



Information/Application Package for the International Adoption Program

(Returning Applicants)

THE ADOPTION PROCESS

Alberta Legislation requires that families who are hoping to adopt a child from another country use the services of a licensed adoption agency. International adoptions involve several levels of government and in Alberta, in addition to a licensed adoption agency, you may need an out of province international adoption coordinator or an adoption agency in the United States (if adopting from the United States).

APPLICATION: The package that follows is made up of the paperwork we will need from you. It includes the Alberta Children's Services International Adoption Application form which when completed authorizes us to complete a homestudy report. The application fee is due when you begin to submit this paperwork to us. Please submit original and/or hard copies of your application, we do not accept applications by E-mail.

EDUCATION: Alberta Legislation requires that you attend an International Educational Seminar, which you would have already attended.

RESEARCH: In addition to attending the seminar you are encouraged to do reading and research on your own. Meeting others who have already adopted will be invaluable to you.

REQUIREMENTS/PROCEDURES: You can find up-to-date information, requirements and procedures at: <https://www.alberta.ca/international-adoption.aspx>. When you have decided on the country of your choice, you need to find out what that country requires of you and that you also meet the eligibility requirements as potential adoptive parents from that country.

COORDINATOR: Due to Alberta legislation only allowing licensed agencies to do the work you need done here in Alberta, you may be required to use an adoption coordinator who will be your link to the sending country (i.e., the country you hope to adopt from). We can provide you with a list of coordinators working with different countries. They ensure that your documents are in order, organize your trip, and communicate with officials in the other country on your behalf. For a private international adoption, you will have to do this for yourself.

DOSSIER PREPARATION: We can help you with preparing your dossier. Dossier preparation can be complicated as it involves copying, translating, notarizing, authenticating, etc. Please ensure correspondence to Alberta Children's Services includes your FedEx account information.

HOMESTUDY: We will begin your homestudy as soon as you have attended our International Educational Seminar and completed the necessary application paperwork. Once the homestudy has been completed, it is sent to you for review and then sent by Adoption Options to Alberta Children's Services in Edmonton for their review and approval. A final copy is then sent to you which you may give to your coordinator if you are using one.

DUAL TRACKING: 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.

SPECIAL CIRCUMSTANCES: Very occasionally, Adoption Options is unable to approve applicants as adoptive parents. In these cases, additional fees will be required if the applicant(s) would like to proceed after following through with recommendations/guidelines made to the applicant(s) at the time of non-approval. These fees are determined on a case-by-case basis.

UPDATE/ADDENDUM: Your approved homestudy is valid for one year from the date of being signed off by Alberta Children's Services. If you have not received a match proposal of a child within that time, an update to the homestudy is required. If there are no major changes, the applicants can self-report the update; please contact either the Calgary or Edmonton office for this form. If there are major changes to report, (change in residence, employment, financial status, family composition or a change in the child desired section of the homestudy), or if 24 months pass without the presentation of a match proposal, an addendum to the homestudy is required. New medicals, criminal records, intervention checks and copies of your T4s or Notices of Assessment are required, and the addendum is completed by a social worker. Applicants will need to contact Adoption Options to arrange for the completion of an addendum.

IMMIGRATION: You will need to apply to Immigration, Refugees and Citizenship Canada (IRCC) as part of the process to sponsor your child and to obtain the appropriate documents that will allow you to bring your child into Canada. Even though we and Alberta Children's Services may approve your adoption homestudy, there is no guarantee that IRCC will grant the necessary documents to allow your child entry into Canada.

ONGOING ASSISTANCE WITH YOUR FILE: Once you have registered with Adoption Options, we will be your direct link to Alberta Children's Services, any questions regarding progress on your file should be made through us.

CHILD MATCH PROPOSAL: Working closely with Alberta Children's Services we will provide you with your child/match proposal in a timely fashion when it arrives from your sending country. We will contact you and present the proposal of the child to you.

POST PLACEMENT SUPPORT: We hope that you will see Adoption Options' social workers as a source of support. You are invited to attend our adoptive parent support groups, or any additional specialized training Adoption Options provides.

POST PLACEMENT REPORTS: Most countries require that post placement interviews and reports be done after the placement of a child(ren). We can provide that service for you. It is your responsibility to contact Adoption Options to arrange for post placement interviews. The sending country decides how many post placement reports are required.

FINALIZATION: Most adoptions are finalized in the sending country but a few countries (namely the Philippines, and possibly others) require you to finalize the adoption once the child is in Canada. This is a service that we can provide, when needed.

