

**CARE Survey**

*Please note the online version will automatically apply skipping rules. Order of questions/questionnaires may differ.*

☐ Please tick (check) this box to indicate that you consent to taking part in this survey.

Please enter below your unique identifier you were sent via email.

If you are happy to be re-contacted for future research projects, please enter your email address.

*This will enable us to link the data provided today with future data. Your email address will be replaced by a unique identifier. A list of unique identifiers and contact information will be saved in a separate location to your data on a password protected computer and/or secure university server which can only be accessed by the research project team.*

*Email address:*

## Eligibility to take part in this research project

Are you the child's biological parent? Yes/ No

If no: Has your child been adopted? Yes/ No

How old is your child (in years):

To your knowledge, does your child have a diagnosis of Fetal Alcohol Syndrome (FASD)?

Yes/ No

*If "No" to question 1 and 2, yes to question 4 or if age is below 6 years and above 11 years, a thank you message and the debriefing sheet will be shown.*

### ABOUT YOUR CHILD

What is your child's birth date? Please use this format: DD/MM/YYYY

*This will be used to calculate your child's exact age in months.*

If you do not feel comfortable to provide this information, please provide your child's exact age in years and months:

Years:                      Months:

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If yes to "Has your child been adopted":

At what date did your child start living with you? Please use this format: DD/MM/YYYY

*This will be used to calculate your child's exact placement age in months.*

If you do not feel comfortable to provide this information, please provide your child's exact age at placement (when your child started living with you) in years and months:

Years:                      Months:

How many placements did your child have before starting to live with you?

In total (across all placements) How much time in months did your child spend in foster-care?

In total, how much time in months did your child spend living with their biological parents (one or both)?

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*For all parents*

What is your child's gender?

Male

Female

Other (please clarify)

Prefer not to say

Did the child's birth mother consume any non-prescription drugs during pregnancy?

Yes/No/Don't know/ Don't wish to say

Has anyone ever worried about the birth mother's alcohol consumption during pregnancy?

Yes/No/Don't know/Don't wish to say

On average, how many alcoholic drinks did the child's birth mother consume during the pregnancy per week?

None/1-2 units/more than 2 units/Don't know/Don't wish to say



From: <https://www.alcoholtest.org.uk/alcohol-facts/alcohol-units/what-is-an-alcohol-unit>

Has the child's birth mother ever been drunk during pregnancy?

Yes/No/Don't know/Don't wish to say

If yes – Did this happen more than once?

Yes/No/Don't know

Does your child have an Education and Health Care Plan (EHCP)? YES/NO

How many other children live in your household?

If >0:

Of these other children how many are adopted?

V3\_25/01/2021

Of these other children how many are your biological children?

Of these other children how many are step-children?

## ABOUT YOU

What is your gender?

Male Female Other (please clarify) Prefer not to say

How old are you (in years)?

What is your role towards the child?

Mother

Father

Other (please clarify)

By answering the following questions it would help us to understand more about you. However, if you feel unhappy about answering any of these questions please feel free to leave them blank. All data is kept in the strictest confidence.

## ABOUT YOUR WORK

**Questions 2-5 only appear if currently working.**

1. Are you currently working?

- ☐ Not currently working
- ☐ Working part time
- ☐ Working full time

2. How many hours do you work per week.:.....hours

3. What sort of hours do you work?

- ☐ Shift work ( no nights)
- ☐ Shift work (with nights)
- ☐ Regular hours (day time)
  
- ☐ Regular hours (nights)
- ☐ Other: .....

4. What is your occupation ? .....

5. How would you describe your position? ☐ Professional

- ☐ Managerial
- ☐ Skilled non-manual
- ☐ Skilled manual
- ☐ Partly skilled
- ☐ Unskilled
- ☐ Not applicable

6. What is your family income per month before deductions?

- ☐ Less than £1500 ( approx £18,000 per year)
- ☐ £1500 - £2100 (£18,000-£25,000)
- ☐ £2100 - £3600 (£25,000- £43,000)
- ☐ More than £3600 ( £43,000 +)
- ☐ Don't wish to say

7. How far did you get in your education?

- ☐ Left before GCSE
- ☐ GCSE/O levels
- ☐ A levels
- ☐ Vocational training
- ☐ University degree
- ☐ Higher degree

## ABOUT YOUR CHILD

### PARENT REPORT (PR)

*Instructions:* As much as we try to protect our children, bad things often happen to the ones we love. Children sometimes encounter a variety of different stressful experiences. For each of the following questions, please note in the Frequency column whether the experience happened to your child, and if it happened more than one time. If these experiences did happen, please record in the Severity column how severe you think they were. The first questions will focus on natural disasters, community, and health-related experiences.

