

# Survey 1/19

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How many children do you have?

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For how many children will you be filling out this survey?

- ☐ 1  
☐ 2  
☐ 3  
☐ 4

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You can fill out this survey for at least 1 and up to 4 children. If you have more than one child you may complete the survey for all of them, or you can choose to complete the survey for one or a few of them.

If you decide to complete the survey for more than one child, please complete it in the order of their births (for example, your firstborn/oldest child is Child 1, etc.). Throughout this survey we will refer to your first child as Child 1, your second child as Child 2, your third child as Child 3, and your fourth child as Child 4 as applicable.

Please note that the survey will take up to 20 extra minutes to complete for each additional child you respond about.

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What is Child 1's age?

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What is Child 1's sex?

- ☐ Male  
☐ Female  
☐ Other

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Other (please describe)

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What is Child 1's gender?

- ☐ Boy  
☐ Girl  
☐ Non-binary  
☐ Other

---

Other (please describe)

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Is Child 1 adopted or in guardianship care?

- ☐ Yes  
☐ No

Please select 'yes' if the child no longer lives with either of their biological parents. Please select 'no' if the child has one biological parent and one adopted parent.

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For Child 1, are/were they

- ☐ Domestically Adopted  
☐ Internationally adopted from foster care  
☐ Internationally adopted from institutional care  
☐ Guardianship care  
☐ Other

---

Other (please describe)

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What is your relation to Child 1?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Other

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Other (please describe)

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Who is Child 1's primary caregiver?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Other

---

Other (please describe)

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Who is Child 1's secondary caregiver?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Not applicable
- ☐ Other

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Other (please describe)

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In what type of household does Child 1 live?

- ☐ Dual parent
- ☐ Single parent
- ☐ Other

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Other (please describe)

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Current location:

- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bhutan
- ☐ Bolivia
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Brazil
- ☐ Brunei
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Côte d'Ivoire
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Central African Republic
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Colombia
- ☐ Comoros
- ☐ Congo (Congo-Brazzaville)
- ☐ Costa Rica
- ☐ Croatia
- ☐ Cuba
- ☐ Cyprus
- ☐ Czechia (Czech Republic)
- ☐ Democratic Republic of the Congo
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Eswatini (fmr. "Swaziland")
- ☐ Ethiopia
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ Gabon
- ☐ Gambia
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Greece
- ☐ Grenada
- ☐ Guatemala

- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Holy See
- ☐ Honduras
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Ireland
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands
- ☐ Mauritania
- ☐ Mauritius
- ☐ Mexico
- ☐ Micronesia
- ☐ Moldova
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar (formerly Burma)
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger
- ☐ Nigeria
- ☐ North Korea
- ☐ North Macedonia
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine State
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines
- ☐ Poland

- ☐ Portugal
  - ☐ Qatar
  - ☐ Romania
  - ☐ Russia
  - ☐ Rwanda
  - ☐ Saint Kitts and Nevis
  - ☐ Saint Lucia
  - ☐ Saint Vincent and the Grenadines
  - ☐ Samoa
  - ☐ San Marino
  - ☐ Sao Tome and Principe
  - ☐ Saudi Arabia
  - ☐ Senegal
  - ☐ Serbia
  - ☐ Seychelles
  - ☐ Sierra Leone
  - ☐ Singapore
  - ☐ Slovakia
  - ☐ Slovenia
  - ☐ Solomon Islands
  - ☐ Somalia
  - ☐ South Africa
  - ☐ South Korea
  - ☐ South Sudan
  - ☐ Spain
  - ☐ Sri Lanka
  - ☐ Sudan
  - ☐ Suriname
  - ☐ Sweden
  - ☐ Switzerland
  - ☐ Syria
  - ☐ Tajikistan
  - ☐ Tanzania
  - ☐ Thailand
  - ☐ Timor-Leste
  - ☐ Togo
  - ☐ Tonga
  - ☐ Trinidad and Tobago
  - ☐ Tunisia
  - ☐ Turkey
  - ☐ Turkmenistan
  - ☐ Tuvalu
  - ☐ Uganda
  - ☐ Ukraine
  - ☐ United Arab Emirates
  - ☐ United Kingdom
  - ☐ United States of America
  - ☐ Uruguay
  - ☐ Uzbekistan
  - ☐ Vanuatu
  - ☐ Venezuela
  - ☐ Vietnam
  - ☐ Yemen
  - ☐ Zambia
  - ☐ Zimbabwe
- (Country)

- 
- ☐ Alabama
  - ☐ Alaska
  - ☐ Arizona
  - ☐ Arkansas
  - ☐ California
  - ☐ Colorado
  - ☐ Connecticut
  - ☐ Delaware
  - ☐ Florida
  - ☐ Georgia
  - ☐ Hawaii
  - ☐ Idaho
  - ☐ Illinois
  - ☐ Indiana
  - ☐ Iowa
  - ☐ Kansas
  - ☐ Kentucky
  - ☐ Louisiana
  - ☐ Maine
  - ☐ Maryland
  - ☐ Massachusetts
  - ☐ Michigan
  - ☐ Minnesota
  - ☐ Mississippi
  - ☐ Missouri
  - ☐ Montana
  - ☐ Nebraska
  - ☐ Nevada
  - ☐ New Hampshire
  - ☐ New Jersey
  - ☐ New Mexico
  - ☐ New York
  - ☐ North Carolina
  - ☐ North Dakota
  - ☐ Ohio
  - ☐ Oklahoma
  - ☐ Oregon
  - ☐ Pennsylvania
  - ☐ Rhode Island
  - ☐ South Carolina
  - ☐ South Dakota
  - ☐ Tennessee
  - ☐ Texas
  - ☐ Utah
  - ☐ Vermont
  - ☐ Virginia
  - ☐ Washington
  - ☐ West Virginia
  - ☐ Wisconsin
  - ☐ Wyoming
  - ☐ Other  
(State)
- 

