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APPENDIX

7. Beginning with the youngest, what are the ages of the children who live with you, are they boys or girls, and what is your relationship to these children? Also, please indicate how long each child, other than your children by birth, have been living with you, the reason they are living with you, and whether you have legal guardianship of the child.

Age of Child in years and months	Gender of Child	Relationship of Caregiver to Child	Are you related to the child's mother or father?	How long has the child been living with you? (other than birth children)	Do you have legal guardianship of this child?	What are the reasons that the child is living with you?
a) ____ years & ____ months	(1)Female (2)Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
b) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
c) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
d) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
e) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	

Age of Child in years and months	Gender of Child	Relationship of Caregiver to Child	Are you related to the child's mother or father?	How long has the child been living with you? (other than birth children)	Do you have legal guardianship of this child?	What are the reasons that the child is living with you?
f) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
g) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
h) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
i) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
j) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	
k) ____ years & ____ months	(1) Female (2) Male	(1)Birth Parent (2)Adoptive Parent (3)Grandparent (4)Great Grandparent (5)Aunt or Uncle (6)Great Aunt or Uncle (7)Brother or Sister (8)Cousin (9)Other (Specify):	(1) Mother (2) Father (99)Not applicable	____ years & ____ months	(0) No (1)Yes (99)NA/adopted or birth child	

8. Are the parents of any of the related children you are raising living with you? (0) No (1) Yes

If yes, please explain: _____

9. How many adults, other than the parents of children in your care, are living in the home with you? _____

What are the relationships of these adults to you and the children living in the home? _____

10. What is your current marital status?

(1)married (2)divorced (3)separated (4)widowed (5)single

11. What is your yearly household income?

(1)\$4,999 or less (2)\$5,000 - \$9,999 (3)\$10,000 - \$14,999 (4)\$15,000 - \$19,999 (5)\$20,000-\$24,999 (6)\$25,000-\$29,999
(7)\$30,000-\$34,999 (8)\$35,000-\$39,999 (9)\$40,000-\$44,999 (10)\$45,000-\$49,999 (11)\$50,000 or more

12. Caregiver's Race: (1) African American (2) Other (clarify): _____

13. Caregiver's Level of Formal Education: (1) Some Grade School (2) Grade School Graduate (3) Some High School
(4) High School Graduate (5) Some College or Trade School (6) College Graduate (7) Other (Explain): _____

14. What are the sources of income in your household?

a) Are you employed?	(0)No (1)Yes, part-time (2)Yes, full-time
b) Are others living in your home employed?	(0)No (1)Yes, part-time (2)Yes, full-time
c) Do you receive a pension or Social Security Retirement?	(0)No (1)Yes
d) Do you receive Temporary Assistance to Needy Families?	(0)No (1)Yes
e) Do you or anyone living with you receive SSI Disability?	(0)No (1)Yes (If yes, please clarify who receives SSI)
f) Are there other sources of income (e.g. child support, food stamps, unemployment compensation, other sources?)	(0)No (1)Yes (if yes, please describe)

Listed below are people and groups that oftentimes are helpful to members of a family raising a young child. This questionnaire asks you to indicate how helpful each source is to *your family*.⁶ Please circle the response that best describes how helpful the sources have been to your family during the past 3 to 6 months. If a source of help has not been available to your family during this period of time, circle the NA (Not Available) response.

How helpful has each of the following been to you in terms of raising your relative's child (DURING THE PAST 3 TO 6 MONTHS):	Not Available	Not at All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
1. Your parents	N/A	1	2	3	4	5
2. Your spouse or partner's parents	N/A	1	2	3	4	5
3. Your relatives/kin	N/A	1	2	3	4	5
4. Your spouse or partner's relatives/kin	N/A	1	2	3	4	5
5. Spouse or partner	N/A	1	2	3	4	5
6. Your friends	N/A	1	2	3	4	5

⁶ Adapted from *Family Support Scale*, Source: Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

How helpful has each of the following been to you in terms of raising your relative's child (DURING THE PAST 3 TO 6 MONTHS):	Not Available	Not at All Helpful	Sometimes Helpful	Generally Helpful	Very Helpful	Extremely Helpful
7. Your spouse or partner's friends	N/A	1	2	3	4	5
8. Your own children	N/A	1	2	3	4	5
9. Other parents	N/A	1	2	3	4	5
10. Co-workers	N/A	1	2	3	4	5
11. Parent groups	N/A	1	2	3	4	5
12. Social groups/ clubs	N/A	1	2	3	4	5
13. Church members/ minister	N/A	1	2	3	4	5
14. Your family or child's physician	N/A	1	2	3	4	5
15. Early childhood intervention program	N/A	1	2	3	4	5
16. School/ day-care center	N/A	1	2	3	4	5
17. Professional helpers (social workers, therapists, teachers, etc.)	N/A	1	2	3	4	5
18. Professional agencies (public health, social services, mental health, etc.)	N/A	1	2	3	4	5
19. Others (Specify):	N/A	1	2	3	4	5
20. Others (Specify):	N/A	1	2	3	4	5

15. Please describe any services you or others who live with you are currently receiving from agencies, health care settings, or other organizations.	
Type of Agency/ Setting/Organization	Services Received
16. Please describe any services you or others who live with you need but are not receiving.	
Type of Agency/ Setting/Organization	Services Needed

This next set of questions is designed to assess whether or not you and your family have adequate resources (time, money, energy, and so on) to meet the needs of the family as a whole as well as the needs of individual family members.⁷

For each item, please circle the response that best describes how well the need is met on a consistent basis in your family (that is, month in and month out).

