

International Application Process Checklist



International Adoption Application

- ☐ Form CS2777 http://media.wix.com/ugd/a03522_fae78308b4a74f1e8f02d6dc7a63ee8b.pdf
This application needs to be completed PRIOR to your Adoption By Choice application



ABC Application Forms *Print & Fill out*

- ☐ Part 1 – Contact Information
☐ Part 2 – History & Medical for each applicant
☐ Part 3A – Child Desired **or** Child Identified
☐ Part 3b – Financial



Supporting Documents *Applicants must provide*

- ☐ Copy of Birth Certificate(s)
Certificate issued by Vital Statistics or appropriate Government Office from country of origin
- ☐ Original or Notarized Copy of Marriage Certificate and/or Divorce Decree(s) if applicable
Marriage Certificate must be issued by Vital Statistics or appropriate Government Office from country of origin. Divorce Decree must be the Decree from the Court.
- ☐ T-4 Slips from the most recent year



Supporting Documents: *Online Application or mailed to Applicants upon receipt of your application*

- ☐ Criminal Record Check(s)*
- CALGARY Applications: Calgary Police ONLINE Information Check <https://policeinformationcheck.calgarypolice.ca/>
 - EDMONTON Applications: Go to Police Information Check Section
 - RURAL Applications: Obtain a check through RCMP
- ☐ Intervention Record Checks (CYIM)*
- CALGARY Applications: Must go through Adoption By Choice head office to obtain forms
 - OUTSIDE CALGARY AREA: Contact an Alberta Human Services office nearest you
- ☐ SAFE Questionnaire 1 (Structured Analysis Family Evaluation)



Additional Forms: *Found online on our website*

- ☐ Medical Reference for each applicant - Filled out by your physician
☐ Letter of Understanding



FedEx Account

- ☐ For shipment pertaining to confidential documents & reports; Legal court packages to Alberta Adoption Headquarters in Edmonton & filing of Court House(s) records

* Intervention Record Check & Criminal Record Check MUST be completed for everyone in your home over 18 years old

International Adoption Fee Schedule

Approval Fees	Approval Fees	
	Application	\$450.00
	• File review, document processing and assignment to a social worker for home study.	
	Consultation & Communication Fee.....	\$450.00
	• Information review and ongoing correspondence.	
	Adoption Training Binder (includes review with social worker).....	\$400.00
	• A Self-Directed training course of resource materials to prepare you for your adoption journey.	
	Home Study	\$3,200.00
	• Your completed home study is couriered to Adoption Services for review and will be returned to you in 6-8 weeks. At that time it is ready to be sent to the country you are adopting from.	
	Match Proposal Fee.....	\$450.00
	• Information Sharing about the child proposed for adoption (for General Applications)	
Total	International Adoption - General Adoption.....	\$4,950.00
	Child-Specific International Adoption	\$4,500.00
Travel	Travel Costs	
	Travel Time (Billed per hour)	\$45.00
	Mileage (Billed per Kilometer).....	\$0.50/km

Please let us know if you prefer a different payment schedule if this one presents difficulties for you. Money paid in advance will be held in trust. Money for services already provided will not be refunded if you withdraw or transfer.

Possible Additional Costs

Pre-Application Services.....	\$500.00
(As per country requirement)	
Dossier Preparation*(optional) (billed per hour)	\$150.00/hour
(Each Dossier takes approximately 4 hours. Times may vary)	
Update/Addendum to Home Study**	\$550.00
(Update required two years after initial Home Study is completed plus travel time plus maintenance fee of \$150.00.)	
Repeat Home Study***	\$2,250.00
(If you have a previous home study prepared by Adoption By Choice)	
Psychological Assessment****	Based on Psychologist Rates
(As per country requirement)	
Post-Placement	
Each Post-Placement Report**	\$525.00

FINALIZATION

Finalization (Court Document Preparation & Filing)	\$2,250.00
(For adoptions from India or the Philippines)	

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- * Each Adoption package will require a dossier which may be prepared by the applicants or Adoption By Choice.
 - ** Update to original home study is required every 2 years.
 - *** Applicants returning to ABC for a subsequent adoption will require a repeat home study.
 - **** Adoption applications for Haiti and the Philippines require an additional assesment completed by a psychologist in addition to the Home Study.
-

Please note, fees paid in advance will be held in trust. Fees for services already provided will not be refunded if you withdraw or transfer.

Some Insurance and Employee Assistance Plans will cover the costs of some or all of these services. Be sure to check yours out carefully to see if you may be eligible.

Payments may be made by VISA, MasterCard, cheque, cash or E-mail Transfer.

GST Registration Number: #12127

GENERAL INFORMATION

Applicant 1

SURNAME		GIVEN FULL Name (s)	
Date of Birth (MONTH / DAY / YEAR)	Birthplace (City, Province)	Marital Status	

Applicant 2

SURNAME		GIVEN FULL Name (s)	
Date of Birth (MONTH / DAY / YEAR)	Birthplace (City, Province)	Marital Status	

Contact Information

Address		City, Province	Postal Code
Applicant 1 - Cell Phone	Applicant 1 - Work Phone	Applicant 1 - E-mail	
Applicant 2 - Cell Phone	Applicant 2 - Work Phone	Applicant 2 - E-mail	
Date of Marriage (MONTH / DAY / YEAR)	Place of Marriage (City, Province, Country)		
Referred to Adoption By Choice by:		Country applying to	

Have you adopted internationally? ☐ Yes ☐ No

If YES, when, which country and how old was the child at the time of placement(s) _____

Have you been involved in any adoption courses previously or completed a Self-Study Guide Training Binder? ☐ Yes ☐ No

If YES, please indicate when and who facilitated the course(s) _____

Are there any other adults living in your home? ☐ Yes ☐ No If yes, name(s) _____

Supporting Documents

Please attach **originals, notarized or certified** copies of the following documents with your completed application:

a) Birth Certificate(s)

b) Marriage Certificate (if applicable)

c) Change of name certificate

d) Final divorce documents as issued by the Court (if applicable)

e) Death certificate as issued by the Division of Vital Statistics (if applicable)

FedEx Account #

For shipment pertaining to confidential documents & reports;
Legal court packages to Alberta Adoption Headquarters in Edmonton,
and filing of Court House(s) records

REFERENCES

Please give the names, addresses, and telephone numbers of three (3) references who are personally acquainted with you and your home life.

