



## Information/Application Package for the Licensed Domestic Adoption Program

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Here is a package for prospective adoptive parents to answer your questions, help you understand the process, and provide the forms you need to start your application.

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## What does open adoption mean?

Alberta legislation requires that every private adoption be open to the extent that full names of birthparents and adoptive parents are on the legal papers each must sign. Adoptions finalized after January 1, 2000 will be open when those adopted persons reach the age of 18 years and 6 months. To us open adoption means much more than that, however. Our adoptions involve some degree of a relationship between adoptive family and birthfamily. This has ranged from only a phone call after the birthmother has chosen a family for her baby to open-ended visiting after placement. The typical amount of contact tends to be one or more meetings before placement with an ongoing exchange of emails, letters, and pictures and/or visits after placement. You may have many questions and concerns about this as it sounds new and radical. Most of the fears we hear from people are based on myths or lack of understanding of the adoption process. We will try to address all your concerns during the domestic pre-adoption seminar.

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## What is the process?

Our process can best be described in two phases. The first phase begins with submitting the application forms at the end of this package. At the same time, you can begin to proceed with police and child welfare checks, getting medicals, gathering necessary documents, and attending our domestic pre-adoption seminar. Or, you may attend the seminar before submitting any paperwork. Upon completion of these steps, you may be accepted as applicants.

The second phase involves a homestudy, which will be completed by a qualified social worker within 90 days of your acceptance (unless issues arise). Upon its completion, you will be approved as prospective adoptive parents and you can then be presented to birthparents as potential parents for a baby.

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## Who can apply?

We accept people of any age (over 18), religion, marital status, sexual orientation, and family size who live in Alberta, providing that you can clear police and social services checks which are described later. If you are a couple, we require that you have been living together at least two years. There is no "ideal" family. Each birthparent comes to us with their own personal criteria and they seek different characteristics in the future parents of their child. It is this "magic" process of finding the right match that makes open adoption so positive and successful. Consequently, we like to have a wide variety of families.

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## What documents are needed?

1. Intervention Record Check (the instructions and forms will be found in this application package). If there is a serious child protection concern, this will be discussed with you by Alberta Children's Services. You may still choose to continue with your application, although you should be aware that written consent from the Director of Alberta Children's Services and the Executive Director of Adoption Options must be obtained before approval of the homestudy can be given. (This needs to be renewed every two years)
2. Security Clearance Check (see enclosed) This is obtained by you from the police department. If you have a criminal record, the nature, seriousness, and date of the offence will be considered by Adoption Options. Minor offences in your past will not prevent your approval as an adoptive parent. (These need to be renewed every two years and prior to finalization of the adoption)
3. References from persons you designate (form enclosed)
4. Medical Reports (forms enclosed)
5. Financial Statement (form enclosed)
6. T4 Slips / Notice of Assessment
7. Personal Legal Documents (instructions enclosed)
8. Application Part I
9. SAFE Questionnaire I (one for each applicant)
10. Application Parts II and III (received at seminar)
11. Contract (received at seminar)
12. Dear Birthparent Letter and Photos - instructions given at the seminar

*NOTE: Items 1 & 2 must be dated within six months, and 3 & 4 within 12 months of starting your homestudy*

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Families may wait with as many licensed agencies as they wish, as well as with Alberta Children's Services. Adoption Options has chosen to allow its families to wait with more than one agency. However, agencies can set their own policies, and some may choose not to allow this. If you are considering coming to us from another agency, we will require that you follow the application process as any new client to our agency. As we need to get to know you and provide you with the opportunity to get to know us. Therefore, you are required to attend our seminar and have a homestudy completed with us.

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Can applicants register with more than one agency?

As an agency, we believe in education and an open sharing of ideas and information. To acquaint you with private and open adoption, we have a weekend course that is held regularly in either Edmonton or Calgary (you will find the seminar dates listed further in this package and on our website). At this course, you learn about birthparents and their needs, learn about the legal aspects and the court process, explore your feelings regarding infertility, hear first-hand from birthparents and adoptive parents who have done open adoptions through our agency, and have many more questions answered regarding open adoption, contact with the birthparents and telling the child about his/her adoption. Due to COVID-19, our seminars are currently being offered virtually, via Zoom.

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What is the pre-adoption seminar?

The government regulation indicates that approval should not be given to an applicant until the applicant has received pre-placement counseling services regarding the adoption process and the parenting of an adopted child. This is thoroughly provided at our seminar. All applicants are required to attend prior to their application being considered by Adoption Options.

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Why is this seminar required?

The next step is a homestudy. This involves eight to ten hours of interviews with a social worker, including at least one session in your home. Typically, four interviews are required during regular business hours. Our objective is not to screen you out, but rather to help you decide if open adoption or any adoption is right for you at this time. If a major concern came to our attention during the homestudy we would discuss it with you. If it remained a concern, the social worker doing your homestudy might not be able to recommend you for adoptive parenthood.

Who gets approved?

The entire process is an open one and you are invited to read and discuss the homestudy report with your worker. Although some people are a bit intimidated at first, they usually learn a lot about themselves and end up enjoying the process.

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Transferring from another agency

If you are transferring from another agency, Adoption Options still requires that you attend our pre-adoption seminar, and that a new homestudy be completed by a social worker in our agency. This allows us to get to know you and vice versa.

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This refers to those who wish to apply to our International adoption program and our Domestic adoption program. As two homestudies are required specific to each program, one of the homestudies will be charged at a reduced fee and the other at full price (see fee schedule page). All other fees and policies apply.

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Dual Tracking

We certainly cannot and do not promise that every family will get a baby. Because the birthparents do the choosing, it depends very much on them. We have found, to this point, that being single or wanting to specify the sex of the child greatly reduces your chances of being chosen. Having two or more children already, being well over 40, or practicing a religion outside of the major Christian denominations may slightly reduce your chances. On the other hand, we have placed children with families in all of the above categories. (We have also placed babies with several same-sex couples and welcome such applicants.) We give you this information so you can decide for yourselves whether you wish to proceed. "Never being chosen" is a definite possibility given the realities of adoption today; however, it seems that if a family leaves themselves on the waiting list they will eventually be chosen. Being chosen also depends on how open you are. We always need families who would accept children with special needs such as medical concerns or drug and alcohol use during pregnancy.

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Who gets Chosen?

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## How long is the wait?

There is no clear answer. It depends on many factors out of your and our control. It depends on who 'walks through our doors' and depends on your placement considerations. We suggest you be prepared for a four year wait with the understanding that it could be much shorter or longer. Our statistics vary from year to year. In 2021, we averaged between 108 to 119 active and approved couples on our waiting list, and we placed 26 children. In 2020, we averaged between 98 to 104 active and approved couples on our waiting list and we placed 46 children. In 2019, we placed 36 children, in 2018, we placed 40 children and 2017 we placed 29 children. Prior to this, we averaged 50 placements per year over a seven-year time frame. For more information on adoption statistics in Alberta overall, visit: <http://child.alberta.ca/home/608.cfm>

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## How does the matching happen?

The length of the wait is so variable because of the matching and selection process. Factors to be considered are the kind of child the family desires to adopt, the kind of people a birthmother wants to become her child's new parents, and the type and amount of contact requested by and acceptable to each of you. Based on those criteria, a minimum of five files are pulled to show to the birthparent(s). There is no way of accurately predicting which family will be chosen by any birthparent. However, when you have been selected you can be sure that they have chosen you for many reasons that will be meaningful to you, to them, and to the child.

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## What other services does Adoption Options provide?

### A. Services to Birthparents

We provide counseling to birthparents who are trying to make permanent plans for their child. We support them in the decision-making process before the birth of the child and in resolving their feelings after placing a child for adoption. We have an ongoing birthparent support group and we are able to refer birthparents to other agencies as needed for pre-natal classes, financial assistance, accommodation, counseling, etc.

### B. Services to Adoptive Parents

When you are matched, we continue to work closely with you and the birthparents to facilitate the placement of the baby. Following placement, a social worker will visit you in your home to provide support and do final documents. Then the agency will prepare and file all documents pertaining to your adoption application with the courts.

Following finalization of your adoption you may return to Adoption Options at any time for any post-adoption support you may need. We will provide post adoption counseling as requested or refer you to the appropriate agency.

### C. Other Services

Adoption Options provides extensive resources, articles, information, and ongoing support through a variety of social media avenues, with monthly group meetings, special events, workshops, and outreach services. We offer an International adoption program and assist families with filing private direct / step-parent adoptions. In addition, our specialized adoption team of experts provide individual counselling services, to any community member managing an adoption related challenge. This may include parenting or relationship challenges in adoption or issues such as adoption search and reunion support.

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## Are lawyers involved?

The agency refers birthparents to a lawyer for signing consents. In some cases, we may also need to have a lawyer make an application to the courts to dispense with the birthfather's rights. Only the agency can prepare and file your adoption petition with the court. Adoptions are now processed by a judge "in chambers". You will not need a lawyer for this process except when there are complications.

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Government regulations allow an agency to charge fees (set by the agency) and expenses incurred in the provision of the following services:

|  |                       |
|--|-----------------------|
| 1. Application   | \$1,000               |
| 2. Pre-Adoption Seminar*                                     | \$1,200               |
| 3. Homestudy   | \$3,050               |
| 4. Preplacement Counseling & Support**                       | \$1,200               |
| 5. Preplacement Counseling of birthparents                   | \$2,350               |
| 6. Media Presentation Fee                                    | \$ 180/year           |
| 7. Preparation of medical and social history of birthparents | \$ 605                |
| 8. Postplacement Counseling of birthparents                  | \$ 875                |
| 9. Postplacement Services to adoptive parents (2 pp reports) | \$1,050               |
| 10. Preparation & filing of documents                        | \$2,475               |
| 11. Medical Report / Process Serving                         | \$ 500                |
|  | <b>TOTAL \$14,485</b> |

\* **Pre-Adoption Seminar** - This seminar must be attended by all first-time applicants to Adoption Options.

\*\***Counseling and Support** - Counseling and support are offered to you in the following ways: phone consultations, office visits, attendance at match meetings, at placement, etc., and through our support groups.

## What are the fees?

**NOTE:** Fees shown are effective April 1, 2022. Fees will be reviewed annually and are subject to change without notice. Increases will not be applied retroactively. **As Adoption Options is a non-profit organization with charitable status, we are not required to charge applicants GST.**

**SECOND ADOPTION:** A second or subsequent adoption costs about 20 percent less as some steps do not have to be repeated.

You will be billed for the below-listed variable expenses as they occur. Some of these may apply even if a placement fails, e.g., mileage, travel time, lawyer's fees, etc.

|  |                          |
|--|--------------------------|
| <i>Courier Services</i>  | <i>varies</i>            |
| <i>Mileage for visits (to you or your birthparent)</i>   | <i>60 cents/km</i>       |
| <i>Social Worker travel time (to you or your birthparent)</i>                                      | <i>\$37.50/hour</i>      |
| <i>Hospital parking fees</i>   | <i>varies</i>            |
| <i>Lawyer's fee for Adoption Consent</i>   | <i>\$500 - 900</i>       |
| <i>Lawyer's fee for Ex-Parte Application</i>   | <i>\$500 - 900</i>       |
| <i>Private hospital room approx.</i>   | <i>\$80/day</i>          |
| <i>Update to the homestudy (HSU)- Required every 12 months</i>                                     | <i>\$500</i>             |
| <i>Placement of Twins/Siblings (preparation of documents for second child)</i>                     | <i>additional \$1700</i> |
| <i>Post placement counseling requested by adoptive parents in future (after adoption is final)</i> | <i>\$150/hour</i>        |
| <i>Dual tracking with our International program. (a subsequent homestudy)</i>                      | <i>\$1525.00</i>         |
| <i>Transition plan for older child(ren)/special needs placement</i>                                | <i>\$125.00</i>          |

## What other costs can we expect?

Payment by e-Transfer to [aoedm@adoptionoptions.com](mailto:aoedm@adoptionoptions.com), MasterCard, VISA, or Cheque made out to Adoption Options Alberta Ltd. will be made as follows:

|               |  |
|---------------|--|
| Item 1:       | \$1,000 to accompany initial application/paperwork |
| Item 2:       | \$1,200 when you book your seminar                 |
| Item 3:       | \$3,050 prior to homestudy                         |
| Items 4 & 5:  | \$3,550 upon approval/completion of homestudy      |
| Item 6:       | \$180 upon completion of homestudy and yearly HSU  |
| Items 7 - 11: | \$5,505 due when placed                            |

## How are payments made?

**Refunds** For our refund policy please read the contract very carefully. (Contract will be received at the seminar)

**Receipts** We will send you an itemized statement showing all fees paid and a copy to Alberta Children's Services. That statement will be your receipt for income tax purposes as adoption fees can now be claimed **for the tax year in which the adoption was finalized**. No other receipts are issued except on request. **Please note that your invoice is also your receipt.**

## What's next?

Adoption is a big step, and you may still be trying to decide which kind of adoption and which agency is right for you. If you have any unanswered questions, we encourage you to make an appointment for an **individual** free consultation. Any of our social work staff in Calgary or Edmonton would be pleased to meet with you. Our office hours are Monday to Friday from 9:00 a.m. to 4:00 p.m.

Otherwise, your next step is to get started with the paperwork and choose a seminar date. Finally, may we suggest you start a file right now labeled "Our Adoption" and put this application package in it.

## Checklist

### WHAT YOU NEED TO PROVIDE TO US:

Please provide original documents unless otherwise indicated below. We do not accept applications by e-mail.