Other (please describe)

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(City )

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- 
- ☐ Urban  
☐ Suburban  
☐ Rural  
(Geographic location)
- 

- ☐ City (100,000 - 1 million inhabitants)  
☐ Metropolis (over 1 million inhabitants)  
(City or Metropolis)
- 

Do you have any underlying physical or mental health conditions?

- ☐ Yes  
☐ No
- 

Please describe

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Does Child 1 have any underlying physical or mental health conditions?

- ☐ Yes  
☐ No
- 

Please describe

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What is Child 2's age?

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What is Child 2's sex?

- ☐ Male  
☐ Female  
☐ Other
- 

Other (please describe)

---

What is Child 2's gender?

- ☐ Boy  
☐ Girl  
☐ Non-binary  
☐ Other
- 

Other (please describe)

---

Is Child 2 adopted or in guardianship care?

- ☐ Yes  
☐ No

Please select 'yes' if the child no longer lives with either of their biological parents. Please select 'no' if the child has one biological parent and one adopted parent.

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For Child 2, are/were they

- ☐ Domestically Adopted  
☐ Internationally adopted from foster care  
☐ Internationally adopted from institutional care  
☐ Guardianship care  
☐ Other
- 

Other (please describe)

---

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What is your relation to Child 2?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Other

---

Other (please describe)

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Who is Child 2's primary caregiver?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Other

---

Other (please describe)

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Who is Child 2's secondary caregiver?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Not applicable
- ☐ Other

---

Other (please describe)

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In what type of household does Child 2 live?

- ☐ Dual parent
- ☐ Single parent
- ☐ Other

---

Other (please describe)

---

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Does Child 2 have any underlying physical or mental health conditions?

- ☐ Yes
- ☐ No

---

Please describe

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---

What is Child 3's age?

---

---

What is Child 3's sex?

- ☐ Male
- ☐ Female
- ☐ Other

---

Other (please describe)

---

---

What is Child 3's gender?

- ☐ Boy
- ☐ Girl
- ☐ Non-binary
- ☐ Other



---

Other (please describe)

---

---

Is Child 3 adopted or in guardianship care?

- ☐ Yes  
☐ No

Please select 'yes' if the child no longer lives with either of their biological parents. Please select 'no' if the child has one biological parent and one adopted parent.

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For Child 3, are/were they

- ☐ Domestically Adopted  
☐ Internationally adopted from foster care  
☐ Internationally adopted from institutional care  
☐ Guardianship care  
☐ Other

---

Other (please describe)

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---

What is your relation to Child 3?

- ☐ Biological mother  
☐ Biological father  
☐ Adoptive mother  
☐ Adoptive father  
☐ Other

---

Other (please describe)

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Who is Child 3's primary caregiver?

- ☐ Biological mother  
☐ Biological father  
☐ Adoptive mother  
☐ Adoptive father  
☐ Other

---

Other (please describe)

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Who is Child 3's secondary caregiver?

- ☐ Biological mother  
☐ Biological father  
☐ Adoptive mother  
☐ Adoptive father  
☐ Not applicable  
☐ Other

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Other (please describe)

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In what type of household does Child 3 live?

- ☐ Dual parent  
☐ Single parent  
☐ Other

---

Other (please describe)

---

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Does Child 3 have any underlying physical or mental health conditions?

- ☐ Yes  
☐ No

---

Please describe

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What is Child 4's age?

---

---

What is Child 4's sex?

- ☐ Male  
☐ Female  
☐ Other
- 

Other (please describe)

---

---

What is Child 4's gender?

- ☐ Boy  
☐ Girl  
☐ Non-binary  
☐ Other
- 

Other (please describe)

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---

Is Child 4 adopted or in guardianship care?

- ☐ Yes  
☐ No

Please select 'yes' if the child no longer lives with either of their biological parents. Please select 'no' if the child has one biological parent and one adopted parent.

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For Child 4, are/were they

- ☐ Domestically Adopted  
☐ Internationally adopted from foster care  
☐ Internationally adopted from institutional care  
☐ Guardianship care  
☐ Other
- 

Other (please describe)

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What is your relation to Child 4?

- ☐ Biological mother  
☐ Biological father  
☐ Adoptive mother  
☐ Adoptive father  
☐ Other
- 

Other (please describe)

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Who is Child 4's primary caregiver?

- ☐ Biological mother  
☐ Biological father  
☐ Adoptive mother  
☐ Adoptive father  
☐ Other
- 

Other (please describe)

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Who is Child 4's secondary caregiver?

- ☐ Biological mother
- ☐ Biological father
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Not applicable
- ☐ Other

---

Other (please describe)

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---

In what type of household does Child 4 live?

- ☐ Dual parent
- ☐ Single parent
- ☐ Other

---

Other (please describe)

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Does Child 4 have any underlying physical or mental health conditions?

- ☐ Yes
- ☐ No

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Please describe

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