- One (1) of these must be a relative
- Two others (2) may be friends, neighbours, religious or business acquaintances
- All references must reside in Canada
- Each will be contacted initially by email or letter and then may be visited or telephoned.
- Please discuss your adoption plans with your references
- Let them know that we will be asking them to respond to us in writing

It is important that your references respond promptly to our request for a letter as your homestudy will not be started until all reference letters have arrived at our office.

1.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

2.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

3.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

By signing below, I give Adoption By Choice permission to contact my references by email to provide them with the reference form. I understand that once my references have completed this form, they will need to forward the original signed copy to Adoption By Choice.

Applicant 1 - Signature _____

Date _____

Applicant 2 - Signature _____

Date _____

Personality

Describe your personality (temperment, feelings towards self and others) _____

What are your best/strongest qualities? _____

If you could change anything about yourself, what would it be? _____

Education / Employment

Outline your education, including unfinished programs as well as those not related to your career _____

List the kinds of jobs you have done and describe your current job _____

What are your career goals? _____

What activities do you enjoy separately from your spouse? _____

What parts of your life give you the greatest satisfaction? _____

Education / Employment (continued)

What parts of your life are most stressful, and how do you handle that stress? _____

What crises have you experienced in your life? _____

Describe the support system in your life at this time? _____

Medical Background

What is your general state of health? _____

What childhood illnesses or other serious physical illnesses have you had? _____

Have you had any mental illness? ☐ Yes ☐ No If yes, please explain. _____

Do you smoke? ☐ Yes ☐ No How much? _____

Do you drink? ☐ Yes ☐ No How much? _____

Do you use any prescription or street drugs? ☐ Yes ☐ No _____

Are you currently under medical treatment? ☐ Yes ☐ No If yes, please explain? _____

MEDICAL HISTORY - Detailed**General Health**

Excellent ☐

Good ☐

Fair ☐

Poor ☐

Childhood Illnesses

YES NO

Mumps ☐ ☐

Chicken Pox ☐ ☐

Measles (Red) ☐ ☐

Measles (German) ☐ ☐

	YOU	FAMILY
Accidental death or injury	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Bone or Joint Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (site of)	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>
Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Neuro-Muscular Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Tremors	<input type="checkbox"/>	<input type="checkbox"/>
Tics	<input type="checkbox"/>	<input type="checkbox"/>
Spasms	<input type="checkbox"/>	<input type="checkbox"/>
Migrane Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Other Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>

	YOU	FAMILY
Congenital Deformities	<input type="checkbox"/>	<input type="checkbox"/>
Vital Organs	<input type="checkbox"/>	<input type="checkbox"/>
Limbs & Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine Discorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>
Eye Disease	<input type="checkbox"/>	<input type="checkbox"/>
Gastro-intestinal Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	<input type="checkbox"/>
Diverticulitis	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Hatial Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>
Physical Handicaps	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Sight Defects	<input type="checkbox"/>	<input type="checkbox"/>
Speech Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Urogenital Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Family Background

Please list the names, ages, education levels and occupations of your father, mother, brothers, and sisters. Use a separate sheet if necessary.

Relationship to Applicant	Name	Age	Education Level	Occupation

Describe your parents' marriage. How did they make decisions, handle stress, divide the work, share the parenting? _____

Are your parents still married to each other? If not please explain _____

Describe the way children were disciplined/punished in your family. What was done, by whom, and how frequently? _____

Describe your current relationship with your family _____

Your Relationship

Describe your partner's personality _____

What qualities do you appreciate most in your partner? _____

If you could change anything about him/her, what would it be? _____

What activities do you enjoy sharing with your partner? _____

What do you feel are the strong points in your relationship? _____

Your Relationship (continued)

What produces the greatest stress in your relationship; and how do you resolve it? _____

Have you ever been separated from your partner? If yes, please explain _____

Have you ever been married or involved in a long-term relationship before? If yes, how long did the relationship(s) last, and why did it end? _____

What goals do you work towards in your relationship? _____

Have you ever had a child by birth? ☐ Yes ☐ No When? _____

Did you parent that child/those children? ☐ Yes ☐ No How long? _____

If the child was placed for adoption, please explain_____

Have you ever adopted before? ☐ Yes ☐ No If yes, please give details: private, government, international placement, age of the child at placement, racial background, disabilities or special circumstances

Describe each child who lives with you: name, age, physical appearance, personality, grade in school, skills and interests, relationships with parents, siblings and peers, understanding of adoption and readiness to include another child in the family. Use another sheet if necessary.

Page 7 of 9

Parenting

What preparation or experience do you have for parenting? _____

Do you and your partner agree on child-rearing and discipline? ☐ Yes ☐ No In what ways? _____

What aspects of parenting will you find the hardest? _____

How will you parent differently from the way your parents raised you? _____

At this time, what goals and expectations do you have for your children? _____

What future events or occurrences in your children's lives would be the most difficult for you? _____

How will your life change with the arrival of a new child? _____

What are your plans for child care during the child's preschool years? _____

Your Adoption Plans

Why are you applying for adoption? _____

Briefly outline the steps you have taken to date in your attempt to have a/another child? _____

Applicant - Signature _____ Date _____

Personality

Describe your personality (temperament, feelings towards self and others) _____

What are your best/strongest qualities? _____

If you could change anything about yourself, what would it be? _____

Education / Employment

Outline your education, including unfinished programs as well as those not related to your career _____

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What are your career goals? _____