- APPLICATION PART I
- CONTRACT (received at the seminar)
- REFERENCE LIST
- FINANCIAL STATEMENT
- COPY OF LAST T4 or NOTICE OF ASSESSMENT
- CRIMINAL RECORD CHECK\*\* **Required for each adult living in the home.**
- MEDICAL REPORTS
- SAFE QUESTIONNAIRE I
- BIRTH CERTIFICATES (photocopies are only acceptable if you are legally married, if not legally married original or notarized birth certificates are required)
- MARRIAGE CERTIFICATE (must be original or a notarized copy)
- APPLICATION PART II (received at the seminar)
- APPLICATION PART III (received at the seminar)
- DEAR BIRTHPARENT LETTER and PICTURES (instructions are provided at the seminar. All 12 copies are needed as part of a complete application.)  
**Please do not bind or staple your letter and pictures**
- INTERVENTION RECORD CHECK\*\* (signed off by Alberta Children's Services)  
**A separate form is required for each adult living in the home. (Instructions and forms in this package)**
- REFERENCE LETTERS x3 (We will be sending questionnaires to your references from the list that you provide to our office)
- ONLINE PROFILE Once your homestudy is complete and approved, setup online profile. Information will be provided at seminar.

\*\*Please remember that your Criminal Record Check and Intervention Record Check must be current and dated within six months of starting your homestudy in order for your homestudy to be assigned. These must also be renewed every two years to keep your file current and active while you wait for the placement of a child\*\*

**If you have submitted all of the above listed documentation to complete your application, please call our office to ensure we have received everything and that we are in the process of assigning your homestudy.**

### Documents may be returned to:

Adoption Options Edmonton  
Unit 6, 9363 – 50 Street  
Edmonton, Alberta  
T6B 2L5

Adoption Options Calgary  
Unit 207, 5940 Macleod Trail South  
Calgary, Alberta  
T2H 2G4

**ADOPTION APPLICATION PART I**  
*(Please Print)*

\_\_\_\_\_  
**APPLICANT ONE, NAME IN FULL**

\_\_\_\_\_  
**APPLICANT TWO, NAME IN FULL**

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone(s)

\_\_\_\_\_  
Email Address

**EMPLOYMENT INFORMATION**

|                      | Applicant One | Applicant Two |
|----------------------|---------------|---------------|
| Employer's Name:     | _____         | _____         |
| Address:             | _____         | _____         |
| # of years employed: | _____         | _____         |
| Work Phone:          | _____         | _____         |

**PERSONAL HISTORY**

Previous Marriages: \_\_\_\_\_

Date of Divorce/Death: \_\_\_\_\_

Date of marriage (if not married, how long have you been together) \_\_\_\_\_

Full **Legal** Names (as they will appear on documentation for Court of Queen's Bench):

Applicant One: \_\_\_\_\_

Applicant Two: \_\_\_\_\_

**Applicant One**

**Applicant Two**

(First names only) \_\_\_\_\_

Pronouns (ex. she/he, they/them) \_\_\_\_\_

**GENERAL DESCRIPTION**

Birth date \_\_\_\_\_

Birthplace \_\_\_\_\_

Age \_\_\_\_\_

Hair colour & texture \_\_\_\_\_

Eye colour & glasses \_\_\_\_\_

Height & Weight \_\_\_\_\_

Racial origin \_\_\_\_\_

Ethnic origin \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Church Attendance \_\_\_\_\_

Education Level \_\_\_\_\_

Occupation \_\_\_\_\_

Languages \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you have pets: \_\_\_\_\_ Please list: \_\_\_\_\_

Do you live in a city or town, on a farm or acreage? \_\_\_\_\_

Do you have any children: \_\_\_\_\_ Do they live with you: \_\_\_\_\_

Have you adopted before: \_\_\_\_\_ Privately: \_\_\_\_\_ Social Services: \_\_\_\_\_

List birthdates of children: \_\_\_\_\_

Tentative child care plans:

\_\_\_\_\_ one parent to remain home for \_\_\_\_\_ years

\_\_\_\_\_ parental leave only, for a period of \_\_\_\_\_ months

\_\_\_\_\_ day care \_\_\_\_\_ private care \_\_\_\_\_ nanny

\_\_\_\_\_ other, please explain \_\_\_\_\_

**ADOPTION APPLICATION PART I  
EMOTIONAL / PSYCHOLOGICAL CARE**

**APPLICANT ONE:** \_\_\_\_\_ (name)

Are you currently accessing counseling services? Yes or No  
(if yes, please provide the therapist's name and their company name)

\_\_\_\_\_

Have you ever accessed counseling services? Yes or No  
(if yes, please provide the year / time frame / outcome)

\_\_\_\_\_

\_\_\_\_\_

Have you attended any support groups? Yes or No  
(if yes, what year and what was the purpose of the group)

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICANT TWO:** \_\_\_\_\_ (name)

Are you currently accessing counseling services? Yes or No  
(if yes, please provide the therapist's name and their company name)

\_\_\_\_\_

Have you ever accessed counseling services? Yes or No  
(if yes, please provide the year / time frame / outcome)

\_\_\_\_\_

\_\_\_\_\_

Have you attended any support groups? Yes or No  
(if yes, what year and what was the purpose of the group)

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_



## REQUEST FOR CRIMINAL RECORD CHECK

Pursuant to S.6(2)(d) of the Adoption Regulations, we require a Criminal Record Check on your application to become an adoptive parent. We request that you proceed to the Local RCMP Detachment or the City Police Headquarters (for residents of Edmonton, Calgary, Lethbridge, and Medicine Hat only), in the Province of Alberta to have your Criminal Record Check completed. We ask that you take with you proper identification, preferably your birth certificate and a driver's license, to assist the officer in charge. **Although it appears that you can receive a criminal record check online, it is not the correct check that is required. All applicants need to apply in-person at a police station for this. We need a clearance for everyone over 18 years of age living in your home.**

PLEASE CONTACT YOUR LOCAL POLICE DETACHMENT FOR THEIR HOURS OF OPERATION, AND PROCEDURES AND POLICIES FOR VISITING IN-PERSON. YOU MAY NEED TO MAKE AN APPOINTMENT TO BE FINGERPRINTED.

Please explain that you are having this check completed for the purposes of adoption and that it must be fingerprint based. Depending on your City Police Service or RCMP detachment, you will need to request one of the following. These are acceptable for Court purposes.

### OPTION 1:

Your Criminal Record Checks will include a statement similar to the following: **"Vulnerable Sector – Search – Completed/Included"**.

They may not be able to provide a Vulnerable Sector check because a vulnerable sector check only applies to a "paid or volunteer" position - as a parent, you cannot be terminated from that role. The RCMP still completes all the same checks but cannot call it a Vulnerable Sector Check because of the way the Criminal Records Act 6.3 reads.

### OPTION 2:

Have a local police check completed and an Interpol search completed. Checks are being completed to ensure that a pardon has never been issued for a sexual offence as well as checking Interpol. Having fingerprints taken is the most comprehensive check that can be completed on an applicant. **It is the RCMP's policy to have fingerprints taken and submitted to the Canadian Real Time Identification Services (CCRTIS) for processing.**

The Criminal Record, or the Certification that no record exists will be forwarded back to you by the police and NOT to our office. It will be your responsibility to provide documentation to us in a timely manner, in order that we may proceed further with your application. Please note that we only accept **original** police record checks. We do not accept photocopies or emailed copies.

Please present this form to the police when requesting a Criminal Record Check.

PLEASE NOTE: Criminal Record Checks must be current and dated within six months of starting your homestudy in order for your homestudy to be assigned. These must also be renewed every two years in order to keep your file current and active while you wait for the placement of a child.

403.270.8228  
207, 5940 Macleod Trail SW  
Calgary, AB, T2H 2G4  
[aocal@adoptionoptions.com](mailto:aocal@adoptionoptions.com)

780.433.5656  
#6, 9363 50 Street NW  
Edmonton, AB, T6B 2L5  
[aoedm@adoptionoptions.com](mailto:aoedm@adoptionoptions.com)

[adoptionoptions.com](http://adoptionoptions.com)

## REFERENCE LIST

Names \_\_\_\_\_ City/Town of Residence \_\_\_\_\_

Please give the names and addresses of three references who are personally acquainted with both of you and your home life. Please only list the name of one person per reference. **One of these can be a relative** and others can be friends, neighbours or a business or religious acquaintance. They will be contacted by us by letter and may also be telephoned. Their responses will be treated confidentially and not shared with you.

*(Please note that if you put down more than one relative it will delay the application process because we will ask you to resubmit another reference)*

### REFERENCE NUMBER ONE (one person per reference)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

### REFERENCE NUMBER TWO (one person per reference)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

### REFERENCE NUMBER THREE (one person per reference)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

Please discuss your plans with your references and let them know that we will be asking them to respond to us in writing. It is important that your references respond promptly to our request for a letter, as your comprehensive update to your **homestudy will not be started until all reference letters have arrived in our office.**

## FINANCIAL STATEMENT FOR ADOPTION OPTIONS

*Please completely fill in the form*

|                             |               |               |
|-----------------------------|---------------|---------------|
| <b>APPLICANT NAME:</b>      | Applicant One | Applicant Two |
| <b>ANNUAL INCOME:</b>       | Applicant One | Applicant Two |
| <b>OTHER ANNUAL INCOME:</b> | Applicant One | Applicant Two |
| <b>LIFE INSURANCE:</b>      | Applicant One | Applicant Two |

| ASSETS  | VALUE |
|---|-------|
| Vehicles  |       |
| Personal Property   |       |
| Real Estate   |       |
| Residence   |       |
| Other   |       |
| Stocks/Bonds  |       |
| Savings Account(s)  |       |
| Chequing Account(s)   |       |
| RRSP/Retirement   |       |
| Other Investments   |       |
| <b>TOTAL ASSETS:</b><br><i>Not including income and insurance</i> |       |

| LIABILITIES      | MONTHLY PAYMENT           | TOTAL OWED |
|------------------|---------------------------|------------|
| Credit Cards     |                           |            |
| Bank Loans       |                           |            |
| Home Mortgage(s) |                           |            |
| Other            |                           |            |
|                  | <b>TOTAL LIABILITIES:</b> |            |

|                   |  |
|-------------------|--|
| <b>NET WORTH:</b> |  |
|-------------------|--|

## ADOPTION OPTIONS MEDICAL REPORT

A physician's report is required for the homestudy process.

I, \_\_\_\_\_, ask that you provide Adoption Options with the following medical information which will help Adoption Options assess my ability and suitability to meet the needs of a child through adoption.

I consent to the disclosure of this information and permit you to release the information to Adoption Options for the period of one year, unless revoked by me in writing. I also authorize you to discuss the content of this report with Adoption Options.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE PHYSICIAN

What is the date of this examination? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe any health problems that would affect the applicant's ability to provide for the physical, emotional, and personal care of children, now and in the future.

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

To your knowledge has the applicant ever received or required treatment for any emotional problems? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the nature of the problem and the type and dates of any treatment received.

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

To your knowledge has the applicant ever received or required psychiatric treatment? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and the type and dates of any treatment.

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

To your knowledge has the applicant ever received or required treatment because of use of drugs and/or alcohol? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and type of treatment received.

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

\_\_\_\_\_  
Name of Applicant

To your knowledge has the applicant ever received treatment because of domestic violence?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and the type of treatment received.

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

Is there a medical reason why this person cannot or should not have a biological child?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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

Is this patient presently taking any form of medication? Yes \_\_\_\_ No \_\_\_\_ If yes, what medication and dosage, and for what purpose?

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

Please comment on the applicant's general health and your opinion as to whether the applicant's physical and mental health enables them to undertake and follow through with the responsibilities of parenthood.

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and Postal Code

## ADOPTION OPTIONS MEDICAL REPORT

A physician's report is required for the homestudy process.

I, \_\_\_\_\_, ask that you provide Adoption Options with the following medical information which will help Adoption Options assess my ability and suitability to meet the needs of a child through adoption.

I consent to the disclosure of this information and permit you to release the information to Adoption Options for the period of one year, unless revoked by me in writing. I also authorize you to discuss the content of this report with Adoption Options.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE PHYSICIAN

What is the date of this examination? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe any health problems that would affect the applicant's ability to provide for the physical, emotional, and personal care of children, now and in the future.

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

To your knowledge has the applicant ever received or required treatment for any emotional problems? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the nature of the problem and the type and dates of any treatment received.

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

To your knowledge has the applicant ever received or required psychiatric treatment? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and the type and dates of any treatment.

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

To your knowledge has the applicant ever received or required treatment because of use of drugs and/or alcohol? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and type of treatment received.

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

\_\_\_\_\_  
Name of Applicant

To your knowledge has the applicant ever received treatment because of domestic violence?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please specify the problem and the type of treatment received.

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

Is there a medical reason why this person cannot or should not have a biological child?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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

Is this patient presently taking any form of medication? Yes \_\_\_\_ No \_\_\_\_ If yes, what medication and dosage, and for what purpose?

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

Please comment on the applicant's general health and your opinion as to whether the applicant's physical and mental health enables them to undertake and follow through with the responsibilities of parenthood.

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City and Postal Code

## PERSONAL LEGAL DOCUMENTS

Please pay very close attention to the following requirements as people often send the wrong documents. If you have questions about your documentation, please call us. The reason this is so important is that the Court of Queen's Bench will reject your adoption if we have not included the proper documents.

- 1) **Marriage Certificate:** If you were married in Canada, then this is NOT the form you signed during the marriage ceremony. It is a document issued after the fact by the Division of Vital Statistics. Many people do not have a copy of their marriage certificate, but you must now order one from Vital Statistics in the province where you were married. In Alberta you can order an original marriage certificate from one of the private registry agents. (Sample below) We prefer the framing size, but either will do. **We require either an original or notarized copy of this document.**



If you were married outside of Canada, send what you have, and we will try to determine if it will satisfy the court's requirements - again we need a notarized or original copy.

- 2) **Change of Name Certificate:** This document (notarized or original) should be one that is issued by the Division of Vital Statistics or similar Bureau or Registry. A married spouse assuming their spouse's last name does not need a Change of Name Certificate.
- 3) **A photocopy of your birth certificate.** However, if you are not married, then we will need original or notarized copies of your birth certificates because we need a legal document for court showing your correct names.

If any of the above certificates are written in another language, we will require an English translation for the court.