SOMETHING TO CONSIDER: International applicants often have a sense of urgency. They know that somewhere out there, a child is waiting for them. Adoption Options, your coordinator, Alberta Children's Services, and everyone you will deal with recognizes your concerns. We know that you understand that processing your application is an in-depth process. We would like you to also know, that we will do our very best to process your case in a timely fashion.

INTERNATIONAL ADOPTION PROGRAM REQUIREMENTS

WHO CAN APPLY:

- Applicants
 - Residents of Alberta (Canadian citizenship is not required)
 - Over 18 years of age
 - Single applicants
 - Couples (married or common law) please note: most countries only accept couples who are married. The U.S. accepts common law or same-sex couples who have lived together for at least two years.
 - The sending country may have additional requirements, however, these are Adoption Options' minimum requirements.
-

WHAT YOU NEED TO PROVIDE TO US:

Please provide original documents unless otherwise indicated below.

- International Adoption Application (The original, sealed copy is required)
This form shows you have received authorization from Alberta Children's Services for an international homestudy.
- Application Fee
Payment can be made by e-Transfer, Visa, MasterCard, or Cheque
- Support, Guidance and Counselling Fee
Payment can be made by e-Transfer, Visa, MasterCard, or Cheque
- Adoption Options Contract
- Financial Statement
- Photocopies of previous year's T4 Slips or Notice of Assessments for each applicant*
- Reference List
One reference must be a relative, yet, only one relative can be used as a reference
- Application Part I
- Application Part II
Only for those applying to the United States
- Safe Questionnaire I
- Intervention Record Check*
Signed by Alberta Children's Services. A separate form is required for each adult living in the home. Instructions and forms can be found in this application package
- Police Security Clearances for all adults living in your home*
(Local police checks and Interpol Search) Valid for 12 months
- Medical Reports*
Valid for 12 months
- Photocopies of Marriage and Birth Certificates
Passports or Canadian Citizenship Cards, if no birth certificate is available

* Please note that time sensitive documents (i.e. medical reports, T4/NOAs, and checks) are only valid for **one year** from the day that they are dated. It is up to the applicants to ensure that their documents remain valid.

RE-ENTRY FEE SCHEDULE

As Adoption Options is a non-profit organization with charitable status, we are not required to charge applicants GST.

Payment is due prior to the service being provided.

Application Fee	\$500	To accompany initial application
Guidance and Counselling Fee <i>We are here to assist you throughout the whole adoption process, and are able to provide guidance, direction and counselling pre and post adoption of your child.</i>	\$400	To accompany initial application
Resource Support Fee <i>Adoptive families receive support such as training, mentoring, international adoptive parents support group, referrals/resource information, etc..</i>	\$150	Due prior to assignment of homestudy along with homestudy fee
Homestudy Report <i>There will be additional fees required when significant translation assistance is needed. This will be on a case-by-case basis and will be charged at \$150 per hour.</i>	\$1525	Due prior to assignment of homestudy
Total	\$2575	

OTHER POSSIBLE COSTS

Match Proposal	\$400
Post Placement Report(s)	\$450 per report
Administrative Fees <i>Any requests for additional work such as preparation of additional documents, affidavits, letters, etc.</i>	\$150 per hour
Travel Expenses for home visits	\$0.60 per kilometer
Travel Time for home visits	\$37.50 per hour
Addendum if needed	\$500
Dossier Preparation <i>We can assist you as needed with preparing your dossier</i>	\$400
Finalization Including preparation, filing, and process serving. This is charged ONLY for adoptions finalized in Canada. The majority of international adoptions are finalized in the child's country of origin.	\$2,050

Payment can be paid via e-transfer to aoedm@adoptionoptions.com, MasterCard, Visa, cheque or cash. Please make cheques payable to **Adoption Options Alberta Ltd.** The application fee is non-refundable.

Receipts for income tax purposes will be issued upon request at time of adoption finalization. Adoption expenses can 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.**

Dual Tracking or Second Country is for applicants who choose to participate in both domestic and international programs through Adoption Options, or choose to apply to two countries internationally, will be required to pay an additional \$1,525 to cover the costs of an additional homestudy.

Families are responsible for Travel Expenses at \$0.60/km and Travel Time at \$37.50/hour for all reports where there is a home visit.

NOTE: Fees shown are effective as of April 1, 2022. Fees are reviewed annually and are subject to change without notice, however, will not be applied retroactively.