What activities do you enjoy separately from your spouse? _____

What parts of your life give you the greatest satisfaction? _____

Education / Employment (continued)

What parts of your life are most stressful, and how do you handle that stress? _____

What crises have you experienced in your life? _____

Describe the support system in your life at this time? _____

Medical Background

What is your general state of health? _____

What childhood illnesses or other serious physical illnesses have you had? _____

Have you had any mental illness? ☐ Yes ☐ No If yes, please explain. _____

Do you smoke? ☐ Yes ☐ No How much? _____

Do you drink? ☐ Yes ☐ No How much? _____

Do you use any prescription or street drugs? ☐ Yes ☐ No _____

Are you currently under medical treatment? ☐ Yes ☐ No If yes, please explain? _____

MEDICAL HISTORY - Detailed

General Health

Excellent ☐
 Good ☐
 Fair ☐
 Poor ☐

Childhood Illnesses

YES NO
 Mumps ☐ ☐
 Chicken Pox ☐ ☐
 Measles (Red) ☐ ☐
 Measles (German) ☐ ☐

	YOU	FAMILY
Accidental death or injury	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Bone or Joint Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (site of)	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>
Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
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Endocrine Discorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>
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Relationship to Applicant	Name	Age	Education Level	Occupation

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If the child was placed for adoption, please explain _____

Have you ever adopted before? ☐ Yes ☐ No If yes, please give details: private, government, international placement, age of the child at placement, racial background, disabilities or special circumstances

Describe each child who lives with you: name, age, physical appearance, personality, grade in school, skills and interests, relationships with parents, siblings and peers, understanding of adoption and readiness to include another child in the family. Use another sheet if necessary

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How will you parent differently from the way your parents raised you? _____

At this time, what goals and expectations do you have for your children? _____

What future events or occurrences in your children's lives would be the most difficult for you? _____

How will your life change with the arrival of a new child? _____

What are your plans for child care during the child's preschool years? _____

Your Adoption Plans

Why are you applying for adoption? _____

Briefly outline the steps you have taken to date in your attempt to have a/another child? _____

Applicant - Signature _____ Date _____

CHILD DESIRED

Each family should complete one of these forms and return it with the additional documents required by Adoption By Choice. This information will be discussed with you further during the home study process and should only be a guide for your thinking.

AGE

- Newborn ☐
- 0-6 Months ☐
- 0-1 Year ☐
- 0 - 2 Years ☐
- Older than 2 Years ☐

RACIAL HERITAGE

- Predominantly Caucasian ☐
- Mixed ☐
- Any ☐

Comments _____

Would you accept a child with Aboriginal background? ☐ Yes ☐ No

Would you accept a child with Treaty Status? ☐ Yes ☐ No

Gender: ☐ Either ☐ Prefer Boy ☐ Prefer Girl

Would you accept twins? ☐ Yes ☐ No

Would you accept siblings? ☐ Yes ☐ No How many? _____ Maximum Age: _____

Comments _____

Would you accept a child conceived by sexual assault? ☐ Yes ☐ No By Incest? ☐ Yes ☐ No

Comments _____

BIRTH PARENTS' HISTORY

Please check those items you **WOULD BE ACCEPTING** of in either BIRTH PARENTS' background and comment if you wish

	BIRTH MOTHER	BIRTH FATHER	COMMENTS
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	
Alcoholism in Family	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal Background	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	
Unknown Background	<input type="checkbox"/>	<input type="checkbox"/>	

What things could/would you have difficulty accepting in a child's background? _____

Why? _____

CHILD'S HEALTH

Some medical conditions are detectable at birth or shortly after and others are not. Of these detectable conditions, please check Please check those items you **WOULD BE ACCEPTING** of and comment.

		COMMENTS
Cleft lip and/or palate	<input type="checkbox"/>	
Club Foot	<input type="checkbox"/>	
Minor correctable defects	<input type="checkbox"/>	
Heart Murmur	<input type="checkbox"/>	
Down Syndrome	<input type="checkbox"/>	
Spina Bifida	<input type="checkbox"/>	
Fetal Alcohol Spectrum Disorder	<input type="checkbox"/>	
Fetal Drugs Effect	<input type="checkbox"/>	
Aids	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	

CHILD IDENTIFIED

Are you applying for a specific child or sibling group? ☐ Yes ☐ No

What country are you applying to: _____

Have you already obtained an Adoption Order for the above country? ☐ Yes ☐ No

Child 1

Name		Relationship to Applicant
Date of Birth / Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity

Child 2

Name		Relationship to Applicant
Date of Birth / Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity

Child 3

Name		Relationship to Applicant
Date of Birth / Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity

How did you learn of this child(ren)? _____

Who is currently caring for the child(ren)? _____

Are there any identified medical or special needs for the above child(ren)? _____

INCOME

- 1) Gross MONTHLY income of Applicant 1..... \$ _____
 Gross MONTHLY income of Applicant 2..... \$ _____
 2) Net take home pay of Applicant 1..... \$ _____
 Net take home pay of Applicant 2..... \$ _____
 3) Other (specify)..... \$ _____

MONTHLY EXPENDITURES

4) SHELTER

- 1st Mortgage (including taxes) or Rent.. \$ _____
 2nd Mortgage..... \$ _____
 Maintenance & repairs to Property \$ _____
 Insurance \$ _____
 Utilities \$ _____

5) TRANSPORTATION

- Car license..... \$ _____
 Car Insurance \$ _____
 Car - Operating Costs..... \$ _____
 Public Transportation \$ _____

6) LIVING EXPENSES

- Food..... \$ _____
 Clothing..... \$ _____
 Medical & Dental \$ _____
 Life/Home/Other Insurance \$ _____
 Entertainment, Social & Recreation..... \$ _____
 Cell Phone \$ _____

7) MONTHLY PAYMENTS

- For Car \$ _____
 For Furniture \$ _____
 Other (specify) \$ _____
 Other (specify) \$ _____
 For Monthly Savings (ie. Bonds) \$ _____