**PLEASE NOTE: none of these documents will be returned to you as they are filed in court with the adoption application.**

# PRE-ADOPTION SEMINAR

## COURSE OUTLINE

- Private Adoption
  - the legal picture in Alberta,
  - laws, policies, court process,
  - statistics about placement
  - roles/responsibilities of all parties
- Open Adoption
  - learn what it is
  - address fears/concerns
  - hear a panel of birthparent/adoptive family discuss how it works for them
- Living with Adoption
  - how and when to tell
  - helping the child understand
  - educating others

**CONTENT:** The course prepares participants to become adoptive parents through an open adoption process. The course format includes teaching, large and small group discussion, videos, guest speakers and a manual.

**DATES AND TIMES:** This course will be offering virtually over Zoom (please note: if we do not have a minimum of five couples registered for the pre-adoption seminar the session will be cancelled and you will be notified by our administrative staff). If we do receive enough interest for an additional session (five or more couples) an additional seminar may be added.

| Details for the next sessions are: |                      |                       |
|------------------------------------|----------------------|-----------------------|
| 2022                               | 2023                 |                       |
| November 25 & 26, 2022             | January 27&28, 2023  | June 23&24, 2023      |
|                                    | February 17&18, 2023 | September 22&23, 2023 |
|                                    | March 24&25, 2023    | October 20&21, 2023   |
|                                    | April 21&22, 2023    | November 24&25, 2023  |
|                                    | May 26&27, 2023      |                       |

## FOR REGISTRATION:

Please register by visiting: [www.adoptionoptions.com/domesticseminarregistration](http://www.adoptionoptions.com/domesticseminarregistration)

The seminar fee of \$1200 is due at time of registration as the seminars fill up quickly. Payments may be made by e-Transfer to [aoedm@adoptionoptions.com](mailto:aoedm@adoptionoptions.com), Visa, MasterCard, or by cheque payable to **Adoption Options Alberta Ltd.**

## HOW DID YOU LEARN ABOUT OUR AGENCY?

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## INTERVENTION RECORD CHECK

### Process to Submit an Alberta Intervention Record Check

- 1) Submit your *Request for an Alberta Intervention Record* form by E-mail to Alberta Children's Services with of two pieces of your identification, one of which is photo identification.

E-mail the completed form and identification to Rashmita Patel;  
Rashmita.Patel@gov.ab.ca

- 2) Alberta Children's Services Office will complete the Check and return the results to you directly. Processing time is approximately two to three weeks.
- 3) Once you receive the completed Alberta Intervention Record Check, submit the original to Adoption Options with the rest of your application documents.

### Have you lived outside of Alberta in the past 5 years?

If in the past five years you have lived outside of the province of Alberta, it is your responsibility to obtain Intervention Checks from those jurisdictions, provinces and/or countries.

### Who Can Get the Information?

Intervention Services records are confidential, and information must not be released except for the purposes set out in the Child, Youth and Family Enhancement Act. Any person named in a record has the right to obtain information about themselves that is in the record. The requestor may ask for copies of records about themselves under the Freedom of Information and Protection of Privacy Act (FOIP).

### What if a Record is Found in Alberta?

If the Alberta Intervention Check indicates "There is an intervention Services record in Alberta." and you wish to continue to pursue adoption, you will need to contact our adoption agency. Your agency will provide you with a "Consent to Release Information" form. In signing this form, you provide your permission for Alberta Children's Services to release information about your record to the agency directly. If you wish to obtain further information about the findings of the Alberta Intervention Check, prior to connecting with your adoption agency, please contact the individual who completed the check.

**The following form must be submitted and signed by Alberta Children's Services. A separate form is required for each adult living in the home.**

### Process to Submit an Alberta Intervention Record Check

- 1) Please complete the **Request for an Alberta Intervention Record Check** section of this form including your signature. If printing and hand filling, **do not use “whiteout” on the form; if you make an error, simply strike it out, write above or below the mistake and initial it.**
- 2) Submit a photocopy of two pieces of your identification, one of which is photo identification.
- 3) Your local Alberta Child and Family Services Office will complete the Check and return the results to you directly.
- 4) Once you receive the completed Alberta Intervention Record Check, submit it to your Private Licensed Agency.
- 5) If in the ***past five years*** you have lived outside of the province of Alberta, it is your responsibility to obtain Intervention Checks from those jurisdictions, provinces and/or countries.

### Who Can Get the Information?

Intervention Services records are confidential, and information must not be released except for the purposes set out in the *Child, Youth and Family Enhancement Act*.

Any person named in a record has the right to obtain information about themselves that is in the record. The requestor may ask for copies of records about themselves under the *Freedom of Information and Protection of Privacy Act (FOIP)*.

### What if a Record is Found in Alberta?

If the Alberta Intervention Record Check (reverse side or next page) indicates, “There is an Intervention Services record in Alberta.” and you wish to continue to pursue adoption, you will need to contact your private licensed adoption agency. Your agency will provide you with a “Consent to Release Information” form. In signing this form, you provide your permission for Children’s Services to release information about your record to the agency directly.

If you wish to obtain further information about the findings of the Alberta Intervention Check, prior to connecting with your private licensed adoption agency, please contact the individual who completed the check.

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. Children's Services will not release this information for any other purpose. Children's Services will not release this information to anyone other than you without express written consent. If you have any questions or concerns with regard to the collection of the information provided, please contact the individual who completed this form.

**1. Personal Information**

My name is \_\_\_\_\_ . Date of Birth <sup>yyyy</sup> \_\_\_\_ - <sup>mm</sup> \_\_\_\_ - <sup>dd</sup> \_\_\_\_ .  
PRINT Full Legal Name of Person Requesting Check

My address is \_\_\_\_\_ . Alberta \_\_\_\_\_ .  
Full Residential Address City Province Postal Code

\_\_\_\_\_ . Alberta \_\_\_\_\_ .  
Full Mailing Address (if different from above) City Province Postal Code

I am  male  female. My phone number is \_\_\_\_\_ or \_\_\_\_\_ .  
Home Work

All other names I have used are (include Maiden and any other first and last names previously used):

Names and birthdates of all children for whom I have acted as a parent (not including foster children):  
 If printing and filling in, attach a separate page to add more children or use the + sign to add more children before printing.

| Name | Gender  | Birthdate (yyyy-mm-dd) |
|------|---|------------------------|
|      | <input type="checkbox"/> M <input type="checkbox"/> F | - -                    |
|      | <input type="checkbox"/> M <input type="checkbox"/> F | - -                    |

**2. Request for a Record Check**

I am an  Adoptive Applicant  Adult Person (18 years or older) Residing with Adoptive Applicant(s).

I want to know about any record of me being involved with Intervention Services in Alberta which indicates that I **might** have caused a child to need intervention.

This check is being completed as a requirement for the adoption application submitted on behalf of:

\_\_\_\_\_  
Name of Adoptive Applicant(s)

who submitted an adoption application through the following private licensed agency:

\_\_\_\_\_  
Name of Private Licensed Agency

In the past five years I have **only** resided in Alberta.

In the past five years I have resided in Alberta and \_\_\_\_\_ .  
Name of any Other Jurisdiction, Province or Country

**IMPORTANT: Intervention Record Checks are required from all other jurisdictions, provinces and countries in which you have resided in the last five years. It is the responsibility of the Adoptive Applicant to obtain and provide these checks to the Private Licensed Agency.**

I hereby consent to having an Alberta Intervention Record Check completed.

\_\_\_\_\_ X \_\_\_\_\_  
Date Requested (yyyy-mm-dd) Signature of Person Requesting Check

### 3. Results of Alberta Intervention Record Check - FOR OFFICE USE ONLY

Using the names and birthdates you supplied:

- As of today, I can find No Intervention Services Record in Alberta indicating that you might have caused a child to need intervention.
- There is an Intervention Services Record in Alberta.

### 4. Summary of Involvement in Alberta

|  |                             |  |             |
|--|-----------------------------|--|-------------|
| Name of Person Who Completed Check (PRINT) |                             | Title  |             |
| Worksite Address                           | City                        | Alberta<br>Province                          | Postal Code |
| Telephone Number                           | Date Completed (yyyy-mm-dd) | X<br>Signature of Person Who Completed Check |             |

### For Office Use Only

Reference: \_\_\_\_\_  
Name of Person Requesting Check Date of Birth (yyyy-mm-dd)

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. Children's Services will not release this information for any other purpose. Children's Services will not release this information to anyone other than you without express written consent. If you have any questions or concerns with regard to the collection of the information provided, please contact the individual who completed this form.

**1. Personal Information**

My name is \_\_\_\_\_ . Date of Birth <sup>yyyy</sup> \_\_\_\_ - <sup>mm</sup> \_\_\_\_ - <sup>dd</sup> \_\_\_\_ .  
PRINT Full Legal Name of Person Requesting Check

My address is \_\_\_\_\_ . Alberta \_\_\_\_\_ .  
Full Residential Address City Province Postal Code

\_\_\_\_\_ . Alberta \_\_\_\_\_ .  
Full Mailing Address (if different from above) City Province Postal Code

I am  male  female. My phone number is \_\_\_\_\_ or \_\_\_\_\_ .  
Home Work

All other names I have used are (include Maiden and any other first and last names previously used):

Names and birthdates of all children for whom I have acted as a parent (not including foster children):  
 If printing and filling in, attach a separate page to add more children or use the + sign to add more children before printing.

| Name | Gender  | Birthdate (yyyy-mm-dd) |
|------|---|------------------------|
|      | <input type="checkbox"/> M <input type="checkbox"/> F | - -                    |
|      | <input type="checkbox"/> M <input type="checkbox"/> F | - -                    |

**2. Request for a Record Check**

I am an  Adoptive Applicant  Adult Person (18 years or older) Residing with Adoptive Applicant(s).

I want to know about any record of me being involved with Intervention Services in Alberta which indicates that I **might** have caused a child to need intervention.

This check is being completed as a requirement for the adoption application submitted on behalf of:

\_\_\_\_\_  
Name of Adoptive Applicant(s)

who submitted an adoption application through the following private licensed agency:

\_\_\_\_\_  
Name of Private Licensed Agency

In the past five years I have **only** resided in Alberta.

In the past five years I have resided in Alberta and \_\_\_\_\_ .  
Name of any Other Jurisdiction, Province or Country

**IMPORTANT: Intervention Record Checks are required from all other jurisdictions, provinces and countries in which you have resided in the last five years. It is the responsibility of the Adoptive Applicant to obtain and provide these checks to the Private Licensed Agency.**

I hereby consent to having an Alberta Intervention Record Check completed.

\_\_\_\_\_ X \_\_\_\_\_  
Date Requested (yyyy-mm-dd) Signature of Person Requesting Check

### 3. Results of Alberta Intervention Record Check - FOR OFFICE USE ONLY

Using the names and birthdates you supplied:

- As of today, I can find No Intervention Services Record in Alberta indicating that you might have caused a child to need intervention.
- There is an Intervention Services Record in Alberta.

### 4. Summary of Involvement in Alberta

|  |                             |  |             |
|--|-----------------------------|--|-------------|
| Name of Person Who Completed Check (PRINT) |                             | Title  |             |
| Worksite Address                           | City                        | Alberta<br>Province                          | Postal Code |
| Telephone Number                           | Date Completed (yyyy-mm-dd) | X<br>Signature of Person Who Completed Check |             |

### For Office Use Only

Reference: \_\_\_\_\_  
Name of Person Requesting Check Date of Birth (yyyy-mm-dd)

# SAFE Questionnaire I : Couple Applicant

## INSTRUCTIONS

- Please answer the following questions as they apply to you.
- Check all the choices that apply. Most of the questions have more than one answer.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

1

### Who primarily raised you?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mother and Father     | <input type="checkbox"/> Stepfather              | <input type="checkbox"/> Older Sibling(s)           |
| <input type="checkbox"/> Father                | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Adoptive Parent(s)         |
| <input type="checkbox"/> Mother                | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s)           |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Institutional Caretaker(s) |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Mother and Mother       | <input type="checkbox"/> Legal Guardian(s)          |
| <input type="checkbox"/> Stepmother            | <input type="checkbox"/> Father and Father       | <input type="checkbox"/> Other:                     |

2

### Were you separated from either or both of your parents during your childhood for any of the following reasons?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No separations     | <input type="checkbox"/> Abandoned by parent(s)              | <input type="checkbox"/> Removed from your home by police or social services |
| <input type="checkbox"/> Parents separated  | <input type="checkbox"/> Parent(s) long-term hospitalization | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Parents divorced   | <input type="checkbox"/> Parent(s) in military               |  |
| <input type="checkbox"/> Death of parent(s) | <input type="checkbox"/> Parent(s) in prison                 |  |

3

### How old were you when you first moved away from your parent(s) or primary caretaker(s) home?

- |  |   |
|--|---|
| <input type="checkbox"/> ____ years of age | <input type="checkbox"/> I currently live with my parent(s) or primary caretaker(s) |
|--|---|

4

### What were the circumstances that led you to leave home? Were there circumstances that led you to return?

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---

---

5

### Check the boxes that best characterize your childhood relationship with your mother:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of mother |
| <input type="checkbox"/> Abusive         | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of mother    |
| <input type="checkbox"/> Idolized        | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable       |
| <input type="checkbox"/> Neglectful      | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict    |
| <input type="checkbox"/> Caring          | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed             |
| <input type="checkbox"/> Supportive      | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Fun             | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:              |

6

**Check the boxes that best characterize your childhood relationship with your father:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of father |
| <input type="checkbox"/> Abusive         | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of father    |
| <input type="checkbox"/> Idolized        | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable       |
| <input type="checkbox"/> Neglectful      | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict    |
| <input type="checkbox"/> Caring          | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed             |
| <input type="checkbox"/> Supportive      | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Fun             | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:              |

7

**If you were not primarily raised by your mother and/or father, which of the following best describes your relationship with your primary caretaker(s)?**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of primary caretaker |
| <input type="checkbox"/> Abusive        | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of primary caretaker    |
| <input type="checkbox"/> Idolized       | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable                  |
| <input type="checkbox"/> Neglectful     | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict               |
| <input type="checkbox"/> Caring         | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed                        |
| <input type="checkbox"/> Supportive     | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving                         |
| <input type="checkbox"/> Fun            | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:                         |