Frequency:  
0 = Never  
1 = One time  
2 = More than once

Severity:  
1 = Mild or Suspected  
2 = Moderate  
3 = Severe

Frequency	Natural Disasters, Community, and Health-Related Experiences	[Record ages when events occurred]	Severity
0 1 2	1. Was your child ever exposed to floods, tornadoes, hurricanes, earthquakes, or other natural disasters?		1 2 3
0 1 2	2. A serious fire?		1 2 3
0 1 2	3. War, armed conflict, or terrorism?		1 2 3
0 1 2	4. Was your child ever involved in a car or other accident resulting in serious injury or someone's death?		1 2 3
0 1 2	5. Did someone outside the immediate family that your child loved pass away?		1 2 3
0 1 2	6. Did your child ever require hospital care for a medical problem?		1 2 3
0 1 2	7. Has your child witnessed community violence?		1 2 3
0 1 2	8. Has your child been bullied?		1 2 3
0 1 2	9. Has a non-household, non-family member forced your child to watch or do something sexual?		1 2 3
0 1 2	10. Other: Specify.		1 2 3

The following questions focus on different experiences related to you, your child, and immediate family and household.

**In case your child has been adopted, "parents" refers to the biological OR adoptive parents. ? If you have access to the Child Permanence Record (CPR) please refer to it if possible.**

Frequency	Family-Related Experiences	[Record ages when events occurred]	Severity
0 1 2	1. Has your child ever been separated from his or her parents?		1 2 3
0 1 2	2. Has your child seen or heard adults in the household fighting?		1 2 3
0 1 2	3. Has a parent or other adult in the household ever been arrested or incarcerated?		1 2 3
0 1 2	4. Has your child ever lacked food, shelter, supervision, or routine or specialized medical care?		1 2 3
0 1 2	5. Has a parent or other adult in the household ever misused alcohol or drugs?		1 2 3
0 1 2	6. Has a parent or other household member attempted suicide or intentionally harmed him or her self?		1 2 3
0 1 2	7. Has an adult in the household ridiculed, rejected, or threatened your child?		1 2 3
0 1 2	8. Has an adult in the household hit, pushed, or thrown your child?		1 2 3
0 1 2	9. Has a parent, other adult in the household, or other family member forced your child to watch or do something sexual?		1 2 3
0 1 2	10. Other: Specify.		1 2 3

#### Adoptive parents only:

For each item, if "Frequency" >0:

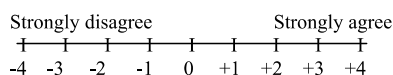
Did this happen before or after your child started living with you  
Before/ After/ Before AND After

Did you refer to a CPR to complete this questionnaire? Yes/No

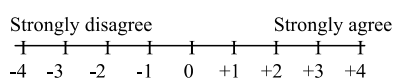
*We used a matrix without question numbers*

Please read each statement below and indicate the **extent** to which you agree or disagree. Mark your answers by choosing the appropriate point on the scale. Do not leave any statement unrated.

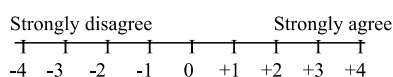
1. It makes my child sad to see another child who can't find anyone to play with.



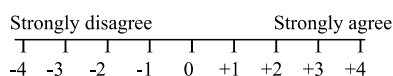
2. My child treats dogs and cats as though they have feelings like people.



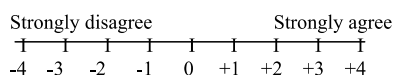
3. My child reacts badly when he/she sees people kiss and hug in public.



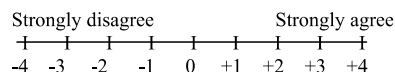
4. My child feels sorry for another child who is upset.



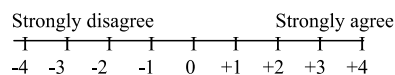
5. My child becomes sad when other children around him/her are sad.



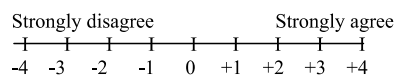
6. My child doesn't understand why other people cry out of happiness.



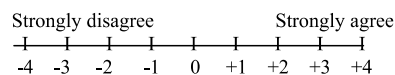
7. My child gets upset when he/she sees another child being punished for being naughty.



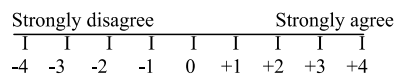
8. My child seems to react to the moods of people around him/her.



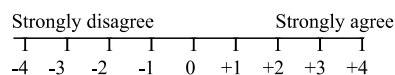
9. My child gets upset when another person is acting upset.



10. My child likes to watch other people open presents, even when he/she doesn't get one themselves.

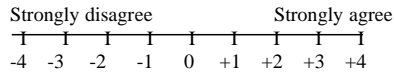


11. Seeing another child who is crying makes my child cry or get upset.

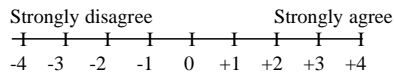




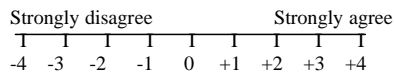
**12. My child gets upset when he/she sees another child being hurt.**



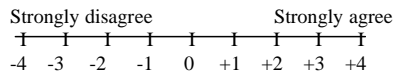
**13. When I get sad my child doesn't seem to notice.**



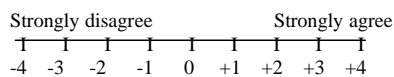
**14. Seeing another child laugh makes my child laugh.**