ASSETS

- Savings..... \$ _____
 Car \$ _____
 Furniture \$ _____
 Real Estate..... \$ _____
 Other (specify)..... \$ _____

LIABILITIES

- Loan \$ _____
 Loan \$ _____
 Line of Credit..... \$ _____
 Mortgage \$ _____
 Vehicle(s) \$ _____
 Other (specify)..... \$ _____

8) TOTAL Net Monthly Income \$ _____
 (add items 2 & 3)

9) TOTAL Monthly Commitments \$ _____
 (add items 4, 5, 6 & 7)

10) **BALANCE** \$ _____
 (subtract line 9 from line 8)

MEDICAL REFERENCE FOR HOME STUDY APPLICATION

To be filled out by a Physician and returned to ABC

I examined _____ on _____
(Name of Applicant) (Date)

HISTORY OF PAST ILLNESS

	PATIENT	PATIENT'S FAMILY
T.B.	_____	_____
Cardiac Disease	_____	_____
Cancer	_____	_____
Nervous or Mental Disorders	_____	_____
Other Illnesses:	_____	

PHYSICAL EXAMINATION OF PATIENT

Lungs	_____	Heart	_____
Vision	_____	Hearing	_____
Nervous System	_____	Blood Pressure	_____
General Health	_____	Major Operations	_____

MEDICAL TESTS

	Date	Results
Abnormalities in Urine	_____	_____
Smears, if history of discharge	_____	_____

The following are NOT essential - to be done at doctor's discretion)

X-Ray of Chest (within previous year) _____
Wasserman (within previous year) _____

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

If yes, please explain: _____

Is this patient presently taking any form of medication? _____

If yes, for what purpose? _____

To your knowledge, does this patient/or has this patient misused alcohol or drugs, including barbiturates, tranquillisers, etc)?

How long have you known this patient? _____

Please give you opinion as to the suitability of this applicant as an adoptive parent. _____

Additional Comments: _____

Signature of M.D.

Address

Name of Physician

DATE (MM – DD – YYYY)

RELEASE OF INFORMATION

I hereby authorize Dr. _____ to release the information requested on this form and any other information that may be requested by Adoption By Choice in connection with my/our application to adopt.

Applicant's Signature

Date

Witness

Date

MEDICAL REFERENCE FOR HOME STUDY APPLICATION

To be filled out by a Physician and returned to ABC

I examined _____ on _____
(Name of Applicant) (Date)

HISTORY OF PAST ILLNESS

	PATIENT	PATIENT'S FAMILY
T.B.	_____	_____
Cardiac Disease	_____	_____
Cancer	_____	_____
Nervous or Mental Disorders	_____	_____
Other Illnesses:	_____	

PHYSICAL EXAMINATION OF PATIENT

Lungs	_____	Heart	_____
Vision	_____	Hearing	_____
Nervous System	_____	Blood Pressure	_____
General Health	_____	Major Operations	_____

MEDICAL TESTS

	Date	Results
Abnormalities in Urine	_____	_____
Smears, if history of discharge	_____	_____

The following are NOT essential - to be done at doctor's discretion)

X-Ray of Chest (within previous year) _____
Wasserman (within previous year) _____

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

If yes, please explain: _____

Is this patient presently taking any form of medication? _____

If yes, for what purpose? _____

To your knowledge, does this patient/or has this patient misused alcohol or drugs, including barbiturates, tranquillisers, etc)?

How long have you known this patient? _____

Please give you opinion as to the suitability of this applicant as an adoptive parent. _____

Additional Comments: _____

Signature of M.D.

Address

Name of Physician

DATE (MM – DD – YYYY)

RELEASE OF INFORMATION

I hereby authorize Dr. _____ to release the information requested on this form and any other information that may be requested by Adoption By Choice in connection with my/our application to adopt.

Applicant's Signature

Date

Witness

Date

LETTER OF UNDERSTANDING AND CONSENT

AGENCY PLACEMENT

- ☐ I/We are applying to ADOPTION BY CHOICE for a licensed agency placement:
- ☐ I/We understand and consent to the following:

A. USE OF COLLECTED INFORMATION

1. That Adoption By Choice (ABC) will be collecting personal information from me/us, which will include medical assessments, criminal record checks, intervention record checks, references, birth and marriage certificates, a financial assessment and other personal information.
2. That the above information is required by the Regulations of the Child, Youth and Family Enhancement Act in order to assess our family's suitability to adopt internationally.
3. That I/we will provide full and complete disclosure of all information relevant to this process and I/we understand that ABC must have this information as part of our application.
4. That an Intervention Record Check and a Criminal Record Check will be required for each person over the age of 18 living in my/our home.
5. That over the course of the adoption process Adoption and Permanency Services may complete more than one Intervention Record Check on me/us.
6. I/we agree to share the results of any and all Intervention Record Checks and Criminal Record Checks with ABC.
7. That providing false information or failing to disclose relevant information will affect my/our application status.
8. That ABC will use this information to produce a Home Study Report and make a recommendation regarding approval. ABC will courier the signed report to Adoption and Permanency Services in Edmonton, Alberta for provincial approval.
9. That there are a small number of countries where the Adoption Order will be granted in the Province of Alberta. In those instances the Home Study Report and Post Placement Report(s) will become part of the package of information which is filed at the Court of Queen's Bench and subsequently served on Alberta Children's Services (ACS). That ACS will retain that information, they will microfilm it and keep it on file at the Post Adoption Registry.

Applicant 1
Initials

Applicant 2
Initials

10. That the Child, Youth and Family Enhancement Act prevents ABC from retaining any documents filed at the Court House with respect to my/our adoption, including our Home Assessment Report. That ABC will provide me/us with a hard copy of our Home Assessment Report and that I/we should retain it.
11. That ABC will only release any of the above material to another person or organization (except those documents described within) with a written request from me/us.
12. That I/we may access our file (with the exception of our letters of reference) at any time and I/we may review or update the material contained within the file.
13. That ABC has a Privacy Policy Statement that is available on their website (www.adoptionbychoice.ca) or by request.