8

**Check the boxes that best describe what your childhood experience was like:**

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Painful   | <input type="checkbox"/> Stable      | <input type="checkbox"/> Traumatic             |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Confusing   | <input type="checkbox"/> Spoiled               |
| <input type="checkbox"/> Fun       | <input type="checkbox"/> Frightening | <input type="checkbox"/> Enjoyable             |
| <input type="checkbox"/> Wonderful | <input type="checkbox"/> Chaotic     | <input type="checkbox"/> Sad                   |
| <input type="checkbox"/> Exciting  | <input type="checkbox"/> Lonely      | <input type="checkbox"/> Stimulating           |
| <input type="checkbox"/> Unhappy   | <input type="checkbox"/> Secure      | <input type="checkbox"/> Difficult to remember |
| <input type="checkbox"/> Carefree  | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Other:                |

9

**Check the boxes that best describe your parents'/primary caretakers' relationship with each other when you were a child:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No relationship            | <input type="checkbox"/> Cold                   | <input type="checkbox"/> Committed                      |
| <input type="checkbox"/> Divorced                   | <input type="checkbox"/> Loving                 | <input type="checkbox"/> Hostile                        |
| <input type="checkbox"/> Separated                  | <input type="checkbox"/> Violent                | <input type="checkbox"/> On again/Off again             |
| <input type="checkbox"/> Close                      | <input type="checkbox"/> Fulfilling             | <input type="checkbox"/> Supportive                     |
| <input type="checkbox"/> Happy                      | <input type="checkbox"/> Full of conflict       | <input type="checkbox"/> Relaxed                        |
| <input type="checkbox"/> Fun and playful            | <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Affected by alcohol/drug abuse |
| <input type="checkbox"/> Distrustful and suspicious | <input type="checkbox"/> Tense                  | <input type="checkbox"/> Other:                         |

10

**How would you rate your parents'/primary caretakers' ability to manage their lives?**

**Mother or Primary Caretaker**

**Father or Primary Caretaker**

- Very good
- Good
- Fair
- Poor
- Unknown

- Very good
- Good
- Fair
- Poor
- Unknown

**11** Check the boxes that best describe the personal characteristics of your mother or primary caretaker when you were a child:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Active              | <input type="checkbox"/> Moody           | <input type="checkbox"/> Easy going               |
| <input type="checkbox"/> Loving           | <input type="checkbox"/> Outgoing            | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind                     |
| <input type="checkbox"/> Perfectionist    | <input type="checkbox"/> Generous            | <input type="checkbox"/> Hardworking     | <input type="checkbox"/> Self centered            |
| <input type="checkbox"/> Domineering      | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Unforgiving              |
| <input type="checkbox"/> Isolated         | <input type="checkbox"/> Shy                 | <input type="checkbox"/> Content         | <input type="checkbox"/> Stubborn                 |
| <input type="checkbox"/> Happy            | <input type="checkbox"/> Irresponsible       | <input type="checkbox"/> Serious         | <input type="checkbox"/> Irrational               |
| <input type="checkbox"/> Optimistic       | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate   | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm             | <input type="checkbox"/> Temperamental       | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive                  |
| <input type="checkbox"/> Violent          | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Warm            | <input type="checkbox"/> Prejudiced               |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious     | <input type="checkbox"/> Supportive      | <input type="checkbox"/> Emotional                |
| <input type="checkbox"/> Preoccupied      | <input type="checkbox"/> Fun/Playful         | <input type="checkbox"/> Dramatic        | <input type="checkbox"/> Reassuring               |
| <input type="checkbox"/> Self-confident   | <input type="checkbox"/> Rigid               | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Other:                   |

**12** Check the boxes that best describe the personal characteristics of your father or other primary caretaker when you were a child:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Active              | <input type="checkbox"/> Moody           | <input type="checkbox"/> Easy going               |
| <input type="checkbox"/> Loving           | <input type="checkbox"/> Outgoing            | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind                     |
| <input type="checkbox"/> Perfectionist    | <input type="checkbox"/> Generous            | <input type="checkbox"/> Hardworking     | <input type="checkbox"/> Self centered            |
| <input type="checkbox"/> Domineering      | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Unforgiving              |
| <input type="checkbox"/> Isolated         | <input type="checkbox"/> Shy                 | <input type="checkbox"/> Content         | <input type="checkbox"/> Stubborn                 |
| <input type="checkbox"/> Happy            | <input type="checkbox"/> Irresponsible       | <input type="checkbox"/> Serious         | <input type="checkbox"/> Irrational               |
| <input type="checkbox"/> Optimistic       | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate   | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm             | <input type="checkbox"/> Temperamental       | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive                  |
| <input type="checkbox"/> Violent          | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Warm            | <input type="checkbox"/> Prejudiced               |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Nervous/Anxious     | <input type="checkbox"/> Supportive      | <input type="checkbox"/> Emotional                |
| <input type="checkbox"/> Preoccupied      | <input type="checkbox"/> Fun/Playful         | <input type="checkbox"/> Dramatic        | <input type="checkbox"/> Reassuring               |
| <input type="checkbox"/> Self-confident   | <input type="checkbox"/> Rigid               | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Other:                   |

**13** Who primarily disciplined you during your childhood?

- |   |  |
|---|--|
| <input type="checkbox"/> Both parents equally | <input type="checkbox"/> Maternal grandparent(s) |
| <input type="checkbox"/> Mother               | <input type="checkbox"/> Paternal grandparent(s) |
| <input type="checkbox"/> Father               | <input type="checkbox"/> Aunt and/or uncle       |
| <input type="checkbox"/> Stepmother           | <input type="checkbox"/> Foster parent(s)        |
| <input type="checkbox"/> Stepfather           | <input type="checkbox"/> Legal guardian(s)       |
| <input type="checkbox"/> Older sibling(s)     | <input type="checkbox"/> Primary caretaker(s)    |
| <input type="checkbox"/> Other:               |  |

**14** Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:**Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Not applicable    | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not applicable    | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently      | <input type="checkbox"/> Shamed                     | <input type="checkbox"/> Consistently      | <input type="checkbox"/> Shamed                     |
| <input type="checkbox"/> Fairly            | <input type="checkbox"/> Grounded                   | <input type="checkbox"/> Fairly            | <input type="checkbox"/> Grounded                   |
| <input type="checkbox"/> Strictly          | <input type="checkbox"/> Removed privileges         | <input type="checkbox"/> Strictly          | <input type="checkbox"/> Removed privileges         |
| <input type="checkbox"/> Leniently         | <input type="checkbox"/> Logical consequences       | <input type="checkbox"/> Leniently         | <input type="checkbox"/> Logical consequences       |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food              | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food              |
| <input type="checkbox"/> Lectured          | <input type="checkbox"/> Sent me to my room         | <input type="checkbox"/> Lectured          | <input type="checkbox"/> Sent me to my room         |
| <input type="checkbox"/> Used time outs    | <input type="checkbox"/> Ignored misbehaviors       | <input type="checkbox"/> Used time outs    | <input type="checkbox"/> Ignored misbehaviors       |
| <input type="checkbox"/> Reasoned with me  | <input type="checkbox"/> Used physical restraints   | <input type="checkbox"/> Reasoned with me  | <input type="checkbox"/> Used physical restraints   |
| <input type="checkbox"/> Spanked           | <input type="checkbox"/> Physically punished        | <input type="checkbox"/> Spanked           | <input type="checkbox"/> Physically punished        |
| <input type="checkbox"/> Family Meetings   | <i>(other than spanking)</i>                        | <input type="checkbox"/> Family Meetings   | <i>(other than spanking)</i>                        |
| <input type="checkbox"/> Other:            |   | <input type="checkbox"/> Other:            |   |

**15** Check the boxes that represent the personal values held by your parent(s)/primary caretaker(s):**Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Not applicable              | <input type="checkbox"/> Honesty            | <input type="checkbox"/> Not applicable              | <input type="checkbox"/> Honesty            |
| <input type="checkbox"/> Religious beliefs           | <input type="checkbox"/> Family closeness   | <input type="checkbox"/> Religious beliefs           | <input type="checkbox"/> Family closeness   |
| <input type="checkbox"/> Compassion                  | <input type="checkbox"/> Family support     | <input type="checkbox"/> Compassion                  | <input type="checkbox"/> Family support     |
| <input type="checkbox"/> Social conscience           | <input type="checkbox"/> Social status      | <input type="checkbox"/> Social conscience           | <input type="checkbox"/> Social status      |
| <input type="checkbox"/> Strong work ethic           | <input type="checkbox"/> Education          | <input type="checkbox"/> Strong work ethic           | <input type="checkbox"/> Education          |
| <input type="checkbox"/> Being responsible           | <input type="checkbox"/> Self respect       | <input type="checkbox"/> Being responsible           | <input type="checkbox"/> Self Respect       |
| <input type="checkbox"/> Freedom of expression       | <input type="checkbox"/> Independence       | <input type="checkbox"/> Freedom of expression       | <input type="checkbox"/> Independence       |
| <input type="checkbox"/> Leading a balanced life     | <input type="checkbox"/> Making money       | <input type="checkbox"/> Leading a balanced life     | <input type="checkbox"/> Making money       |
| <input type="checkbox"/> Being a parent              | <input type="checkbox"/> Fidelity           | <input type="checkbox"/> Being a parent              | <input type="checkbox"/> Fidelity           |
| <input type="checkbox"/> Patriotism                  | <input type="checkbox"/> Healthy life style | <input type="checkbox"/> Patriotism                  | <input type="checkbox"/> Healthy life style |
| <input type="checkbox"/> Spiritual/Cultural Practice | <input type="checkbox"/> Other:             | <input type="checkbox"/> Spiritual/Cultural Practice | <input type="checkbox"/> Other:             |

**16** How do your own personal values compare to those of your parent(s)/primary caretaker(s)?

- Basically share the same values  
 Share most of their values  
 Share some of their values  
 Do not share any of their values  
 Don't know

**17** Check the boxes that best describe your parents'/primary caretakers' attitudes about sexuality when you were a child:

**Mother or Primary Caretaker**

**Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Awkward discussing       | <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Awkward discussing       |
| <input type="checkbox"/> Open about sexuality    | <input type="checkbox"/> Believed sex was sinful  | <input type="checkbox"/> Open about sexuality    | <input type="checkbox"/> Believed sex was sinful  |
| <input type="checkbox"/> Comfortable discussing  | <input type="checkbox"/> Liberal sexual attitudes | <input type="checkbox"/> Comfortable discussing  | <input type="checkbox"/> Liberal sexual attitudes |
| <input type="checkbox"/> Old fashioned           | <input type="checkbox"/> Conservative attitudes   | <input type="checkbox"/> Old fashioned           | <input type="checkbox"/> Conservative attitudes   |
| <input type="checkbox"/> Never discussed sex     | <input type="checkbox"/> Sexually repressed       | <input type="checkbox"/> Never discussed sex     | <input type="checkbox"/> Sexually repressed       |
| <input type="checkbox"/> No sex before marriage  | <input type="checkbox"/> Sexually irresponsible   | <input type="checkbox"/> No sex before marriage  | <input type="checkbox"/> Sexually irresponsible   |
| <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Supported sex education  | <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Supported sex education  |
| <input type="checkbox"/> Knowledgeable           | <input type="checkbox"/> Other:                   | <input type="checkbox"/> Knowledgeable           | <input type="checkbox"/> Other:                   |

**18** Check the boxes that best describe what you were like as a child (pre-teenage years):

- |  |   |  |                                      |                                     |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Awkward        | <input type="checkbox"/> Responsible     | <input type="checkbox"/> Rebellious  | <input type="checkbox"/> Shy        |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad             | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious    |
| <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Irresponsible   | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Compliant  |
| <input type="checkbox"/> Unhappy       | <input type="checkbox"/> Calm           | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Serious        | <input type="checkbox"/> Active          | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Quiet      |
| <input type="checkbox"/> Fearful       | <input type="checkbox"/> Hyperactive    | <input type="checkbox"/> Funny           | <input type="checkbox"/> Obedient    | <input type="checkbox"/> Other:     |

**19** Check the boxes that best describe what you were like as a teenager:

- |  |   |  |                                      |                                     |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Awkward        | <input type="checkbox"/> Responsible     | <input type="checkbox"/> Rebellious  | <input type="checkbox"/> Shy        |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad             | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious    |
| <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Irresponsible   | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Compliant  |
| <input type="checkbox"/> Unhappy       | <input type="checkbox"/> Calm           | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Serious        | <input type="checkbox"/> Active          | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Quiet      |
| <input type="checkbox"/> Fearful       | <input type="checkbox"/> Hyperactive    | <input type="checkbox"/> Funny           | <input type="checkbox"/> Obedient    | <input type="checkbox"/> Other:     |

**20** When you were a child, with whom would you confide?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother         | <input type="checkbox"/> Aunt(s)/Uncle(s)     | <input type="checkbox"/> Counselor(s)/Teacher(s)                          |
| <input type="checkbox"/> Father         | <input type="checkbox"/> Stepparent           | <input type="checkbox"/> Psychiatrist(s)/Psychologist(s)/Social Worker(s) |
| <input type="checkbox"/> Sibling(s)     | <input type="checkbox"/> Primary Caretaker(s) | <input type="checkbox"/> Clergy   |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Cousin(s)            | <input type="checkbox"/> Friends  |
|   |   | <input type="checkbox"/> No One   |
|   |   | <input type="checkbox"/> Others:  |