To what extent are the following resources adequate for your family:	Does Not Apply	Not at All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
1. Food for 2 meals a day.	N/A	1	2	3	4	5
2. House or apartment.	N/A	1	2	3	4	5
3. Money to buy necessities.	N/A	1	2	3	4	5
4. Enough clothes for your family.	N/A	1	2	3	4	5
5. Heat for your house or apartment.	N/A	1	2	3	4	5
6. Indoor plumbing/water.	N/A	1	2	3	4	5
7. Money to pay monthly bills.	N/A	1	2	3	4	5
8. Good job for yourself or spouse/partner.	N/A	1	2	3	4	5
9. Medical care for your family.	N/A	1	2	3	4	5
10. Public assistance (SSI, TANF, Medicaid, etc.)	N/A	1	2	3	4	5
11. Dependable transportation (own car or provided by others)	N/A	1	2	3	4	5
12. Time to get enough sleep/rest.	N/A	1	2	3	4	5
13. Furniture for your home or apartment.	N/A	1	2	3	4	5

⁷ *Family Resource Scale*, Source: Dunst, C. J., Trivett, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

To what extent are the following resources adequate for your family:	Does Not Apply	Not at All Adequate	Seldom Adequate	Sometimes Adequate	Usually Adequate	Almost Always Adequate
14. Time to be by yourself.	N/A	1	2	3	4	5
15. Time for family to be together.	N/A	1	2	3	4	5
16. Time to be with your child(ren).	N/A	1	2	3	4	5
17. Time to be with spouse or partner.	N/A	1	2	3	4	5
18. Time to be with close friend(s).	N/A	1	2	3	4	5
19. Telephone or access to a phone.	N/A	1	2	3	4	5
20. Baby sitting for your child(ren).	N/A	1	2	3	4	5
21. Child care/day care for your child(ren).	N/A	1	2	3	4	5
22. Money to buy special equipment/supplies for child(ren).	N/A	1	2	3	4	5
23. Dental care for your family.	N/A	1	2	3	4	5
24. Someone to talk to.	N/A	1	2	3	4	5
25. Time to socialize.	N/A	1	2	3	4	5
26. Time to keep in shape and look nice.	N/A	1	2	3	4	5
27. Toys for your child(ren).	N/A	1	2	3	4	5
28. Money to buy things for yourself.	N/A	1	2	3	4	5
29. Money for family entertainment.	N/A	1	2	3	4	5
30. Money to save.	N/A	1	2	3	4	5
31. Time and money for travel/vacation.	N/A	1	2	3	4	5

Next, I will ask you some questions about how your family functions and how members of your family get along.⁸

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family
1. Family members pay attention to each other's feelings.	1	2	3	4	5
2. Our family would rather do things together than with other people.	1	2	3	4	5
3. We all have a say in family plans.	1	2	3	4	5
4. The grownups in this family understand and agree on family decisions.	1	2	3	4	5
5. The grownups in this family compete and fight with each other.	1	2	3	4	5
6. There is closeness in my family but each person is allowed to be special and different.	1	2	3	4	5
7. We accept each other's friends.	1	2	3	4	5
8. There is confusion in our family because there is no leader.	1	2	3	4	5
9. Our family members touch and hug each other.	1	2	3	4	5
10. Family members put each other down.	1	2	3	4	5
11. We speak our minds no matter what.	1	2	3	4	5
12. In our home, we feel loved.	1	2	3	4	5
13. Even when we feel close, our family is embarrassed to admit it.	1	2	3	4	5
14. We argue a lot and never solve problems.	1	2	3	4	5

⁸ Beavers, W. R., Hampson, R. B., & Hulgus, Y. F. (1990). *Beavers systems model manual: 1990 edition*. Dallas, TX: Southwest Family Institute.