B. CONSENT TO CORRESPONDENCE VIA E-MAIL AND FAX

1. That in the course of providing adoption services, information is exchanged between ABC and various parties. These parties may include, without limitation, one or more of: ACS, the individuals contracted by ABC to provide services such as Home Study Reports (the "Contractors") and other third parties, such as client references, who are providing information to ABC. This exchange of information will be referred collectively in this consent as the "Correspondence".
2. That it is ABC's practice to make use of e-mails and fax machines from time to time for such Correspondence to facilitate the effective provision of adoption services on a timely basis.
3. That ABC makes every reasonable effort to prevent any loss, misuse, disclosure, modification or disposal of client personal information, as well as any unauthorized access to or copying of such personal information. While ABC strives to protect all personal information, we cannot warrant the security of any information sent to me/us or by me/us via e-mail or through an unsecured fax machine. However, ABC takes steps to mitigate the risk of unauthorized access to sensitive client personal information that is contained in such Correspondence.
4. That ABC is asking for my/our consent to use e-mail and fax machines for the purposes outlined in this consent. I/we may withdraw your consent at any time. ABC will respect my/our decision, but may be unable to provide certain services on as timely a basis if ABC needs to use alternate methods for the Correspondence.

Applicant 1
Initials

Applicant 2
Initials

C. THE ADOPTION PROCESS

APPROVAL

I/we understand that I/we cannot proceed with an international adoption until a Director has approved my/our Home Study Report and any addendums to that report which may be required.

1. That upon receipt of all the required written material, ABC will decide whether or not to work with me/us towards approval. Should ABC decide not to work with me/us towards approval, my/our file will be closed by ABC.
2. That the Parent Preparation Training provided by ABC is a mandatory part of the assessment process.
3. That upon completion of the Home Study Report, ABC will determine whether or not to recommend approval of me/us as adoptive parents.
4. That ABC and/or Adoption and Permanency Services may request additional documentation to support the Home Study Report recommendations. These may include psychological and psychiatric assessments as well as assessments dealing with other issues which may be deemed relevant to recommend approval of me/us for international adoption.
5. I/we agree to inform ABC of any significant changes during the international adoption process that might affect my/our eligibility or suitability to adopt including, without limitation, pregnancy, birth of a child, adoption of a child, absence from Alberta, poor health, changes in financial circumstances and changes in marital or adult interdependent relationships. This information will be forwarded to Adoption and Permanency Services.
6. That an addendum to a Home Study Report may be required where there is reason to believe there has been a significant change in circumstances such that the my/our eligibility to adopt might have been affected.
7. That the Director may not approve an adoption placement of more than one child with an applicant in a twelve month period unless:
 - The children to be placed are siblings (related by blood) or
 - The Director is satisfied that there are exceptional circumstances supporting the placement of more than one child with me/us.
8. That an Update Report is required every twelve months after approval of the report until I/we receive an adoption placement. I/we understand that the update will be forwarded to Adoption and Permanency Services by ABC.
9. That the Home Study Report and Update Reports remain in effect for one year and are only valid when they have been approved by a Director.

Applicant 1
Initials

Applicant 2
Initials

APPROVAL

10. Adoption by Choice will make a recommendation to the Direction of Adoption at Alberta Human Services for their approval. If I/we are not recommended for approval, I/we understand that I/we will receive a copy of the completed Home Study Report along with a letter confirming the recommendation. The home study will be sent to the Director of Adoptions at Alberta Human Services for review. A decision of the director to refuse to approve a home study report may be appealed to an appeal panel with Alberta Human Services. A notice of appeal must be served as prescribed by in the Child, Youth and Family Enhancement Regulations.

DOSSIER PREPARATION

11. That I/we may ask ABC to prepare my/our adoption dossier.
12. That the entire dossier, and all supporting documents are couriered to Adoption and Permanency Services for forwarding to the child's country of origin for all adoptions processed under the Hague Convention or where there are procedures in place between Alberta and the child's country. Adoption and Permanency Services will advise me/us if the adoption must be arranged or finalized privately in the child's country of origin.
13. That Adoption and Permanency Services will courier my/our dossier to the child's country in all cases of Hague and government international adoptions.
14. That if I/we are completing a private adoption, I/we must deal directly with the child's country to finalize the adoption abroad. Private international adoptions cannot be finalized in Alberta, unless the child is a Canadian citizen or a permanent resident of Canada.

ADOPTION MATCHING REFERRAL - (For Hague and Government Adoptions Only)

15. That Adoption and Permanency Services will receive my/our adoption matching referral and they will send the information to ABC. ABC will forward this information to me/us.
16. That if necessary, Adoption and Permanency Services will send the documentation for translation and forward the English version, along with the original proposal to ABC when received.
17. That the original proposal and translation will be given or couriered to me/us by ABC.
18. That if questions or concerns are raised by me/us or a consulting person (i.e. pediatrician) Adoption and Permanency Services will contact the child's originating country.
19. That I/we must complete the Acceptance/Decline Notice and send this to Adoption and Permanency Services. If I/we decline the match, I/we will provide the reasons in writing.
20. That Adoption and Permanency Services will return the Acceptance or Decline Notice to the country of origin.
21. That Adoption and Permanency Services will provide me/us (and the originating country) with the necessary original immigration documents, and will release a copy ABC.
22. That Adoption and Permanency Services will forward to me/us the Notice of Coming to the country of origin to take placement of the child, travel notices, etc. ABC will be copied in on the letter.