**21** When you were a child or adolescent, did you require counseling or psychiatric care?

- No       Yes

**22** Are there issues, traumatic incidents or accidents from your childhood that currently cause you distress?

- No       Yes

**23 Check the boxes that best describe your early dating experiences:**

- |                                       |  |                                    |                                      |
|---------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Didn't date  | <input type="checkbox"/> Traumatic         | <input type="checkbox"/> Extensive | <input type="checkbox"/> Frightening |
| <input type="checkbox"/> Fun          | <input type="checkbox"/> Too much too soon | <input type="checkbox"/> Unusual   | <input type="checkbox"/> Exciting    |
| <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Dull              | <input type="checkbox"/> Pressured | <input type="checkbox"/> Limited     |
| <input type="checkbox"/> Chaperoned   | <input type="checkbox"/> In groups         | <input type="checkbox"/> Friendly  | <input type="checkbox"/> Other:      |

**24 Check the boxes that best describe your early sexual experiences:**

- |                                    |                                       |                                      |                                      |
|------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Limited   | <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Pleasurable |
| <input type="checkbox"/> Traumatic | <input type="checkbox"/> Unusual      | <input type="checkbox"/> Confusing   | <input type="checkbox"/> Abusive     |
| <input type="checkbox"/> Awkward   | <input type="checkbox"/> Romantic     | <input type="checkbox"/> Shameful    | <input type="checkbox"/> Pressured   |
| <input type="checkbox"/> Exciting  | <input type="checkbox"/> Regretful    | <input type="checkbox"/> Amusing     | <input type="checkbox"/> Other:      |

**25 If you were married previously, how did your marriage(s) end?**

- Not applicable       Divorce       Death of spouse(s)       Annulment

**26 If you were previously in a domestic partnership(s), how did your partnership(s) end?**

- Not applicable       Terminated partnership without legal agreement(s)  
 Death of partner(s)       Terminated partnership with legal agreement(s)

**27 If you went through a divorce or terminated a domestic partnership, check the boxes that best describe what the experience was like for you:**

- |   |                                   |                                      |   |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Painful  | <input type="checkbox"/> Crazy       | <input type="checkbox"/> A relief           |
| <input type="checkbox"/> Easy           | <input type="checkbox"/> Unfair   | <input type="checkbox"/> Frustrating | <input type="checkbox"/> Long and drawn out |
| <input type="checkbox"/> Expensive      | <input type="checkbox"/> Bitter   | <input type="checkbox"/> Fair        | <input type="checkbox"/> Depressing         |
| <input type="checkbox"/> Frightening    | <input type="checkbox"/> Amicable | <input type="checkbox"/> Devastating | <input type="checkbox"/> Other:             |

**28 Have you ever been in a custody dispute?**

- No       Yes

**29 How long did you know your current spouse/partner before you were married or established a domestic partner relationship?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 to 4 years  | <input type="checkbox"/> 13 or more years |
| <input type="checkbox"/> Less than a year   | <input type="checkbox"/> 5 to 7 years  |   |
| <input type="checkbox"/> 1 to 2 years       | <input type="checkbox"/> 8 to 12 years |   |

**30****Check the boxes that best describe the characteristics of your current spouse/partner:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Religious     | <input type="checkbox"/> Playful        | <input type="checkbox"/> Unhappy        | <input type="checkbox"/> Smart               |
| <input type="checkbox"/> Uncaring      | <input type="checkbox"/> Distant        | <input type="checkbox"/> Argumentative  | <input type="checkbox"/> Social              |
| <input type="checkbox"/> Appreciative  | <input type="checkbox"/> Thoughtful     | <input type="checkbox"/> Competitive    | <input type="checkbox"/> Happy               |
| <input type="checkbox"/> Affectionate  | <input type="checkbox"/> Athletic       | <input type="checkbox"/> Sarcastic      | <input type="checkbox"/> Unforgiving         |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Workaholic     | <input type="checkbox"/> Faultfinding   | <input type="checkbox"/> Understanding       |
| <input type="checkbox"/> Dogmatic      | <input type="checkbox"/> Prejudiced     | <input type="checkbox"/> Flexible       | <input type="checkbox"/> Honest              |
| <input type="checkbox"/> Introvert     | <input type="checkbox"/> Careful        | <input type="checkbox"/> Abusive        | <input type="checkbox"/> Romantic            |
| <input type="checkbox"/> Emotional     | <input type="checkbox"/> Outgoing       | <input type="checkbox"/> Moody          | <input type="checkbox"/> Generous            |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Quick tempered | <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Dependable          |
| <input type="checkbox"/> Rigid         | <input type="checkbox"/> Worrier        | <input type="checkbox"/> Depressed      | <input type="checkbox"/> Impulsive           |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Domineering    | <input type="checkbox"/> Tolerant       | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Gentle        | <input type="checkbox"/> Supportive     | <input type="checkbox"/> Communicative  | <input type="checkbox"/> Kind                |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Predictable    | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic           |
| <input type="checkbox"/> Considerate   | <input type="checkbox"/> Anxious        | <input type="checkbox"/> Other:         |  |

**31****Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:**

Roles you play in relationship

Roles spouse/partner plays in relationship

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Wage earner    | <input type="checkbox"/> Head of household | <input type="checkbox"/> Wage earner    |
| <input type="checkbox"/> Leader            | <input type="checkbox"/> Decision maker | <input type="checkbox"/> Leader            | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Emotional one     | <input type="checkbox"/> Rational one   | <input type="checkbox"/> Emotional one     | <input type="checkbox"/> Rational one   |
| <input type="checkbox"/> Social planner    | <input type="checkbox"/> Organizer      | <input type="checkbox"/> Social planner    | <input type="checkbox"/> Organizer      |
| <input type="checkbox"/> Initiator         | <input type="checkbox"/> Compromiser    | <input type="checkbox"/> Initiator         | <input type="checkbox"/> Compromiser    |
| <input type="checkbox"/> Peacemaker        | <input type="checkbox"/> Caregiver      | <input type="checkbox"/> Peacemaker        | <input type="checkbox"/> Caregiver      |
| <input type="checkbox"/> Comforter         | <input type="checkbox"/> Follower       | <input type="checkbox"/> Comforter         | <input type="checkbox"/> Follower       |
| <input type="checkbox"/> Risk taker        | <input type="checkbox"/> Negotiator     | <input type="checkbox"/> Risk taker        | <input type="checkbox"/> Negotiator     |
| <input type="checkbox"/> Money manager     | <input type="checkbox"/> Manager        | <input type="checkbox"/> Money manager     | <input type="checkbox"/> Manager        |
| <input type="checkbox"/> Homemaker         | <input type="checkbox"/> Other:         | <input type="checkbox"/> Homemaker         | <input type="checkbox"/> Other:         |

**32****How often do you and your spouse/partner argue?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Never                | <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Once a day          |
| <input type="checkbox"/> Rarely               | <input type="checkbox"/> Once or twice a week  | <input type="checkbox"/> Several times a day |
| <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Almost daily          |  |

**33****Check the boxes that best describe the major areas of conflict between you and your spouse/partner:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Discipline of children | <input type="checkbox"/> Personal habits        | <input type="checkbox"/> Sexual relations    | <input type="checkbox"/> Personal expectations |
| <input type="checkbox"/> Religion               | <input type="checkbox"/> Household chores       | <input type="checkbox"/> Politics            | <input type="checkbox"/> Friends               |
| <input type="checkbox"/> Alcohol/Drugs          | <input type="checkbox"/> Work                   | <input type="checkbox"/> Values              | <input type="checkbox"/> Leisure time          |
| <input type="checkbox"/> Emotional closeness    | <input type="checkbox"/> Infidelity             | <input type="checkbox"/> Separate activities | <input type="checkbox"/> Shared activities     |
| <input type="checkbox"/> Family involvement     | <input type="checkbox"/> Emotional separateness | <input type="checkbox"/> Time apart          | <input type="checkbox"/> Time together         |
| <input type="checkbox"/> Money                  | <input type="checkbox"/> Travel                 | <input type="checkbox"/> Other:              |  |

**34 Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse/partner:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reach agreement through mutual give and take        | <input type="checkbox"/> Agree to disagree                               |
| <input type="checkbox"/> Take time to think things over before discussing    | <input type="checkbox"/> Sometimes yell and shout                        |
| <input type="checkbox"/> Give in and attempt to smooth things over           | <input type="checkbox"/> Leave the house to cool off                     |
| <input type="checkbox"/> Seek outside help such as a counselor/clergy person | <input type="checkbox"/> Become silent                                   |
| <input type="checkbox"/> Sometimes pound or break things                     | <input type="checkbox"/> Try to outwit spouse/partner                    |
| <input type="checkbox"/> Change the topic                                    | <input type="checkbox"/> Things get physical (pushing, shoving, hitting) |
| <input type="checkbox"/> Other:  |  |

**35 How sexually compatible are you and your spouse/partner?**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Very compatible | <input type="checkbox"/> Somewhat compatible | <input type="checkbox"/> Incompatible |
| <input type="checkbox"/> Compatible      | <input type="checkbox"/> Not very compatible |                                       |

**36 Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?**

- No       Yes

**37 Have you and your spouse/partner ever separated?**

- No       Yes

**38 Check the boxes that best describe your current relationship with your mother and father:****Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mother deceased     | <input type="checkbox"/> Dependent           | <input type="checkbox"/> Father deceased     | <input type="checkbox"/> Dependent           |
| <input type="checkbox"/> No contact          | <input type="checkbox"/> Loving              | <input type="checkbox"/> No contact          | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Strained            | <input type="checkbox"/> Very close          | <input type="checkbox"/> Strained            | <input type="checkbox"/> Very close          |
| <input type="checkbox"/> Distant             | <input type="checkbox"/> Comfortable         | <input type="checkbox"/> Distant             | <input type="checkbox"/> Comfortable         |
| <input type="checkbox"/> Caring              | <input type="checkbox"/> Over involved       | <input type="checkbox"/> Caring              | <input type="checkbox"/> Over involved       |
| <input type="checkbox"/> Emotionally intense | <input type="checkbox"/> Not involved enough | <input type="checkbox"/> Emotionally intense | <input type="checkbox"/> Not involved enough |
| <input type="checkbox"/> Flexible            | <input type="checkbox"/> On again/off again  | <input type="checkbox"/> Flexible            | <input type="checkbox"/> On again/off again  |
| <input type="checkbox"/> Hostile             | <input type="checkbox"/> Problematic         | <input type="checkbox"/> Hostile             | <input type="checkbox"/> Problematic         |
| <input type="checkbox"/> Understanding       | <input type="checkbox"/> Enjoyable           | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Enjoyable           |
| <input type="checkbox"/> Argumentative       | <input type="checkbox"/> Improving           | <input type="checkbox"/> Argumentative       | <input type="checkbox"/> Improving           |
| <input type="checkbox"/> Manipulative        | <input type="checkbox"/> Gratifying          | <input type="checkbox"/> Manipulative        | <input type="checkbox"/> Gratifying          |
| <input type="checkbox"/> Positive            | <input type="checkbox"/> I am caretaker for  | <input type="checkbox"/> Positive            | <input type="checkbox"/> I am caretaker for  |
| <input type="checkbox"/> Supportive          | <input type="checkbox"/> Other:              | <input type="checkbox"/> Supportive          | <input type="checkbox"/> Other:              |

**39** How helpful and supportive do you feel members of your extended family are/will be to you as a parent?

Your side of the family

Spouse/Partner's side of the family

- |   |   |
|---|---|
| <input type="checkbox"/> Not applicable                                 | <input type="checkbox"/> Not applicable                                 |
| <input type="checkbox"/> All family members are helpful and supportive  | <input type="checkbox"/> All family members are helpful and supportive  |
| <input type="checkbox"/> Most family members are helpful and supportive | <input type="checkbox"/> Most family members are helpful and supportive |
| <input type="checkbox"/> About half are helpful and supportive          | <input type="checkbox"/> About half are helpful and supportive          |
| <input type="checkbox"/> Few are helpful and supportive                 | <input type="checkbox"/> Few are helpful and supportive                 |
| <input type="checkbox"/> No family members are helpful and supportive   | <input type="checkbox"/> No family members are helpful and supportive   |

**40** In some families, different viewpoints concerning such things as life-style, personal values, religion, socio/economic status, sexual orientation, politics, etc., interfere with family relationships. To what degree is that the case in your family?

- Issues such as these do not interfere with relationships within my family
- Issues such as these seldom interfere with relationships within my family
- Occasionally issues such as these interfere with relationships within my family
- Frequently issues such as these interfere with relationships within my family

**41** How comfortable are members of your extended family when it comes to being around and relating to children?

Your side of the family

Spouse/Partner's side of the family

- |  |  |
|--|--|
| <input type="checkbox"/> Not applicable                      | <input type="checkbox"/> Not applicable                      |
| <input type="checkbox"/> All family members are comfortable  | <input type="checkbox"/> All family members are comfortable  |
| <input type="checkbox"/> Most family members are comfortable | <input type="checkbox"/> Most family members are comfortable |
| <input type="checkbox"/> About half are comfortable          | <input type="checkbox"/> About half are comfortable          |
| <input type="checkbox"/> Few are comfortable                 | <input type="checkbox"/> Few are comfortable                 |
| <input type="checkbox"/> No family members are comfortable   | <input type="checkbox"/> No family members are comfortable   |

**42** List your siblings according to how close or distant your relationship is with them:

- I don't have any brothers or sisters
- I am very close to: \_\_\_\_\_
- I am somewhat close to: \_\_\_\_\_
- I am distant from: \_\_\_\_\_
- I am in conflict with: \_\_\_\_\_

**43** How many members of your immediate and extended family are ready, willing and able to fully accept an unrelated child into the family?

- All family members are ready, willing and able to fully accept
- Most family members are ready, willing and able to fully accept
- About half are ready, willing and able to fully accept
- Few are ready, willing and able to fully accept
- No family member is ready, willing and able to fully accept

**44** How many people in your life, outside of your family, are ready, willing and able to provide you support as a parent?