For each question, mark the answer that best fits how you see your family now. If you feel that your answer is between two of the labeled numbers (the odd numbers), then choose the even number that is between them.	YES: Fits our family very well		SOME: Fits our family some		NO: Does not fit our family
15. Our happiest times are at home.	1	2	3	4	5
16. The grownups in this family are strong leaders.	1	2	3	4	5
17. The future looks good to our family.	1	2	3	4	5
18. We usually blame one person in our family when things aren't going right.	1	2	3	4	5
19. Family members go their own way most of the time.	1	2	3	4	5
20. Our family is proud of being close.	1	2	3	4	5
21. Our family is good at solving problems together.	1	2	3	4	5
22. Family members easily express warmth and caring towards each other.	1	2	3	4	5
23. It's okay to fight and yell in our family.	1	2	3	4	5
24. One of the adults in this family has a favorite child.	1	2	3	4	5
25. When things go wrong we blame each other.	1	2	3	4	5
26. We say what we think and feel.	1	2	3	4	5
27. Our family members would rather do things with other people than together.	1	2	3	4	5
28. Family members pay attention to each other and listen to what is said.	1	2	3	4	5
29. We worry about hurting each other's feelings.	1	2	3	4	5
30. The mood in my family is usually sad and blue.	1	2	3	4	5
31. We argue a lot.	1	2	3	4	5

I would like to ask you a couple of questions about your health and the health of members of your family:

1. On a scale of 1 to 4, how would you rate your own health?	(1)Very Unhealthy	(2)Somewhat Unhealthy	(3)Fairly Healthy	(4)Very Healthy
2. Do you feel less healthy, about the same, or healthier than you did six months ago?	(1)Much less Healthy	(2)About the Same	(3)Much Healthier	
Please explain your ratings for #1 and #2 (use back of form if necessary):				
1. On a scale of 1 to 4, how would you rate the health of other members of your family?	(1)Very Unhealthy	(2)Somewhat Unhealthy	(3)Fairly Healthy	(4)Very Healthy
2. Are other members of your family less healthy, about the same, or healthier than they were six months ago?	(1)Much less Healthy	(2)About the Same	(3)Much Healthier	
Please explain your ratings for #3 and #4 (use back of form if necessary):				

Next I will be asking you a number of questions about the behavior of one of the related children you are raising. The child we will focus on needs to be between the ages of 2 and 10 years of age and be the child of one of your relatives. (If more than one child in the home fits this description, the caregiver will be asked to identify the related child between 2 and 10 years of age whom the caregiver believes will be living in the home for at least the next two years (to allow for four data collection points over 18 months). If there is more than one child who fits this description, caregivers will be asked to select the child who is expected to be in the home for two or more years, who is between 8 and 10 years of age. If there is still more than one child who fit this category, the interviewer will select the child using a random selection process, for example, flipping a coin or writing names on pieces of paper and drawing one blindly)

- [] *Complete the Child Behavior Checklist with the caregiver. Use the 1½-5 version for a child five years of age or younger. Use the 6-18 version for children older than five years of age.*
- [] *Complete the Parental Stress Index Short Form with the caregiver, with a focus on the same child that was the focus of the Child Behavior Checklist.*

I have a couple of questions about the parents of the related child that we have been talking about.

1. How much contact do you have with the child's mother?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
2. How much contact do you have with the child's father?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
3. How much contact does the child have with his/her mother?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
4. How much contact does the child have with his/her father?	(0) no contact	(1) yearly	(2) several times a year	(3) at least monthly	(4) at least weekly	(5) daily
5. How friendly is your relationship with the child's mother?	(0) not applicable-no contact	(1) not at all friendly – lots of conflict	(2) not very friendly-some conflict	(3) friendly – some conflict	(4) very friendly – minor conflict	(5) very friendly and no conflict
6. How friendly is your relationship with the child's father?	(0) not applicable-no contact	(1) not at all friendly – lots of conflict	(2) not very friendly-some conflict	(3) friendly – some conflict	(4) very friendly – minor conflict	(5) very friendly and no conflict
7. Please describe the child's relationship with his/her mother?	(0) not applicable-no contact	(1) very poor	(2) poor	(3) neither poor nor good	(4) good	(5) very good
Please explain your rating:						
8. Please describe the child's relationship with his/her father?	(0) not applicable-no contact	(1) very poor	(2) poor	(3) neither poor nor good	(4) good	(5) very good
Please explain your rating:						

- [] *If the child who was the focus of the Child Behavior Checklist (CBCL) and Parental Stress Index (PSI) is between the ages of eight and ten years of age, ask the caregiver if she/he will consider allowing you or another research assistant to interview the child, if the child agrees. If the caregiver is willing to consider allowing the child to be interviewed, review the caregiver permission form with her/him. Only the child who was the focus of the CBCL and PSI is eligible to be interviewed.*
- [] *Ask the caregiver if she/he is willing to have you interview the biological mother or father of the child who was the focus of the Child Behavior Checklist and PSI ratings. If the caregiver agrees, ask the caregiver for contact information for the parent or, if the caregiver prefers, give her/him your card and ask that she/he give it to the parent and ask the parent to call to schedule an interview.*
- [] *Schedule the six-month follow-up interview with the caregiver. Write the date and time on the Follow-up Interview Contact Sheet and on your business card. Give the card to the caregiver. Complete the remainder of the form. Ask caregiver to provide the names of addresses and phone numbers of three close friends or family members who will know the caregiver's whereabouts and can make contact with the caregiver, if the interviewer is unable to reach her/him as the follow-up interview approaches. Record this information on the Follow-up Interview Contact Sheet.*