Applicant 1
Initials

Applicant 2
Initials

D. FEES/REFUND POLICY

I/we understand that fees are paid in advance (though special arrangements can be made to pay over time) and will be applied as follows:

APPROVAL FEES

1. **Application Fee:** Non-refundable if application has been processed.
2. **Pre-Adoption Workshop:** Non-refundable after attending the workshop, in whole or in part.
3. **Home Study Report:** Non-refundable once the Report is completed, or prorated if the report is stopped part way through the process. If I/we am/are not placed with in twelve months of the Assessment Report being completed, I/we understand I/we must have an update completed at an additional cost to remain on the active list.

APPROVED & WAITING

4. Non- refundable flat fee to cover adoptive applicant counselling / consulting, support, file maintenance and match proposal.
5. I/we understand that I/we will be responsible for any fees incurred to respond to any court challenges brought by a party legally entitled to.

Applicant 1
Initials

Applicant 2
Initials

FEE SCHEDULE

6. I/we understand that Adoption By Choice may amend the fee schedule without notice.

I/we have read and consent to the above and indicate my/our consent by initialing each page and signing in the space provided below.

Applicant 1 - Signature

Applicant 2 – Signature

Applicant 1 – PRINT NAME

Applicant 2 – PRINT NAME

DATE

DATE

Signature of Home Study Facilitator

Date

Consent to Correspondence via E-mail and Fax

In the course of providing Home Studies to Alberta Human Services and their Regional Authorities, information is exchanged between Adoption By Choice Ltd. ("ABC") and various parties. These parties may include, without limitation, one or more of: Alberta Human Services clients, the individuals contracted by ABC to provide services such as Home Study Reports (the "Contractors") and other third parties, such as client references, who are providing information to ABC. This exchange of information will be referred to collectively in this consent form as the "Correspondence".

It is ABC's practice to make use of e-mails and fax machines from time to time for such Correspondence to facilitate the effective provision of services on a timely basis.

We make every reasonable effort to prevent any loss, misuse, disclosure, modification or disposal of client personal information, as well as any unauthorized access to or copying of such personal information. While we strive to protect all personal information, we cannot warrant the security of any information sent to us or by us via e-mail or through an unsecured fax machine. However, we can take certain steps to mitigate the risk of unauthorized access to sensitive client personal information that is contained in such Correspondence. Examples of the security measures we have taken include:

A. Correspondence containing personal information:

- i. if received by fax at ABC, is removed from the fax machine as soon as possible;
- ii. if faxed by ABC or by a Contractor, is accompanied with a cover letter containing the appropriate disclaimer;
- iii. if sent via e-mail by ABC or a Contractor, is sent as a password protected attachment, containing the appropriate disclaimer;
- iv. if received by ABC via e-mail and printed, will be removed from the printer as soon as possible; and
- v. if retained by ABC, after printing, will be kept in locked file cabinets during long breaks or at the end of the work day.

B. Employee utilisation of computers

- i. different passwords are used to turn on computers and to access mail boxes and passwords changed frequently;
- ii. computers containing sensitive information are used only by the employees responsible for the management of such information;
- iii. some computers may be assigned to be used collectively but no sensitive personal information is stored in them nor is there access from them to sensitive information stored in the server;
- iv. a record of passwords may be kept by the Executive Director or by a staff member to whom such responsibility is delegated to guarantee access to ABC in case of emergencies or if an employee becomes ill, goes on holidays or takes a leave of absence, or due to any other employee's unexpected absence from work;
- v. appropriate passwords, firewalls and/or encryption are used to protect information accessed from home or transported in laptops, diskettes, CD's, zips or any other portable computer hardware; and
- vi. reasonable efforts are made to keep computers free of viruses, cookies and advertising filters, all of which are used to collect and use personal information without authorisation.

We are asking for your consent to use e-mail and fax machines for the purposes outlined in this consent form. You may withdraw your consent at any time. We will respect your decision, but we may not be able to provide certain services on as timely a basis if we need to use alternate methods for the Correspondence.

If you have a question or concerns about the use of e-mails or fax machines for the Correspondence, please contact:

**Adoption By Choice Ltd.
250- 3115 12 Street NE
Calgary, Alberta T2E 7J2**

**p. 403-245-8854 | f. 403-245-8897
email: calgary@adoptionbychoice.ca**

If you consent to the Correspondence via e-mail and fax, please indicate your consent by signing in the space provided below.

ADOPTION BY CHOICE LTD.



Jerri-Lynn Deveau, B.HLSC, BSW, RSW Executive Director

CONSENTED on this _____ day of _____, _____

Applicant 1 - Signature

Applicant 2 – Signature

Applicant 1 – PRINT NAME

Applicant 2 – PRINT NAME

DATE

DATE

Enclosed are Intervention Record Check (CYIM) forms (one for each applicant)

1. Complete ONLY sections 1 & 2 , including all named used, current address, and postal aode
2. Ensure you list all your children you have parented except foster children

Attach photocopies of TWO PIECES of Government issued identification for each applicant.

ONE (1) PHOTO ID:

- Driver's License
- Passport
- Treaty Status Card
- Citizenship Card
- Alberta Identification Card

and ONE (1) OF THE FOLLOWING:

- Alberta Health Care
- Birth Certificate
- Social Insurance Number
- Blue Cross
- Certificate of Marriage

Mail the completed forms back to:

Child and Family Services

Regional Office
#300, 1240 Kensington Road NW
Calgary, AB T2N 3P7
Reception: 403-297-6100

[Click here for hand-fill copy of this form.](#)**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 Human Services to release information about your record to the agency directly.