- There are numerous people who are ready, willing and able to be supportive
- There are several people who are ready, willing and able to be supportive
- There are a few select people who are ready, willing and able to be supportive
- There is one person who is ready, willing and able to be supportive
- There is nobody who is ready, willing and able to be supportive

**45** How many people in your life cause you serious conflict and stress?

- There are numerous people who cause me serious conflict and stress
- There are several people who cause me serious conflict and stress
- There are a few select people who cause me serious conflict and stress
- There is one person who causes me serious conflict and stress
- There is nobody who causes me serious conflict and stress

**46** Check the boxes that best describe your community involvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Have no friends that I socialize with          | <input type="checkbox"/> Active in politics                                |
| <input type="checkbox"/> Have a few friends that I socialize with       | <input type="checkbox"/> Regular attendance at religious services          |
| <input type="checkbox"/> Have many friends that I socialize with        | <input type="checkbox"/> Occasional attendance at religious services       |
| <input type="checkbox"/> Regular involvement in social organizations    | <input type="checkbox"/> Rarely/Never attend religious services            |
| <input type="checkbox"/> Occasional involvement in social organizations | <input type="checkbox"/> Active in community organizations                 |
| <input type="checkbox"/> Rarely get involved in social organizations    | <input type="checkbox"/> Occasional involvement in community organizations |
| <input type="checkbox"/> No involvement in community organizations      | <input type="checkbox"/> Cultural events                                   |
| <input type="checkbox"/> Other:   |  |

**47** If you are employed outside of the home, how many hours per week do you work?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Not applicable     | <input type="checkbox"/> 20 - 30 hours | <input type="checkbox"/> 41- 50 hours       |
| <input type="checkbox"/> Less than 20 hours | <input type="checkbox"/> 31 - 40 hours | <input type="checkbox"/> More than 50 hours |

**48** If you are employed outside of the home, how long have you worked at your current job?

- Not applicable       \_\_\_\_\_ years and \_\_\_\_\_ months

**49** Whether you work inside or outside the home, do you enjoy your work?

- No       Most of the time       Some of the time       All of the time

**50** Have you ever been fired?

- No       Yes

**51** Do you plan any career or job changes in the near future?

- No       Yes

**52** How do/will you discipline a child in your care?

- |   |   |
|---|---|
| <input type="checkbox"/> Spanking                                       | <input type="checkbox"/> Physical punishment other than spanking      |
| <input type="checkbox"/> Lecturing                                      | <input type="checkbox"/> Use "time outs"                              |
| <input type="checkbox"/> Rational discussion                            | <input type="checkbox"/> Raise my voice                               |
| <input type="checkbox"/> Consistently use reasonable consequences       | <input type="checkbox"/> Have my spouse/partner handle the discipline |
| <input type="checkbox"/> Ignore the child's misbehavior                 | <input type="checkbox"/> Tell child they are grounded                 |
| <input type="checkbox"/> Discipline according to how I feel at the time | <input type="checkbox"/> Tell child they should be ashamed            |
| <input type="checkbox"/> Physical restraint, e.g., strap down in crib   | <input type="checkbox"/> Threaten punishment in the future            |
| <input type="checkbox"/> Make rules and consequences clear in advance   | <input type="checkbox"/> Tell child how angry they make me            |
| <input type="checkbox"/> Take away privileges                           | <input type="checkbox"/> Send child to their room                     |
| <input type="checkbox"/> Other:   |   |

**53** What is the overall condition of your health?

- Excellent       Good       Fair       Poor

**54** Have you ever been hospitalized or had surgery?

- No       Yes

**55** Are you currently taking any medication(s)?

- No       Yes

**56** Have you or any of the family members listed below had any of the following conditions?  
Indicate which family member by using the following code, placing the appropriate number in front of the condition:

1 = SELF      2 = PARENT(S)      3 = SIBLING(S)      4 = CHILDREN      5 = SPOUSE/PARTNER

- |                                    |                        |                                  |                             |
|------------------------------------|------------------------|----------------------------------|-----------------------------|
| ___ Diabetes                       | ___ Arthritis          | ___ Seizures                     | ___ High blood pressure     |
| ___ Cancer                         | ___ Frequent headaches | ___ Kidney disease               | ___ High cholesterol        |
| ___ Asthma                         | ___ Hearing loss       | ___ Impaired sight               | ___ Allergies               |
| ___ Ulcers                         | ___ Insomnia           | ___ Sickle cell anemia           | ___ Heart condition         |
| ___ Colitis                        | ___ Tuberculosis       | ___ Thyroid condition            | ___ Intellectual disability |
| ___ Alcoholism                     | ___ Drug addiction     | ___ Developmental disability     | ___ Anxiety/Panic attacks   |
| ___ Depression                     | ___ Bipolar illness    | ___ Attention deficit disorder   | ___ Infertility/Sterility   |
| ___ Schizophrenia                  | ___ Eating disorder    | ___ Sexually transmitted disease |                             |
| ___ Other condition(s) not listed: |                        |                                  |                             |

**I affirm that the information given in this questionnaire is correct to the best of my ability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAFE Questionnaire I : Couple Applicant

## INSTRUCTIONS

- Please answer the following questions as they apply to you.
- Check all the choices that apply. Most of the questions have more than one answer.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

1

### Who primarily raised you?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mother and Father     | <input type="checkbox"/> Stepfather              | <input type="checkbox"/> Older Sibling(s)           |
| <input type="checkbox"/> Father                | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Adoptive Parent(s)         |
| <input type="checkbox"/> Mother                | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s)           |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Institutional Caretaker(s) |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Mother and Mother       | <input type="checkbox"/> Legal Guardian(s)          |
| <input type="checkbox"/> Stepmother            | <input type="checkbox"/> Father and Father       | <input type="checkbox"/> Other:                     |

2

### Were you separated from either or both of your parents during your childhood for any of the following reasons?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No separations     | <input type="checkbox"/> Abandoned by parent(s)              | <input type="checkbox"/> Removed from your home by police or social services |
| <input type="checkbox"/> Parents separated  | <input type="checkbox"/> Parent(s) long-term hospitalization | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Parents divorced   | <input type="checkbox"/> Parent(s) in military               |  |
| <input type="checkbox"/> Death of parent(s) | <input type="checkbox"/> Parent(s) in prison                 |  |

3

### How old were you when you first moved away from your parent(s) or primary caretaker(s) home?

- |  |   |
|--|---|
| <input type="checkbox"/> ____ years of age | <input type="checkbox"/> I currently live with my parent(s) or primary caretaker(s) |
|--|---|

4

### What were the circumstances that led you to leave home? Were there circumstances that led you to return?

---

---

---

5

### Check the boxes that best characterize your childhood relationship with your mother:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of mother |
| <input type="checkbox"/> Abusive         | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of mother    |
| <input type="checkbox"/> Idolized        | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable       |
| <input type="checkbox"/> Neglectful      | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict    |
| <input type="checkbox"/> Caring          | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed             |
| <input type="checkbox"/> Supportive      | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Fun             | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:              |

6

Check the boxes that best characterize your childhood relationship with your father:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> No relationship | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of father |
| <input type="checkbox"/> Abusive         | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of father    |
| <input type="checkbox"/> Idolized        | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable       |
| <input type="checkbox"/> Neglectful      | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict    |
| <input type="checkbox"/> Caring          | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed             |
| <input type="checkbox"/> Supportive      | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Fun             | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:              |

7

If you were not primarily raised by your mother and/or father, which of the following best describes your relationship with your primary caretaker(s)?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Friendly        | <input type="checkbox"/> Affectionate       | <input type="checkbox"/> Took care of primary caretaker |
| <input type="checkbox"/> Abusive        | <input type="checkbox"/> Warm            | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Afraid of primary caretaker    |
| <input type="checkbox"/> Idolized       | <input type="checkbox"/> Gentle          | <input type="checkbox"/> Consistent         | <input type="checkbox"/> Unpredictable                  |
| <input type="checkbox"/> Neglectful     | <input type="checkbox"/> Smothering      | <input type="checkbox"/> Distant/Uninvolved | <input type="checkbox"/> Full of conflict               |
| <input type="checkbox"/> Caring         | <input type="checkbox"/> Demonstrative   | <input type="checkbox"/> Superficial        | <input type="checkbox"/> Relaxed                        |
| <input type="checkbox"/> Supportive     | <input type="checkbox"/> Over protective | <input type="checkbox"/> Strained           | <input type="checkbox"/> Loving                         |
| <input type="checkbox"/> Fun            | <input type="checkbox"/> Respectful      | <input type="checkbox"/> Close              | <input type="checkbox"/> Other:                         |

8

Check the boxes that best describe what your childhood experience was like:

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Painful   | <input type="checkbox"/> Stable      | <input type="checkbox"/> Traumatic             |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Confusing   | <input type="checkbox"/> Spoiled               |
| <input type="checkbox"/> Fun       | <input type="checkbox"/> Frightening | <input type="checkbox"/> Enjoyable             |
| <input type="checkbox"/> Wonderful | <input type="checkbox"/> Chaotic     | <input type="checkbox"/> Sad                   |
| <input type="checkbox"/> Exciting  | <input type="checkbox"/> Lonely      | <input type="checkbox"/> Stimulating           |
| <input type="checkbox"/> Unhappy   | <input type="checkbox"/> Secure      | <input type="checkbox"/> Difficult to remember |
| <input type="checkbox"/> Carefree  | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Other:                |

9

Check the boxes that best describe your parents'/primary caretakers' relationship with each other when you were a child:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No relationship            | <input type="checkbox"/> Cold                   | <input type="checkbox"/> Committed                      |
| <input type="checkbox"/> Divorced                   | <input type="checkbox"/> Loving                 | <input type="checkbox"/> Hostile                        |
| <input type="checkbox"/> Separated                  | <input type="checkbox"/> Violent                | <input type="checkbox"/> On again/Off again             |
| <input type="checkbox"/> Close                      | <input type="checkbox"/> Fulfilling             | <input type="checkbox"/> Supportive                     |
| <input type="checkbox"/> Happy                      | <input type="checkbox"/> Full of conflict       | <input type="checkbox"/> Relaxed                        |
| <input type="checkbox"/> Fun and playful            | <input type="checkbox"/> Domineering/Submissive | <input type="checkbox"/> Affected by alcohol/drug abuse |
| <input type="checkbox"/> Distrustful and suspicious | <input type="checkbox"/> Tense                  | <input type="checkbox"/> Other:                         |

10

How would you rate your parents'/primary caretakers' ability to manage their lives?

Mother or Primary Caretaker

Father or Primary Caretaker

- Very good  
 Good  
 Fair  
 Poor  
 Unknown

- Very good  
 Good  
 Fair  
 Poor  
 Unknown

**11** Check the boxes that best describe the personal characteristics of your mother or primary caretaker when you were a child:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Active              | <input type="checkbox"/> Moody           | <input type="checkbox"/> Easy going               |
| <input type="checkbox"/> Loving           | <input type="checkbox"/> Outgoing            | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind                     |
| <input type="checkbox"/> Perfectionist    | <input type="checkbox"/> Generous            | <input type="checkbox"/> Hardworking     | <input type="checkbox"/> Self centered            |
| <input type="checkbox"/> Domineering      | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Unforgiving              |
| <input type="checkbox"/> Isolated         | <input type="checkbox"/> Shy                 | <input type="checkbox"/> Content         | <input type="checkbox"/> Stubborn                 |
| <input type="checkbox"/> Happy            | <input type="checkbox"/> Irresponsible       | <input type="checkbox"/> Serious         | <input type="checkbox"/> Irrational               |
| <input type="checkbox"/> Optimistic       | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate   | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm             | <input type="checkbox"/> Temperamental       | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive                  |
| <input type="checkbox"/> Violent          | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Warm            | <input type="checkbox"/> Prejudiced               |
| <input type="checkbox"/> Substance Abuser | <input type="checkbox"/> Nervous/Anxious     | <input type="checkbox"/> Supportive      | <input type="checkbox"/> Emotional                |
| <input type="checkbox"/> Preoccupied      | <input type="checkbox"/> Fun/Playful         | <input type="checkbox"/> Dramatic        | <input type="checkbox"/> Reassuring               |
| <input type="checkbox"/> Self-confident   | <input type="checkbox"/> Rigid               | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Other:                   |

**12** Check the boxes that best describe the personal characteristics of your father or other primary caretaker when you were a child:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Not applicable   | <input type="checkbox"/> Active              | <input type="checkbox"/> Moody           | <input type="checkbox"/> Easy going               |
| <input type="checkbox"/> Loving           | <input type="checkbox"/> Outgoing            | <input type="checkbox"/> Overly critical | <input type="checkbox"/> Kind                     |
| <input type="checkbox"/> Perfectionist    | <input type="checkbox"/> Generous            | <input type="checkbox"/> Hardworking     | <input type="checkbox"/> Self centered            |
| <input type="checkbox"/> Domineering      | <input type="checkbox"/> Aggressive          | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Unforgiving              |
| <input type="checkbox"/> Isolated         | <input type="checkbox"/> Shy                 | <input type="checkbox"/> Content         | <input type="checkbox"/> Stubborn                 |
| <input type="checkbox"/> Happy            | <input type="checkbox"/> Irresponsible       | <input type="checkbox"/> Serious         | <input type="checkbox"/> Irrational               |
| <input type="checkbox"/> Optimistic       | <input type="checkbox"/> Pessimistic/Worrier | <input type="checkbox"/> Compassionate   | <input type="checkbox"/> Manipulative/Controlling |
| <input type="checkbox"/> Calm             | <input type="checkbox"/> Temperamental       | <input type="checkbox"/> Friendly/Social | <input type="checkbox"/> Passive                  |
| <input type="checkbox"/> Violent          | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Warm            | <input type="checkbox"/> Prejudiced               |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Nervous/Anxious     | <input type="checkbox"/> Supportive      | <input type="checkbox"/> Emotional                |
| <input type="checkbox"/> Preoccupied      | <input type="checkbox"/> Fun/Playful         | <input type="checkbox"/> Dramatic        | <input type="checkbox"/> Reassuring               |
| <input type="checkbox"/> Self-confident   | <input type="checkbox"/> Rigid               | <input type="checkbox"/> Irritable       | <input type="checkbox"/> Other:                   |

