This is the PACCT Caregiver history interview. ELFK participants participated in both PACCT/ELFK. To pull some of the data from PACCT, the Parent Questionnaire (PQ) and International Adoption Inventory (IAI) variables were pulled from this PACCT interview. The PACCT interview variable that can be found in PACCT database are in BLUE and ELFK questionnaire corresponding variables are in RED.

Questionnaire

1. From the time that your child was born until now, please tell me with whom he/she has been living. Answer to the best of your knowledge.

1b. (If adopted, ask “After the time of adoption,”) **Has there ever been a period where your child has experienced prolonged separation from one or more primary caregivers?**

**Age (in months)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *1y* |  | *2y* |  | *3y* |  | *4y* |  | *5y* |  | *6y* |  | *7y* |  | *8y* | *9y* | *10 y* | *11 y* |  |
|  | 0 | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 | 60 | 66 | 72 | 78 | 84 | 90 | 96 | 108 | 120 | 132 |  |
| **Biological Mother** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Biological Father** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grandparent**  Circle:  Maternal Grandmother  Maternal Grandfather  Paternal Grandmother  Paternal Grandfather |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Kinship Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adoptive Mother** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adoptive Father** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Foster Family 1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Foster Family 2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Foster Family 3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Foster Family 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Supervised independent living placement** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group home or children's institution** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Baby hospital** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. What was the primary reason for your child's removal from your biological parent's home?
2. How would you rate the overall quality of care your child received while in foster care?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Poor Quality/Maltreatment | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  High Quality/stable |

1. How would you rate your child's overall experience in foster care?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Poor Quality/Maltreatment | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  High Quality/stable |

1. PQ\_13/ CGH\_5 What was your primary motivation to adopt your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your child have a negative transition from foster care to your care? Yes No
2. IAI\_12/ CGH\_7 How many months do you think it took for your child to adjust to living at home with you?  \_\_\_\_\_\_\_months
3. IAI\_13/ CGH\_8 & CGH\_8A\_EXPLAIN Was the adoption process challenging? Yes No

8A. If YES, What were the greatest challenges for you?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. IAI\_9A & 9B/ CGH\_9 & CGH\_9A\_EXPLAIN Were there any specific health conditions that your child had when you first met?  Yes No

9A. If yes, what were they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PQ\_14 FOR Q10-13 / CGH\_10 Do you and your child talk about his/her adoption story?  Yes No
2. If yes, is it something your child enjoys doing with you? Yes Somewhat No
3. Is it something you enjoy doing with your child? Yes Somewhat No
4. IAI\_16/ CGH\_13 What have been the greatest rewards of adopting your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PQ\_7 /CGH\_14 & 14A\_EXPLAIN[ALL] Do you have major health concerns about your child?** Yes No  
    **14A. If yes, what has concerned you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **PQ\_8 / CGH\_15 & CGH\_15A\_EXPLAIN [ALL] Do you have major behavioral concerns for your child?** Yes No

**15A. If yes, what has concerned you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PQ\_12 / CGH\_16 & 16A\_EXPLAIN [ALL] Do you have other children?** Yes No

**16A. [ALL] Are this child/these children biologically related to you or did you adopt this child/these children? What is/are their age(s)?\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **COMBO OF PQ\_9 AND IAI\_17 / CGH\_17 & 17A\_EXPLAIN [ALL] Are there any areas of development your child seems particularly advanced (e.g., emotionally, school, friendships, special talents)?** Yes No

**17A. [ALL] If yes, what have they been? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**