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

The information you provide on this form is collected under the authority of the *Child, Youth and Family Enhancement Act* and is managed in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to search for an intervention record about you. Human Services will not release this information for any other purpose. Human 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 _____
Full residential address City Prov/Terr Postal Code

_____ Full mailing address (if different from above) City Prov/Terr 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

Province/Territory

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



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/Mother | <input type="checkbox"/> Legal Guardian(s) |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Father/Father | <input type="checkbox"/> Other: |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. How would you rate your parents'/primary caretakers' ability to manage their lives?**Mother or Primary Caretaker****Father or Primary Caretaker**

- ☐
- Very good
-
- ☐
- Good
-
- ☐
- Fair
-
- ☐
- Poor
-
- ☐
- Unknown

- ☐
- Very good
-
- ☐
- Good
-
- ☐
- Fair
-
- ☐
- Poor
-
- ☐
- Unknown

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

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

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

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

13. Who primarily disciplined you during your childhood?

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

14. Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:

Mother or Primary Caretaker

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

Father or Primary Caretaker

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <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"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints |
| <input type="checkbox"/> Spanked | <input type="checkbox"/> Physically punished |
| <input type="checkbox"/> Family Meetings | <i>(other than spanking)</i> |
| <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

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

Father or Primary Caretaker

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status |
| <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education |
| <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect |
| <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"/> Being a parent | <input type="checkbox"/> Fidelity |
| <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy life style |
| <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

- | | |
|---|---|
| <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"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual 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"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported |
| <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Other: |

Father or Primary Caretaker

- | | |
|---|---|
| <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"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual 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"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported |
| <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education |
| <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"/> 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?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Death of spouse(s) | <input type="checkbox"/> 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)
☐ 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"/> Not Applicable | <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> 8 to 12 years |
| <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 | |

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Playful | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Smart |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Distant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Social |
| <input type="checkbox"/> Uncaring | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Competitive | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Athletic | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Workaholic | <input type="checkbox"/> Faultfinding | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Dogmatic | <input type="checkbox"/> Careful | <input type="checkbox"/> Abusive | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Quick tempered | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Worrier | <input type="checkbox"/> Depressed | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Domineering | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Supportive | <input type="checkbox"/> Communicative | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Predictable | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Good listener | <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**

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Wage earner |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Rational one |
| <input type="checkbox"/> Emotional one | <input type="checkbox"/> Organizer |
| <input type="checkbox"/> Social planner | <input type="checkbox"/> Compromiser |
| <input type="checkbox"/> Initiator | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Comforter | <input type="checkbox"/> Negotiator |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Money manager | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Other: | |

Roles spouse/partner plays in relationship

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Wage earner |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Rational one |
| <input type="checkbox"/> Emotional one | <input type="checkbox"/> Organizer |
| <input type="checkbox"/> Social planner | <input type="checkbox"/> Compromiser |
| <input type="checkbox"/> Initiator | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Comforter | <input type="checkbox"/> Negotiator |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Money manager | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Other: | |

32. How often do you and spouse/partner argue?

- | | | |
|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Almost daily |
| <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 |

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Personal habits | <input type="checkbox"/> Sexual relations | <input type="checkbox"/> Personal expectations |
| <input type="checkbox"/> Discipline of children | <input type="checkbox"/> Household chores | <input type="checkbox"/> Politics | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Work | <input type="checkbox"/> Values | <input type="checkbox"/> Leisure time |
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Separate activities | <input type="checkbox"/> Shared activities |
| <input type="checkbox"/> Emotional closeness | <input type="checkbox"/> Emotional separateness | <input type="checkbox"/> Time apart | <input type="checkbox"/> Time together |
| <input type="checkbox"/> Family involvement | <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"/> Not applicable | <input type="checkbox"/> Agree to disagree |
| <input type="checkbox"/> Reach agreement through mutual give and take | <input type="checkbox"/> Sometimes yell and shout |
| <input type="checkbox"/> Take time to think things over before discussing | <input type="checkbox"/> Leave the house to cool off |
| <input type="checkbox"/> Give in and attempt to smooth things over | <input type="checkbox"/> Become silent |
| <input type="checkbox"/> Seek outside help such as a counselor/clergy person | <input type="checkbox"/> Try to outwit spouse/partner |
| <input type="checkbox"/> Sometimes pound or break things | <input type="checkbox"/> Things get physical (pushing, shoving, hitting) |
| <input type="checkbox"/> Change the topic | <input type="checkbox"/> Other: |

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

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

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

- ☐ No ☐ Yes ☐ Not applicable

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

- ☐ No ☐ Yes ☐ Not applicable

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

- | | |
|--|--|
| <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> No contact | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Strained | <input type="checkbox"/> Very close |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Comfortable |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Over involved |
| <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"/> Hostile | <input type="checkbox"/> Problematic |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Enjoyable |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Gratifying |
| <input type="checkbox"/> Positive | <input type="checkbox"/> I am caretaker for |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Other: |

Father or Primary Caretaker

- | | |
|--|--|
| <input type="checkbox"/> Father deceased | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> No contact | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Strained | <input type="checkbox"/> Very close |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Comfortable |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Over involved |
| <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"/> Hostile | <input type="checkbox"/> Problematic |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Enjoyable |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Gratifying |
| <input type="checkbox"/> Positive | <input type="checkbox"/> I am caretaker for |
| <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-styles, 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?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> 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 he/she 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 he/she makes 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, place 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
___ Ulcers		___ Colitis		___ Asthma
___ Hearing loss		___ Impaired sight		___ Allergies
___ Kidney disease		___ Insomnia		___ Sickle cell anemia
___ Heart condition		___ High cholesterol		___ Tuberculosis
___ Thyroid condition		___ Intellectual disability		___ Alcoholism
___ Drug addiction		___ Eating disorder		___ Anxiety/Panic attacks
___ Depression		___ Bipolar Illness		___ Schizophrenia
___ Attention deficit disorder		___ Infertility/Sterility		___ Sexually transmitted disease
___ Developmental disability		___ 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



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/Mother | <input type="checkbox"/> Legal Guardian(s) |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Father/Father | <input type="checkbox"/> Other: |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10. How would you rate your parents'/primary caretakers' ability to manage their lives?**Mother or Primary Caretaker****Father or Primary Caretaker**