**13** Who primarily disciplined you during your childhood?

- |   |  |
|---|--|
| <input type="checkbox"/> Both parents equally | <input type="checkbox"/> Maternal grandparent(s) |
| <input type="checkbox"/> Mother               | <input type="checkbox"/> Paternal grandparent(s) |
| <input type="checkbox"/> Father               | <input type="checkbox"/> Aunt and/or uncle       |
| <input type="checkbox"/> Stepmother           | <input type="checkbox"/> Foster parent(s)        |
| <input type="checkbox"/> Stepfather           | <input type="checkbox"/> Legal guardian(s)       |
| <input type="checkbox"/> Older sibling(s)     | <input type="checkbox"/> Primary caretaker(s)    |
| <input type="checkbox"/> Other:               |  |

**14** Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:**Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Not applicable    | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not applicable    | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently      | <input type="checkbox"/> Shamed                     | <input type="checkbox"/> Consistently      | <input type="checkbox"/> Shamed                     |
| <input type="checkbox"/> Fairly            | <input type="checkbox"/> Grounded                   | <input type="checkbox"/> Fairly            | <input type="checkbox"/> Grounded                   |
| <input type="checkbox"/> Strictly          | <input type="checkbox"/> Removed privileges         | <input type="checkbox"/> Strictly          | <input type="checkbox"/> Removed privileges         |
| <input type="checkbox"/> Leniently         | <input type="checkbox"/> Logical consequences       | <input type="checkbox"/> Leniently         | <input type="checkbox"/> Logical consequences       |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food              | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food              |
| <input type="checkbox"/> Lectured          | <input type="checkbox"/> Sent me to my room         | <input type="checkbox"/> Lectured          | <input type="checkbox"/> Sent me to my room         |
| <input type="checkbox"/> Used time outs    | <input type="checkbox"/> Ignored misbehaviors       | <input type="checkbox"/> Used time outs    | <input type="checkbox"/> Ignored misbehaviors       |
| <input type="checkbox"/> Reasoned with me  | <input type="checkbox"/> Used physical restraints   | <input type="checkbox"/> Reasoned with me  | <input type="checkbox"/> Used physical restraints   |
| <input type="checkbox"/> Spanked           | <input type="checkbox"/> Physically punished        | <input type="checkbox"/> Spanked           | <input type="checkbox"/> Physically punished        |
| <input type="checkbox"/> Family Meetings   | <i>(other than spanking)</i>                        | <input type="checkbox"/> Family Meetings   | <i>(other than spanking)</i>                        |
| <input type="checkbox"/> Other:            |   | <input type="checkbox"/> Other:            |   |

**15** Check the boxes that represent the personal values held by your parent(s)/primary caretaker(s):**Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Not applicable              | <input type="checkbox"/> Honesty            | <input type="checkbox"/> Not applicable              | <input type="checkbox"/> Honesty            |
| <input type="checkbox"/> Religious beliefs           | <input type="checkbox"/> Family closeness   | <input type="checkbox"/> Religious beliefs           | <input type="checkbox"/> Family closeness   |
| <input type="checkbox"/> Compassion                  | <input type="checkbox"/> Family support     | <input type="checkbox"/> Compassion                  | <input type="checkbox"/> Family support     |
| <input type="checkbox"/> Social conscience           | <input type="checkbox"/> Social status      | <input type="checkbox"/> Social conscience           | <input type="checkbox"/> Social status      |
| <input type="checkbox"/> Strong work ethic           | <input type="checkbox"/> Education          | <input type="checkbox"/> Strong work ethic           | <input type="checkbox"/> Education          |
| <input type="checkbox"/> Being responsible           | <input type="checkbox"/> Self respect       | <input type="checkbox"/> Being responsible           | <input type="checkbox"/> Self Respect       |
| <input type="checkbox"/> Freedom of expression       | <input type="checkbox"/> Independence       | <input type="checkbox"/> Freedom of expression       | <input type="checkbox"/> Independence       |
| <input type="checkbox"/> Leading a balanced life     | <input type="checkbox"/> Making money       | <input type="checkbox"/> Leading a balanced life     | <input type="checkbox"/> Making money       |
| <input type="checkbox"/> Being a parent              | <input type="checkbox"/> Fidelity           | <input type="checkbox"/> Being a parent              | <input type="checkbox"/> Fidelity           |
| <input type="checkbox"/> Patriotism                  | <input type="checkbox"/> Healthy life style | <input type="checkbox"/> Patriotism                  | <input type="checkbox"/> Healthy life style |
| <input type="checkbox"/> Spiritual/Cultural Practice | <input type="checkbox"/> Other:             | <input type="checkbox"/> Spiritual/Cultural Practice | <input type="checkbox"/> Other:             |

**16** How do your own personal values compare to those of your parent(s)/primary caretaker(s)?

- Basically share the same values  
 Share most of their values  
 Share some of their values  
 Do not share any of their values  
 Don't know

**17** Check the boxes that best describe your parents'/primary caretakers' attitudes about sexuality when you were a child:

**Mother or Primary Caretaker**

**Father or Primary Caretaker**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Awkward discussing       | <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Awkward discussing       |
| <input type="checkbox"/> Open about sexuality    | <input type="checkbox"/> Believed sex was sinful  | <input type="checkbox"/> Open about sexuality    | <input type="checkbox"/> Believed sex was sinful  |
| <input type="checkbox"/> Comfortable discussing  | <input type="checkbox"/> Liberal sexual attitudes | <input type="checkbox"/> Comfortable discussing  | <input type="checkbox"/> Liberal sexual attitudes |
| <input type="checkbox"/> Old fashioned           | <input type="checkbox"/> Conservative attitudes   | <input type="checkbox"/> Old fashioned           | <input type="checkbox"/> Conservative attitudes   |
| <input type="checkbox"/> Never discussed sex     | <input type="checkbox"/> Sexually repressed       | <input type="checkbox"/> Never discussed sex     | <input type="checkbox"/> Sexually repressed       |
| <input type="checkbox"/> No sex before marriage  | <input type="checkbox"/> Sexually irresponsible   | <input type="checkbox"/> No sex before marriage  | <input type="checkbox"/> Sexually irresponsible   |
| <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Supported sex education  | <input type="checkbox"/> Condemned homosexuality | <input type="checkbox"/> Supported sex education  |
| <input type="checkbox"/> Knowledgeable           | <input type="checkbox"/> Other:                   | <input type="checkbox"/> Knowledgeable           | <input type="checkbox"/> Other:                   |

**18** Check the boxes that best describe what you were like as a child (pre-teenage years):

- |  |   |  |                                      |                                     |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Awkward        | <input type="checkbox"/> Responsible     | <input type="checkbox"/> Rebellious  | <input type="checkbox"/> Shy        |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad             | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious    |
| <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Irresponsible   | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Compliant  |
| <input type="checkbox"/> Unhappy       | <input type="checkbox"/> Calm           | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Serious        | <input type="checkbox"/> Active          | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Quiet      |
| <input type="checkbox"/> Fearful       | <input type="checkbox"/> Hyperactive    | <input type="checkbox"/> Funny           | <input type="checkbox"/> Obedient    | <input type="checkbox"/> Other:     |

**19** Check the boxes that best describe what you were like as a teenager:

- |  |   |  |                                      |                                     |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy         | <input type="checkbox"/> Awkward        | <input type="checkbox"/> Responsible     | <input type="checkbox"/> Rebellious  | <input type="checkbox"/> Shy        |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad             | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious    |
| <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Friendly       | <input type="checkbox"/> Irresponsible   | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Compliant  |
| <input type="checkbox"/> Unhappy       | <input type="checkbox"/> Calm           | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly      | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Serious        | <input type="checkbox"/> Active          | <input type="checkbox"/> Insecure    | <input type="checkbox"/> Quiet      |
| <input type="checkbox"/> Fearful       | <input type="checkbox"/> Hyperactive    | <input type="checkbox"/> Funny           | <input type="checkbox"/> Obedient    | <input type="checkbox"/> Other:     |

**20** When you were a child, with whom would you confide?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother         | <input type="checkbox"/> Aunt(s)/Uncle(s)     | <input type="checkbox"/> Counselor(s)/Teacher(s)                          |
| <input type="checkbox"/> Father         | <input type="checkbox"/> Stepparent           | <input type="checkbox"/> Psychiatrist(s)/Psychologist(s)/Social Worker(s) |
| <input type="checkbox"/> Sibling(s)     | <input type="checkbox"/> Primary Caretaker(s) | <input type="checkbox"/> Clergy   |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Cousin(s)            | <input type="checkbox"/> Friends  |
|   |   | <input type="checkbox"/> No One   |
|   |   | <input type="checkbox"/> Others:  |

**21** When you were a child or adolescent, did you require counseling or psychiatric care?

- No       Yes

**22** Are there issues, traumatic incidents or accidents from your childhood that currently cause you distress?

- No       Yes

**23 Check the boxes that best describe your early dating experiences:**

- |                                       |  |                                    |                                      |
|---------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Didn't date  | <input type="checkbox"/> Traumatic         | <input type="checkbox"/> Extensive | <input type="checkbox"/> Frightening |
| <input type="checkbox"/> Fun          | <input type="checkbox"/> Too much too soon | <input type="checkbox"/> Unusual   | <input type="checkbox"/> Exciting    |
| <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Dull              | <input type="checkbox"/> Pressured | <input type="checkbox"/> Limited     |
| <input type="checkbox"/> Chaperoned   | <input type="checkbox"/> In groups         | <input type="checkbox"/> Friendly  | <input type="checkbox"/> Other:      |

**24 Check the boxes that best describe your early sexual experiences:**

- |                                    |                                       |                                      |                                      |
|------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Limited   | <input type="checkbox"/> Unremarkable | <input type="checkbox"/> Frightening | <input type="checkbox"/> Pleasurable |
| <input type="checkbox"/> Traumatic | <input type="checkbox"/> Unusual      | <input type="checkbox"/> Confusing   | <input type="checkbox"/> Abusive     |
| <input type="checkbox"/> Awkward   | <input type="checkbox"/> Romantic     | <input type="checkbox"/> Shameful    | <input type="checkbox"/> Pressured   |
| <input type="checkbox"/> Exciting  | <input type="checkbox"/> Regretful    | <input type="checkbox"/> Amusing     | <input type="checkbox"/> Other:      |

**25 If you were married previously, how did your marriage(s) end?**

- Not applicable       Divorce       Death of spouse(s)       Annulment

**26 If you were previously in a domestic partnership(s), how did your partnership(s) end?**

- Not applicable       Terminated partnership without legal agreement(s)  
 Death of partner(s)       Terminated partnership with legal agreement(s)

**27 If you went through a divorce or terminated a domestic partnership, check the boxes that best describe what the experience was like for you:**

- |   |                                   |                                      |   |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Painful  | <input type="checkbox"/> Crazy       | <input type="checkbox"/> A relief           |
| <input type="checkbox"/> Easy           | <input type="checkbox"/> Unfair   | <input type="checkbox"/> Frustrating | <input type="checkbox"/> Long and drawn out |
| <input type="checkbox"/> Expensive      | <input type="checkbox"/> Bitter   | <input type="checkbox"/> Fair        | <input type="checkbox"/> Depressing         |
| <input type="checkbox"/> Frightening    | <input type="checkbox"/> Amicable | <input type="checkbox"/> Devastating | <input type="checkbox"/> Other:             |

**28 Have you ever been in a custody dispute?**

- No       Yes

**29 How long did you know your current spouse/partner before you were married or established a domestic partner relationship?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 to 4 years  | <input type="checkbox"/> 13 or more years |
| <input type="checkbox"/> Less than a year   | <input type="checkbox"/> 5 to 7 years  |   |
| <input type="checkbox"/> 1 to 2 years       | <input type="checkbox"/> 8 to 12 years |   |

**30****Check the boxes that best describe the characteristics of your current spouse/partner:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Religious     | <input type="checkbox"/> Playful        | <input type="checkbox"/> Unhappy        | <input type="checkbox"/> Smart               |
| <input type="checkbox"/> Uncaring      | <input type="checkbox"/> Distant        | <input type="checkbox"/> Argumentative  | <input type="checkbox"/> Social              |
| <input type="checkbox"/> Appreciative  | <input type="checkbox"/> Thoughtful     | <input type="checkbox"/> Competitive    | <input type="checkbox"/> Happy               |
| <input type="checkbox"/> Affectionate  | <input type="checkbox"/> Athletic       | <input type="checkbox"/> Sarcastic      | <input type="checkbox"/> Unforgiving         |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Workaholic     | <input type="checkbox"/> Faultfinding   | <input type="checkbox"/> Understanding       |
| <input type="checkbox"/> Dogmatic      | <input type="checkbox"/> Prejudiced     | <input type="checkbox"/> Flexible       | <input type="checkbox"/> Honest              |
| <input type="checkbox"/> Introvert     | <input type="checkbox"/> Careful        | <input type="checkbox"/> Abusive        | <input type="checkbox"/> Romantic            |
| <input type="checkbox"/> Emotional     | <input type="checkbox"/> Outgoing       | <input type="checkbox"/> Moody          | <input type="checkbox"/> Generous            |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Quick tempered | <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Dependable          |
| <input type="checkbox"/> Rigid         | <input type="checkbox"/> Worrier        | <input type="checkbox"/> Depressed      | <input type="checkbox"/> Impulsive           |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Domineering    | <input type="checkbox"/> Tolerant       | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Gentle        | <input type="checkbox"/> Supportive     | <input type="checkbox"/> Communicative  | <input type="checkbox"/> Kind                |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Predictable    | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic           |
| <input type="checkbox"/> Considerate   | <input type="checkbox"/> Anxious        | <input type="checkbox"/> Other:         |  |