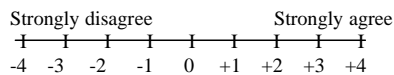
**15. Sad movies or TV shows make my child sad.**



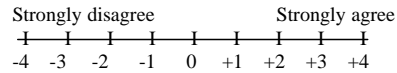
**16. My child becomes nervous when other children around him/her are nervous.**



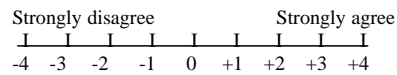
**17. It's hard for my child to understand why someone else gets upset.**



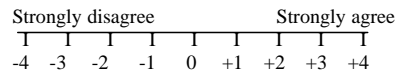
**18. My child gets upset when he/she sees an animal being hurt.**



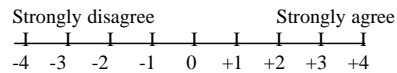
**19. My child feels sad for other people who are physically disabled (e.g., in a wheelchair).**



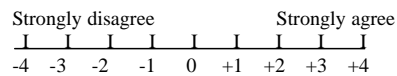
**20. My child rarely understands why other people cry.**



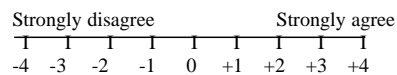
**21. My child would eat the last cookie in the cookie jar, even when he/she knows that someone else wants it.**



**22. My child acts happy when another person is acting happy.**



**23. My child can continue to feel okay even if people around are upset.**



## IRI

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale: A, B, C, D, or E. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

- | A                               | B | C | D | E                            |  |
|---------------------------------|---|---|---|------------------------------|--|
| DOES NOT<br>DESCRIBE<br>ME WELL |   |   |   | DESCRIBES<br>ME VERY<br>WELL |  |
| 1.                              |   |   |   |                              | I daydream and fantasize, with some regularity, about things that might happen to me.  |
| 2.                              |   |   |   |                              | I often have tender, concerned feelings for people less fortunate than me.   |
| 3.                              |   |   |   |                              | I sometimes find it difficult to see things from the "other guy's" point of view.  |
| 4.                              |   |   |   |                              | Sometimes I don't feel very sorry for other people when they are having problems.  |
| 5.                              |   |   |   |                              | I really get involved with the feelings of the characters in a novel.  |
| 6.                              |   |   |   |                              | In emergency situations, I feel apprehensive and ill-at-ease.  |
| 7.                              |   |   |   |                              | I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.                       |
| 8.                              |   |   |   |                              | I try to look at everybody's side of a disagreement before I make a decision.  |
| 9.                              |   |   |   |                              | When I see someone being taken advantage of, I feel kind of protective towards them.   |
| 10.                             |   |   |   |                              | I sometimes feel helpless when I am in the middle of a very emotional situation.   |
| 11.                             |   |   |   |                              | I sometimes try to understand my friends better by imagining how things look from their perspective.                         |
| 12.                             |   |   |   |                              | Becoming extremely involved in a good book or movie is somewhat rare for me.   |
| 13.                             |   |   |   |                              | When I see someone get hurt, I tend to remain calm.  |
| 14.                             |   |   |   |                              | Other people's misfortunes do not usually disturb me a great deal.   |
| 15.                             |   |   |   |                              | If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.                        |
| 16.                             |   |   |   |                              | After seeing a play or movie, I have felt as though I were one of the characters.  |
| 17.                             |   |   |   |                              | Being in a tense emotional situation scares me.  |
| 18.                             |   |   |   |                              | When I see someone being treated unfairly, I sometimes don't feel very much pity for them.                                   |
| 19.                             |   |   |   |                              | I am usually pretty effective in dealing with emergencies.   |
| 20.                             |   |   |   |                              | I am often quite touched by things that I see happen.  |
| 21.                             |   |   |   |                              | I believe that there are two sides to every question and try to look at them both.   |
| 22.                             |   |   |   |                              | I would describe myself as a pretty soft-hearted person.   |
| 23.                             |   |   |   |                              | When I watch a good movie, I can very easily put myself in the place of a leading character.                                 |
| 24.                             |   |   |   |                              | I tend to lose control during emergencies.   |
| 25.                             |   |   |   |                              | When I'm upset at someone, I usually try to "put myself in his shoes" for a while.   |
| 26.                             |   |   |   |                              | When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me. |
| 27.                             |   |   |   |                              | When I see someone who badly needs help in an emergency, I go to pieces.   |
| 28.                             |   |   |   |                              | Before criticizing somebody, I try to imagine how I would feel if I were in their place.                                     |

*If participants are not eligible to take part the following message will appear, followed by the debriefing sheet:*

**Thank you very much for your interest in taking part in our study. Your answers above indicated that, in this instance, you are not eligible to take part in this particular study as**

- **you are either not an adoptive or biological parent**
- **you indicated that your child has a diagnosis of Fetal Alcohol Syndrome**
- **your child is younger than 6 years or older than 11 years.**

**You may however be able to take part in future studies. You will find some more information about the aims of the current study on the next page.**

**Thank you again for your interest in taking part, it is very much appreciated.**