WHAT WE PROVIDE TO YOU

- Telephone and in-person assistance as needed
 - A comprehensive training session (International Educational Seminar)
 - A completed homestudy report
 - Proposal of child (if applicable)
 - Post placement reports as required by the country of origin
 - Assistance in finalizing your adoption (depending on country of origin)
 - An open invitation to attend our Adoptive Parent Support and Information Groups in Edmonton and Calgary. These groups are offered free of charge.
 - The opportunity to meet families who are adopting from the same country or have already adopted from the country you have chosen
 - The opportunity to attend Adoption Options' Annual Picnic
-

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

INTERNATIONAL ADOPTION APPLICATION TO PROCEED

The International Adoption Application to Proceed is one of the most important parts of your application. This form is sent to Alberta Children's Services and authorizes Adoption Options to complete a homestudy report. Please send this form to Alberta Children's Services for their authorization.

- 1) Complete the International Adoption Application Form (see the next page)
- 2) Send to Alberta Children's Services for their authorization

Please fill in the attached form and send via E-mail to:

Carmen Deehan at carmen.deehan@gov.ab.ca

or via mail to:

Carmen Deehan BA BSW RSW
Alberta Children's Services, Adoption Services
10th Floor Sterling Place
9940, 106 Street
Edmonton, Alberta T5K 2N2

- 3) Include the International Adoption Application Form that has been authorized by Alberta Children's Services in your Application Package for Adoption Options. We require the original, sealed copy that will be sent to you by Alberta Children's Services.

International Adoption Application

The information you provide on this form is collected under the authority of the Child, Youth and Family Enhancement Act and will be used to initiate an international adoption. We will not release this information for any other purpose. If you have any questions about the collection of this information, you may contact Adoptions Services at 780-422-0178. To be connected toll-free, dial 310-0000. Visit our web site at www.child.gov.ab.ca.

1	Applicant Information (please PRINT)
Applicant:	_____ Surname Given names <input type="checkbox"/> Male <input type="checkbox"/> Female
	Telephone (residence) Telephone (business) Fax Email address
Applicant:	_____ Surname Given names <input type="checkbox"/> Male <input type="checkbox"/> Female
	Telephone (residence) Telephone (business) Fax Email address
Address in full:	_____ Apartment number, street number
	_____ City, province Postal code
We are using a Coordinator to assist us with preparation of our adoption documentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
if yes _____ Coordinator's name / organization Coordinator's telephone number	

2	To be completed and signed by Applicants	
● We want to adopt one child or a sibling group from: _____ Country		
<input type="checkbox"/> We are not related to the child we wish to adopt. We are <input type="checkbox"/> grandparents of <input type="checkbox"/> aunts/uncles of <input type="checkbox"/> great aunts/uncles of the child we wish to adopt.		
● We understand that a director may not accept an application involving a country that has been declared as being unacceptable for the purpose of international adoption.		
● We understand that a director will not support the adoption placement of more than one child within a 12-month period unless the children are siblings, or there are exceptional circumstances.		
● We understand that a director must approve our completed home study report and any addendum to our home study report before we may proceed with our international adoption.		
● We understand that we must complete International Adoption Parent Preparation Training before a director will approve our home study report.		
● We understand that if a director refuses to approve our home study report or any addendum to our home study report, we may appeal that decision to an Appeal Panel.		
● We will inform a director of any significant changes to our lives during the international adoption process (pregnancy, birth of a child, adoption, absence from Alberta, poor health, financial or marital or adult interdependent relationship changes). We understand that the adoption process may be placed "on hold" until the child's country of origin confirms that we continue to be eligible for adoption.		
● We understand that it is advisable to consult with a physician regarding the child's health before accepting placement of the child.		
● We understand that the Government of Alberta does not provide legal advice in the processing of our adoption.		
● We understand that we are responsible for all costs of our adoption.		
_____	_____	_____
Applicant's signature	Applicant's signature	Date (yyyy/mm/dd)

3	Authorization
Authorization is given to the Applicants to obtain a Home Study Report from an Alberta Licensed Adoption Agency (list attached) for an international adoption of one child or a sibling group from:	

Child's country of origin	

Adoption Services designate's signature	

Date (yyyy/mm/dd)	

Please note:

- Home Study Reports and Home Study Report Updates remain in effect for one year. Home Study Reports and Addendums to the Home Study Reports are valid only when they have been approved by a director.
- A director (Adoption Services) will provide instructions that need to be followed to process an adoption from a specific country. If the instructions provided by the director are not followed, the child may not be permitted to enter Canada.