**31****Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:****Roles you play in relationship****Roles spouse/partner plays in relationship**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Wage earner    | <input type="checkbox"/> Head of household | <input type="checkbox"/> Wage earner    |
| <input type="checkbox"/> Leader            | <input type="checkbox"/> Decision maker | <input type="checkbox"/> Leader            | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Emotional one     | <input type="checkbox"/> Rational one   | <input type="checkbox"/> Emotional one     | <input type="checkbox"/> Rational one   |
| <input type="checkbox"/> Social planner    | <input type="checkbox"/> Organizer      | <input type="checkbox"/> Social planner    | <input type="checkbox"/> Organizer      |
| <input type="checkbox"/> Initiator         | <input type="checkbox"/> Compromiser    | <input type="checkbox"/> Initiator         | <input type="checkbox"/> Compromiser    |
| <input type="checkbox"/> Peacemaker        | <input type="checkbox"/> Caregiver      | <input type="checkbox"/> Peacemaker        | <input type="checkbox"/> Caregiver      |
| <input type="checkbox"/> Comforter         | <input type="checkbox"/> Follower       | <input type="checkbox"/> Comforter         | <input type="checkbox"/> Follower       |
| <input type="checkbox"/> Risk taker        | <input type="checkbox"/> Negotiator     | <input type="checkbox"/> Risk taker        | <input type="checkbox"/> Negotiator     |
| <input type="checkbox"/> Money manager     | <input type="checkbox"/> Manager        | <input type="checkbox"/> Money manager     | <input type="checkbox"/> Manager        |
| <input type="checkbox"/> Homemaker         | <input type="checkbox"/> Other:         | <input type="checkbox"/> Homemaker         | <input type="checkbox"/> Other:         |

**32****How often do you and your spouse/partner argue?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Never                | <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Once a day          |
| <input type="checkbox"/> Rarely               | <input type="checkbox"/> Once or twice a week  | <input type="checkbox"/> Several times a day |
| <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Almost daily          |  |

**33****Check the boxes that best describe the major areas of conflict between you and your spouse/partner:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Discipline of children | <input type="checkbox"/> Personal habits        | <input type="checkbox"/> Sexual relations    | <input type="checkbox"/> Personal expectations |
| <input type="checkbox"/> Religion               | <input type="checkbox"/> Household chores       | <input type="checkbox"/> Politics            | <input type="checkbox"/> Friends               |
| <input type="checkbox"/> Alcohol/Drugs          | <input type="checkbox"/> Work                   | <input type="checkbox"/> Values              | <input type="checkbox"/> Leisure time          |
| <input type="checkbox"/> Emotional closeness    | <input type="checkbox"/> Infidelity             | <input type="checkbox"/> Separate activities | <input type="checkbox"/> Shared activities     |
| <input type="checkbox"/> Family involvement     | <input type="checkbox"/> Emotional separateness | <input type="checkbox"/> Time apart          | <input type="checkbox"/> Time together         |
| <input type="checkbox"/> Money                  | <input type="checkbox"/> Travel                 | <input type="checkbox"/> Other:              |  |

**34 Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse/partner:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reach agreement through mutual give and take        | <input type="checkbox"/> Agree to disagree                               |
| <input type="checkbox"/> Take time to think things over before discussing    | <input type="checkbox"/> Sometimes yell and shout                        |
| <input type="checkbox"/> Give in and attempt to smooth things over           | <input type="checkbox"/> Leave the house to cool off                     |
| <input type="checkbox"/> Seek outside help such as a counselor/clergy person | <input type="checkbox"/> Become silent                                   |
| <input type="checkbox"/> Sometimes pound or break things                     | <input type="checkbox"/> Try to outwit spouse/partner                    |
| <input type="checkbox"/> Change the topic                                    | <input type="checkbox"/> Things get physical (pushing, shoving, hitting) |
| <input type="checkbox"/> Other:  |  |

**35 How sexually compatible are you and your spouse/partner?**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Very compatible | <input type="checkbox"/> Somewhat compatible | <input type="checkbox"/> Incompatible |
| <input type="checkbox"/> Compatible      | <input type="checkbox"/> Not very compatible |                                       |

**36 Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?**

- No       Yes

**37 Have you and your spouse/partner ever separated?**

- No       Yes

**38 Check the boxes that best describe your current relationship with your mother and father:****Mother or Primary Caretaker****Father or Primary Caretaker**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mother deceased     | <input type="checkbox"/> Dependent           | <input type="checkbox"/> Father deceased     | <input type="checkbox"/> Dependent           |
| <input type="checkbox"/> No contact          | <input type="checkbox"/> Loving              | <input type="checkbox"/> No contact          | <input type="checkbox"/> Loving              |
| <input type="checkbox"/> Strained            | <input type="checkbox"/> Very close          | <input type="checkbox"/> Strained            | <input type="checkbox"/> Very close          |
| <input type="checkbox"/> Distant             | <input type="checkbox"/> Comfortable         | <input type="checkbox"/> Distant             | <input type="checkbox"/> Comfortable         |
| <input type="checkbox"/> Caring              | <input type="checkbox"/> Over involved       | <input type="checkbox"/> Caring              | <input type="checkbox"/> Over involved       |
| <input type="checkbox"/> Emotionally intense | <input type="checkbox"/> Not involved enough | <input type="checkbox"/> Emotionally intense | <input type="checkbox"/> Not involved enough |
| <input type="checkbox"/> Flexible            | <input type="checkbox"/> On again/off again  | <input type="checkbox"/> Flexible            | <input type="checkbox"/> On again/off again  |
| <input type="checkbox"/> Hostile             | <input type="checkbox"/> Problematic         | <input type="checkbox"/> Hostile             | <input type="checkbox"/> Problematic         |
| <input type="checkbox"/> Understanding       | <input type="checkbox"/> Enjoyable           | <input type="checkbox"/> Understanding       | <input type="checkbox"/> Enjoyable           |
| <input type="checkbox"/> Argumentative       | <input type="checkbox"/> Improving           | <input type="checkbox"/> Argumentative       | <input type="checkbox"/> Improving           |
| <input type="checkbox"/> Manipulative        | <input type="checkbox"/> Gratifying          | <input type="checkbox"/> Manipulative        | <input type="checkbox"/> Gratifying          |
| <input type="checkbox"/> Positive            | <input type="checkbox"/> I am caretaker for  | <input type="checkbox"/> Positive            | <input type="checkbox"/> I am caretaker for  |
| <input type="checkbox"/> Supportive          | <input type="checkbox"/> Other:              | <input type="checkbox"/> Supportive          | <input type="checkbox"/> Other:              |

**39** How helpful and supportive do you feel members of your extended family are/will be to you as a parent?

Your side of the family

Spouse/Partner's side of the family

- |   |   |
|---|---|
| <input type="checkbox"/> Not applicable                                 | <input type="checkbox"/> Not applicable                                 |
| <input type="checkbox"/> All family members are helpful and supportive  | <input type="checkbox"/> All family members are helpful and supportive  |
| <input type="checkbox"/> Most family members are helpful and supportive | <input type="checkbox"/> Most family members are helpful and supportive |
| <input type="checkbox"/> About half are helpful and supportive          | <input type="checkbox"/> About half are helpful and supportive          |
| <input type="checkbox"/> Few are helpful and supportive                 | <input type="checkbox"/> Few are helpful and supportive                 |
| <input type="checkbox"/> No family members are helpful and supportive   | <input type="checkbox"/> No family members are helpful and supportive   |

**40** In some families, different viewpoints concerning such things as life-style, personal values, religion, socio/economic status, sexual orientation, politics, etc., interfere with family relationships. To what degree is that the case in your family?

- Issues such as these do not interfere with relationships within my family
- Issues such as these seldom interfere with relationships within my family
- Occasionally issues such as these interfere with relationships within my family
- Frequently issues such as these interfere with relationships within my family

**41** How comfortable are members of your extended family when it comes to being around and relating to children?

Your side of the family

Spouse/Partner's side of the family

- |  |  |
|--|--|
| <input type="checkbox"/> Not applicable                      | <input type="checkbox"/> Not applicable                      |
| <input type="checkbox"/> All family members are comfortable  | <input type="checkbox"/> All family members are comfortable  |
| <input type="checkbox"/> Most family members are comfortable | <input type="checkbox"/> Most family members are comfortable |
| <input type="checkbox"/> About half are comfortable          | <input type="checkbox"/> About half are comfortable          |
| <input type="checkbox"/> Few are comfortable                 | <input type="checkbox"/> Few are comfortable                 |
| <input type="checkbox"/> No family members are comfortable   | <input type="checkbox"/> No family members are comfortable   |

**42** List your siblings according to how close or distant your relationship is with them:

- I don't have any brothers or sisters
- I am very close to: \_\_\_\_\_
- I am somewhat close to: \_\_\_\_\_
- I am distant from: \_\_\_\_\_
- I am in conflict with: \_\_\_\_\_

**43** How many members of your immediate and extended family are ready, willing and able to fully accept an unrelated child into the family?

- All family members are ready, willing and able to fully accept
- Most family members are ready, willing and able to fully accept
- About half are ready, willing and able to fully accept
- Few are ready, willing and able to fully accept
- No family member is ready, willing and able to fully accept

**44** How many people in your life, outside of your family, are ready, willing and able to provide you support as a parent?

- There are numerous people who are ready, willing and able to be supportive
- There are several people who are ready, willing and able to be supportive
- There are a few select people who are ready, willing and able to be supportive
- There is one person who is ready, willing and able to be supportive
- There is nobody who is ready, willing and able to be supportive

**45** How many people in your life cause you serious conflict and stress?

- There are numerous people who cause me serious conflict and stress
- There are several people who cause me serious conflict and stress
- There are a few select people who cause me serious conflict and stress
- There is one person who causes me serious conflict and stress
- There is nobody who causes me serious conflict and stress

**46** Check the boxes that best describe your community involvement:

- |   |  |
|---|--|
| <input type="checkbox"/> Have no friends that I socialize with          | <input type="checkbox"/> Active in politics                                |
| <input type="checkbox"/> Have a few friends that I socialize with       | <input type="checkbox"/> Regular attendance at religious services          |
| <input type="checkbox"/> Have many friends that I socialize with        | <input type="checkbox"/> Occasional attendance at religious services       |
| <input type="checkbox"/> Regular involvement in social organizations    | <input type="checkbox"/> Rarely/Never attend religious services            |
| <input type="checkbox"/> Occasional involvement in social organizations | <input type="checkbox"/> Active in community organizations                 |
| <input type="checkbox"/> Rarely get involved in social organizations    | <input type="checkbox"/> Occasional involvement in community organizations |
| <input type="checkbox"/> No involvement in community organizations      | <input type="checkbox"/> Cultural events                                   |
| <input type="checkbox"/> Other:   |  |

**47** If you are employed outside of the home, how many hours per week do you work?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Not applicable     | <input type="checkbox"/> 20 - 30 hours | <input type="checkbox"/> 41- 50 hours       |
| <input type="checkbox"/> Less than 20 hours | <input type="checkbox"/> 31 - 40 hours | <input type="checkbox"/> More than 50 hours |

**48** If you are employed outside of the home, how long have you worked at your current job?

- Not applicable       \_\_\_\_\_ years and \_\_\_\_\_ months

**49** Whether you work inside or outside the home, do you enjoy your work?

- No       Most of the time       Some of the time       All of the time

**50** Have you ever been fired?

- No       Yes

**51** Do you plan any career or job changes in the near future?

- No       Yes

**52** How do/will you discipline a child in your care?

- |   |   |
|---|---|
| <input type="checkbox"/> Spanking                                       | <input type="checkbox"/> Physical punishment other than spanking      |
| <input type="checkbox"/> Lecturing                                      | <input type="checkbox"/> Use "time outs"                              |
| <input type="checkbox"/> Rational discussion                            | <input type="checkbox"/> Raise my voice                               |
| <input type="checkbox"/> Consistently use reasonable consequences       | <input type="checkbox"/> Have my spouse/partner handle the discipline |
| <input type="checkbox"/> Ignore the child's misbehavior                 | <input type="checkbox"/> Tell child they are grounded                 |
| <input type="checkbox"/> Discipline according to how I feel at the time | <input type="checkbox"/> Tell child they should be ashamed            |
| <input type="checkbox"/> Physical restraint, e.g., strap down in crib   | <input type="checkbox"/> Threaten punishment in the future            |
| <input type="checkbox"/> Make rules and consequences clear in advance   | <input type="checkbox"/> Tell child how angry they make me            |
| <input type="checkbox"/> Take away privileges                           | <input type="checkbox"/> Send child to their room                     |
| <input type="checkbox"/> Other:   |   |

**53** What is the overall condition of your health?

- Excellent       Good       Fair       Poor

**54** Have you ever been hospitalized or had surgery?

- No       Yes

**55** Are you currently taking any medication(s)?

- No       Yes

**56** Have you or any of the family members listed below had any of the following conditions? Indicate which family member by using the following code, placing the appropriate number in front of the condition:

1 = SELF      2 = PARENT(S)      3 = SIBLING(S)      4 = CHILDREN      5 = SPOUSE/PARTNER

- |                                    |                        |                                  |                             |
|------------------------------------|------------------------|----------------------------------|-----------------------------|
| ___ Diabetes                       | ___ Arthritis          | ___ Seizures                     | ___ High blood pressure     |
| ___ Cancer                         | ___ Frequent headaches | ___ Kidney disease               | ___ High cholesterol        |
| ___ Asthma                         | ___ Hearing loss       | ___ Impaired sight               | ___ Allergies               |
| ___ Ulcers                         | ___ Insomnia           | ___ Sickle cell anemia           | ___ Heart condition         |
| ___ Colitis                        | ___ Tuberculosis       | ___ Thyroid condition            | ___ Intellectual disability |
| ___ Alcoholism                     | ___ Drug addiction     | ___ Developmental disability     | ___ Anxiety/Panic attacks   |
| ___ Depression                     | ___ Bipolar illness    | ___ Attention deficit disorder   | ___ Infertility/Sterility   |
| ___ Schizophrenia                  | ___ Eating disorder    | ___ Sexually transmitted disease |                             |
| ___ Other condition(s) not listed: |                        |                                  |                             |

**I affirm that the information given in this questionnaire is correct to the best of my ability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_