how would you describe your [adoption/guardianship] experience?

- Harder than I anticipated
- What I anticipated
- Easier than I anticipated

E26. Given your experience of [adoption/guardianship] with this child, how likely would you be to recommend adoption or guardianship to others?

- Definitely won't
- Probably won't
- Might or might not
- Probably will
- Definitely will

[PAGE BREAK]

Section G. Transracial Family Experiences

In this section, transracial family means an adoption of a child of color by one or more parents who are not of the same race or ethnicity of the child.

G1. Does your family see itself as a transracial family?

Yes

No **[go to H1]**

[PAGE BREAK]

G2. The following are about being a transracial family.

Does your family...

	Yes	No
a. ...talk about being a transracial family?	<input type="radio"/>	<input type="radio"/>
b. ...have friends that share the same racial or ethnic background as your child?	<input type="radio"/>	<input type="radio"/>

G3. Has your family...

	Yes	No
a. ... chosen childcare providers, teachers, or other role models similar to your child's race and ethnicity?	<input type="radio"/>	<input type="radio"/>
b. ... prepared foods associated with your child's racial or ethnic background?	<input type="radio"/>	<input type="radio"/>
c. ...been involved in religious, social, or recreational groups or activities that reflect your child's race or ethnicity or culture?	<input type="radio"/>	<input type="radio"/>

G4. Has your child's transracial [adoption/guardianship] had any impact on...

	Yes	No
a. ...your immediate family?	<input type="radio"/>	<input type="radio"/>
b. ...your extended family?	<input type="radio"/>	<input type="radio"/>
c. ...your well-being?	<input type="radio"/>	<input type="radio"/>
d. ...your marriage or significant other relationship?	<input type="radio"/>	<input type="radio"/>

G5. Do you...

	Yes	No
a. ... feel confident that your family can meet your child's needs based on [his/her/their] racial or ethnic identity?	<input type="radio"/>	<input type="radio"/>
b. ... feel you know how to help your child when [he/she/they] [is/are] being teased or bullied or discriminated against because of race?	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

G6. The next questions are about your child and their racial or ethnic identity.

	Yes	No	Don't know
a. Is your child comfortable being in a transracial family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your child have sources of support in your transracial family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does or did your child have problems with racial discrimination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

Section H: Post Permanency Services

Please indicate whether your family used any of the following trainings or services related to your [adopted/guardianship] child in the last year. If a service was used, please indicate how helpful it was in supporting you to parent the Selected Child. These services are provided by Wisconsin Adoption and Permanency Support programs, the Coalition for Children, Youth, and Families, and other agencies and organizations around the state.

H1. In the last year, did your family use any of the following trainings or services related to your [adopted/guardianship] child?	Yes	No	Did not know about this service
a. Caregiver support groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Caregiver networking opportunities or parent nights out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A lending library?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trainings or workshops?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Conferences such as A Place in my Heart or the Wisconsin Foster and Adoptive Parent Association (WFAPA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Information services or referrals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Giving Incredible Families Tools for Success (GIFTS) program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Newsletters or informational emails?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Family fun events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Post permanency social media groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Parent or child workshops?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

[IF ZERO 'Yes' at H1, go to H4. If ONE 'yes' at H1, go to H2. If MORE THAN ONE 'Yes' at H1 go to H3]

H2. You said your family used [insert service] in the last year. How helpful was this?

- Not helpful
- Somewhat helpful
- Very helpful

[PAGE BREAK]

H3. You said your family used the following trainings or services in the last year. How helpful were each of these?	Not helpful	Somewhat helpful	Very Helpful
a. [list services indicated in H1...]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[PAGE BREAK]

H4. Please leave any additional comments you have about post-permanency supports and services available in Wisconsin:

[open text field] [PAGE BREAK]

Section B. About You

We would now like to ask a few questions about you.

- B1. What is your gender?
Male
Female
Another gender: please tell us: _____
- B2. What is your current relationship status?
Single, never married, not living with partner
Living with a partner
Married
Separated
Divorced
Widowed
- B3. Do you consider yourself to be:
Heterosexual or straight
Gay or lesbian
Bisexual
Not listed: please tell us: _____

[PAGE BREAK]

- B4. What is the highest level of education you have completed?
Eighth grade or less
Some high school
High school diploma
GED
Some college
2- or 4-year college degree
Master's Degree
Advanced graduate work or Ph.D.
- B5. What is your best estimate of your household income for this past year? Consider income from all sources before taxes.
Under \$15,000
\$15,001 to \$30,000
\$30,001 to 45,000
\$45,001 to 60,000
\$60,001 to 75,000
\$75,001 to 90,000
\$90,001 to \$105,000
\$105,001 to \$120,000
Over \$120,000

[PAGE BREAK]

COVID. Lastly, were any of your answers to these questions impacted by the COVID-19 outbreak? If so, how?

[open text field]