- ☐
- Very good
-
- ☐
- Good
-
- ☐
- Fair
-
- ☐
- Poor
-
- ☐
- Unknown

- ☐
- Very good
-
- ☐
- Good
-
- ☐
- Fair
-
- ☐
- Poor
-
- ☐
- Unknown

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

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

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

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

13. Who primarily disciplined you during your childhood?

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

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

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

Father or Primary Caretaker

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <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"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints |
| <input type="checkbox"/> Spanked | <input type="checkbox"/> Physically punished |
| <input type="checkbox"/> Family Meetings | <i>(other than spanking)</i> |
| <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**

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

Father or Primary Caretaker

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status |
| <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education |
| <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect |
| <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"/> Being a parent | <input type="checkbox"/> Fidelity |
| <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy life style |
| <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

- | | |
|---|---|
| <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"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual 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"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported |
| <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Other: |

Father or Primary Caretaker

- | | |
|---|---|
| <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"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual 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"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported |
| <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education |
| <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"/> 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?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Death of spouse(s) | <input type="checkbox"/> 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)
☐ 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"/> Not Applicable | <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> 8 to 12 years |
| <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 | |

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Playful | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Smart |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Distant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Social |
| <input type="checkbox"/> Uncaring | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Competitive | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Athletic | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Workaholic | <input type="checkbox"/> Faultfinding | <input type="checkbox"/> Understanding |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Dogmatic | <input type="checkbox"/> Careful | <input type="checkbox"/> Abusive | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Quick tempered | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Worrier | <input type="checkbox"/> Depressed | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Domineering | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Supportive | <input type="checkbox"/> Communicative | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Predictable | <input type="checkbox"/> Clear thinking | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Good listener | <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**

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Wage earner |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Rational one |
| <input type="checkbox"/> Emotional one | <input type="checkbox"/> Organizer |
| <input type="checkbox"/> Social planner | <input type="checkbox"/> Compromiser |
| <input type="checkbox"/> Initiator | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Comforter | <input type="checkbox"/> Negotiator |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Money manager | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Other: | |

Roles spouse/partner plays in relationship

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Wage earner |
| <input type="checkbox"/> Head of household | <input type="checkbox"/> Decision maker |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Rational one |
| <input type="checkbox"/> Emotional one | <input type="checkbox"/> Organizer |
| <input type="checkbox"/> Social planner | <input type="checkbox"/> Compromiser |
| <input type="checkbox"/> Initiator | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Peacemaker | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Comforter | <input type="checkbox"/> Negotiator |
| <input type="checkbox"/> Risk taker | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Money manager | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Other: | |

32. How often do you and spouse/partner argue?

- | | | |
|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Once or twice a year | <input type="checkbox"/> Almost daily |
| <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 |

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Personal habits | <input type="checkbox"/> Sexual relations | <input type="checkbox"/> Personal expectations |
| <input type="checkbox"/> Discipline of children | <input type="checkbox"/> Household chores | <input type="checkbox"/> Politics | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Work | <input type="checkbox"/> Values | <input type="checkbox"/> Leisure time |
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Separate activities | <input type="checkbox"/> Shared activities |
| <input type="checkbox"/> Emotional closeness | <input type="checkbox"/> Emotional separateness | <input type="checkbox"/> Time apart | <input type="checkbox"/> Time together |
| <input type="checkbox"/> Family involvement | <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"/> Not applicable | <input type="checkbox"/> Agree to disagree |
| <input type="checkbox"/> Reach agreement through mutual give and take | <input type="checkbox"/> Sometimes yell and shout |
| <input type="checkbox"/> Take time to think things over before discussing | <input type="checkbox"/> Leave the house to cool off |
| <input type="checkbox"/> Give in and attempt to smooth things over | <input type="checkbox"/> Become silent |
| <input type="checkbox"/> Seek outside help such as a counselor/clergy person | <input type="checkbox"/> Try to outwit spouse/partner |
| <input type="checkbox"/> Sometimes pound or break things | <input type="checkbox"/> Things get physical (pushing, shoving, hitting) |
| <input type="checkbox"/> Change the topic | <input type="checkbox"/> Other: |

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

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

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

- ☐ No ☐ Yes ☐ Not applicable

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

- ☐ No ☐ Yes ☐ Not applicable

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

- | | |
|--|--|
| <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> No contact | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Strained | <input type="checkbox"/> Very close |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Comfortable |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Over involved |
| <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"/> Hostile | <input type="checkbox"/> Problematic |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Enjoyable |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Gratifying |
| <input type="checkbox"/> Positive | <input type="checkbox"/> I am caretaker for |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Other: |

Father or Primary Caretaker

- | | |
|--|--|
| <input type="checkbox"/> Father deceased | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> No contact | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Strained | <input type="checkbox"/> Very close |
| <input type="checkbox"/> Distant | <input type="checkbox"/> Comfortable |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Over involved |
| <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"/> Hostile | <input type="checkbox"/> Problematic |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Enjoyable |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Gratifying |
| <input type="checkbox"/> Positive | <input type="checkbox"/> I am caretaker for |
| <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-styles, 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?

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> 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 he/she 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 he/she makes 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, place 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 |
| ___ Ulcers | | ___ Colitis | | ___ Asthma |
| ___ Hearing loss | | ___ Impaired sight | | ___ Allergies |
| ___ Kidney disease | | ___ Insomnia | | ___ Sickle cell anemia |
| ___ Heart condition | | ___ High cholesterol | | ___ Tuberculosis |
| ___ Thyroid condition | | ___ Intellectual disability | | ___ Alcoholism |
| ___ Drug addiction | | ___ Eating disorder | | ___ Anxiety/Panic attacks |
| ___ Depression | | ___ Bipolar Illness | | ___ Schizophrenia |
| ___ Attention deficit disorder | | ___ Infertility/Sterility | | ___ Sexually transmitted disease |
| ___ Developmental disability | | ___ Other condition(s) not listed: | | |

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

Signature _____ Date _____