Mail completed application to: **Adoption Services**
Alberta Children and Youth Services
11th Floor, Sterling Place, 9940-106 Street
Edmonton, Alberta T5K 2N2

CONTRACT WITH ADOPTION OPTIONS

WE UNDERSTAND IN MAKING THIS APPLICATION THAT:

THE PROCESS

1. We are entering into an agreement to have Adoption Options (the agency) provide an educational session, complete a home study, provide our child proposal (depending on the country) and do post placement supervision, if required, for our international adoption.
2. We understand that payment to the agency does not guarantee that we will be approved to adopt and that even if/when the agency approves us, final approval is the decision of Alberta Children's Services.
3. We agree to pay the fees as listed in the application package as required and to pay disbursements, if any. Fees are non-refundable once the work has been done. If we or the agency stops the homestudy process after it has begun, an amount equal to \$150 x the hours spent will be due.

USE OF COLLECTED INFORMATION

1. The agency will be collecting personal information from us (medicals, criminal record checks, intervention record checks, references, birth and marriage certificates, financial statement and other personal information) as required by The Regulation in order to assess our family's suitability for adoption. We will provide full and complete disclosure of all information relevant to this process and understand that the agency must have this before proceeding with our application.
2. This information will be used to produce the Homestudy Report.
3. The Homestudy, SAFE Questionnaires I & II and our tax information will be sent to Alberta Children's Services.
4. The agency will only release any of the above material to another person or organization (excepting those already described above) with a written request from us consenting to such release.

Signature of Applicant One

Signature of Applicant Two

Printed Name of Applicant One

Printed Name of Applicant Two

Date

Date

FINANCIAL STATEMENT FOR ADOPTION OPTIONS

APPLICANT NAME:	Applicant One	Applicant Two
ANNUAL INCOME:	Applicant One	Applicant Two
OTHER ANNUAL INCOME:	Applicant One	Applicant Two
LIFE INSURANCE:	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	
TOTAL ASSETS: <i>Not including income and insurance</i>	

LIABILITIES	MONTHLY PAYMENT	TOTAL OWED
Credit Cards		
Bank Loans		
Home Mortgage(s)		
Other		
TOTAL LIABILITIES:		

NET WORTH:	
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REFERENCE LIST

Applicants' Names: _____

Please give the names and contact information of three references that are personally acquainted with you and your home life. Please only list the name of one person per reference. Only ONE of these can and must be a relative and others can be friends, neighbours, 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.

REFERENCE ONE: (RELATIVE) How are they related to you? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

REFERENCE TWO: (NON-RELATIVE) How do you know this reference? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

REFERENCE THREE: (NON-RELATIVE) How do you know this reference? _____

Name (First and Last)

Address, City, Province, Country

Telephone

Email Address

Please discuss your plans with your references and let them know that we will be asking them to send us their original reference form in writing. It is important that your references respond promptly to our request, as your homestudy will not be started until all reference forms have arrived in our office.

DESIGNATED GUARDIAN

A designated guardian takes responsibility for children, in the event that something tragic happens to both adoptive parents.

Name: _____

Phone Number: _____

Email Address: _____

APPLICATION FOR INTERNATIONAL ADOPTION: PART ONE

Please Print

Child's Country of Origin: _____

Name(s) in Full:

Applicant One: _____ Applicant Two: _____

Maiden Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: *(We require ONE email address which will be used throughout the process to communicate with you)*

EMPLOYMENT INFORMATION

Applicant One:

Employer's Name: _____

Employment Address: _____

Number of Years Employed: _____

Work Phone: _____

Applicant Two:

Employer's Name: _____

Employment Address: _____

Number of Years Employed: _____

Work Phone: _____

PERSONAL HISTORY

Applicant One:

Previous marriages: _____

Date of Divorce/Death: _____

Applicant Two:

Previous marriages: _____

Date of Divorce/Death: _____

Are you legally married? _____ If not, how long have you been together? _____

Date of Marriage: _____ Place of Marriage: _____

ADOPTION HISTORY

Have you adopted before? _____ Have you adopted internationally? _____

If yes, when, which country and age of child at placement: _____

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)

Reason for counseling: _____

Anticipated outcome: _____

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

Reason for counseling: _____

Outcome of counseling: _____

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

Signature: _____ (Applicant one)

APPLICANT TWO: _____ (name)

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

Reason for counseling: _____

Anticipated outcome: _____

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

Reason for counseling: _____

Outcome of counseling: _____

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

Signature: _____ (Applicant two)

REGARDING A CRIMINAL RECORD CHECK ON INTERNATIONAL ADOPTION APPLICANTS



TO THE POLICE SERVICE:

The Adoption Regulation requires us to obtain a criminal record check with Vulnerable Sector Search on each applicant and any other adults over 18 years-old living in their home. **All applicants need to apply in-person at a police station for this.**

Some countries specifically require an Interpol search as part of the dossier.

If applicants have resided outside of Alberta within the last five years an Interpol check is also needed.

The RCMP has provided the following information: The RCMP cannot do a Vulnerable Sector Search because a Vulnerable Sector Search only applies to a "paid or volunteer" position - as a parent or prospective adoptive parent, you cannot be terminated from that role. The RCMP still completes all the same checks but cannot call it a Vulnerable Sector Search because of the way the Criminal Records Act 6.3 reads. 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) to determine if adoptive parents have record suspensions for sex offences.**

TO THE APPLICANT(S):

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.**

If you live in Edmonton, you can go to the Edmonton Police Service (EPS) at #108, 14315-118 Avenue **Nexus Business Park** and ask for "fingerprint services for adoption". They will take the fingerprints and submit them to the RCMP. You will need one piece of photo ID and one piece of supplementary ID. There is a charge for this service and the above address is the only EPS location able to fulfil these requests. Appointments may be required, please call ahead or visit their website for more information: <https://www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck>

If you require an Interpol search either because you are unable to have a Vulnerable Sector Search completed or your sending countries requires it, the RCMP will complete fingerprint forms for you and will forward them to Interpol Ottawa for processing. Please state that you require an Interpol search for the purpose of international adoption.

When you receive your police clearance, please bring in or mail the originals to our office as they are needed to move forward with your application.

Sincerely,

Tara Zimmerman, BSW, RSW
Program Director, International

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

I, _____, ask that you provide Adoption Options
Name of Applicant

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

A. What is the date of this examination?

B. How long have you known the applicant?

C. Height _____ Weight _____ Body Mass Index (BMI) _____

D. 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:

E. 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:

F. 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.

Name of Applicant

G. 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 the type of treatment received:

H. 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.

I. Is there a medical reason why this person cannot or should not have a biological child?

____ Yes ____ No If yes, please explain:

J. Is this patient presently taking any form of medication? ____ Yes ____ No

If yes, what medication and dosage and for what purpose?

K. 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

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

I, _____, ask that you provide Adoption Options
Name of Applicant

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

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E. 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:

F. 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.

Name of Applicant

G. 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 the type of treatment received:

H. 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.

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

J. Is this patient presently taking any form of medication? ____ Yes ____ No

If yes, what medication and dosage and for what purpose?

K. 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

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 two pieces of your identification, one of which is photo identification.

E-mail the completed form and identification to Rashmita Patel at:

Rashmita.Patel@gov.ab.ca

- 2) Alberta Children's Services Office will complete the Check and return the results to you directly.
- 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.

Request for an Alberta Intervention Record Check

For Alberta Private Licensed Agency and International Placements

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 ^{yyyy} ____ - ^{mm} ____ - ^{dd} ____ .
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.

Date Requested (yyyy-mm-dd)

X

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	<u>Alberta</u> Province	_____ Postal Code
_____ Telephone Number	_____ Date Completed (yyyy-mm-dd)	X	_____ Signature of Person Who Completed Check

For Office Use Only

Reference: _____
Name of Person Requesting Check

Date of Birth (yyyy-mm-dd)

Request for an Alberta Intervention Record Check

For Alberta Private Licensed Agency and International Placements

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 ^{yyyy} ____ - ^{mm} ____ - ^{dd} ____ .
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 Province	Postal Code
Telephone Number	Date Completed (yyyy-mm-dd)	X 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?

- ____ years of age 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**

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Very good |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 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**

- Not applicable
 All family members are helpful and supportive
 Most family members are helpful and supportive
 About half are helpful and supportive
 Few are helpful and supportive
 No family members are helpful and supportive

Spouse/Partner's side of the family

- Not applicable
 All family members are helpful and supportive
 Most family members are helpful and supportive
 About half are helpful and supportive
 Few are helpful and supportive
 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**

- Not applicable
 All family members are comfortable
 Most family members are comfortable
 About half are comfortable
 Few are comfortable
 No family members are comfortable

Spouse/Partner's side of the family

- Not applicable
 All family members are comfortable
 Most family members are comfortable
 About half are comfortable
 Few are comfortable
 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**

- Very good
 Good
 Fair
 Poor
 Unknown

Father or Primary Caretaker

- 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: _____