

ADOPTION QUESTIONNAIRE I

Instructions: Please answer the following questions as they apply to you. Most of the questions have more than one answer, check all the choices that apply.

PRINT NAME: _____	DATE: _____
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1. Who primarily raised you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Older Sibling(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Adoptive Parent(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s) |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Institutional Caretaker(s) |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Legal Guardian(s) |
| | | <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 moved away from your parent(s)/primary caretaker(s) home?

- ☐ ____ years old
- ☐ I currently live with my parent(s) or primary caretaker(s)

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

5. Among the children in your family, what is your position?

- ☐ Only child
- ☐ Number ____ of ____ children

6. 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: _____ |

7. 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: _____ |

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Predictable |
| <input type="checkbox"/> Abusive | <input type="checkbox"/> Warm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Educational |
| <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"/> Crazy making | <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: _____ |

9. 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: _____ |

10. 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: _____ |

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

Mother or Primary Caretaker

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

Father or Primary Caretaker

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

12. Check the boxes that best describe the personal characteristics of your mother/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"/> Worrier | <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 | <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. Check the boxes that best describe the personal characteristics of your father/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"/> Worrier | <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 | <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: _____ |

14. 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: _____ |

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

- | <u>Mother or Primary Caretaker</u> | | <u>Father or Primary Caretaker</u> | |
|--|---|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Praised positive behaviors |
| <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed | <input type="checkbox"/> Consistently | <input type="checkbox"/> Shamed |
| <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded | <input type="checkbox"/> Fairly | <input type="checkbox"/> Grounded |
| <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges | <input type="checkbox"/> Strictly | <input type="checkbox"/> Removed privileges |
| <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences | <input type="checkbox"/> Leniently | <input type="checkbox"/> Logical consequences |
| <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food | <input type="checkbox"/> Made idle threats | <input type="checkbox"/> Withheld food |
| <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room | <input type="checkbox"/> Lectured | <input type="checkbox"/> Sent me to my room |
| <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors | <input type="checkbox"/> Used time outs | <input type="checkbox"/> Ignored misbehaviors |
| <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints | <input type="checkbox"/> Reasoned with me | <input type="checkbox"/> Used physical restraints |
| <input type="checkbox"/> Spanked | (e.g., tied to bed) | <input type="checkbox"/> Spanked | (e.g., tied to bed) |
| <input type="checkbox"/> Physically punished | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Physically punished | <input type="checkbox"/> Other: _____ |
| (other than spanking) | | (other than spanking) | |

16. Check the boxes that represent the personal values held by your parent(s)/primary caretaker(s):

- | <u>Mother or Primary Caretaker</u> | | <u>Father or Primary Caretaker</u> | |
|--|---|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Honesty | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Honesty |
| <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness | <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Family closeness |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support | <input type="checkbox"/> Compassion | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status | <input type="checkbox"/> Social conscience | <input type="checkbox"/> Social status |
| <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education | <input type="checkbox"/> Strong work ethic | <input type="checkbox"/> Education |
| <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect | <input type="checkbox"/> Being responsible | <input type="checkbox"/> Self Respect |
| <input type="checkbox"/> Freedom of expression | <input type="checkbox"/> Independence | <input type="checkbox"/> Freedom of expression | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Leading a balanced life | <input type="checkbox"/> Making money | <input type="checkbox"/> Leading a balanced life | <input type="checkbox"/> Making money |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Being a parent | <input type="checkbox"/> Fidelity |
| <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy Life Style | <input type="checkbox"/> Patriotism | <input type="checkbox"/> Healthy Life Style |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |

17. 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

18. 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 homosexuality | <input type="checkbox"/> Knowledgeable |
| <input type="checkbox"/> Supported sex education | <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 homosexuality | <input type="checkbox"/> Knowledgeable |
| <input type="checkbox"/> Supported sex education | <input type="checkbox"/> Other: _____ |

19. 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: _____ |

20. 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: _____ |

21. 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)/Teachers(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"/> Others: _____ |

22. When you were a child or adolescent, did you require counseling or psychiatric care?

- ☐ No
- ☐ Yes

If yes, please briefly describe when and the reasons for care: _____

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

- ☐ No
- ☐ Yes

If yes, please briefly describe the effect the issues, incidents and/or accidents currently have on you: _____

24. 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"/> Other: _____ |

25. 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: _____ |

26. 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 |

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

- | |
|--|
| <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Terminated partnership without legal agreement(s) |
| <input type="checkbox"/> Terminated partnership with legal agreement(s) |

28. 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: _____ |

29. If you are divorced or terminated a domestic partnership, check the boxes that describe your current relationship with your ex-spouse(s)/partner(s):

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Loving | <input type="checkbox"/> Distant | <input type="checkbox"/> Close |
| <input type="checkbox"/> Violent | <input type="checkbox"/> Hostile | <input type="checkbox"/> Reserved | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Full of conflict | <input type="checkbox"/> Civil |
| <input type="checkbox"/> Supportive | <input type="checkbox"/> Still friends | <input type="checkbox"/> Frustrating | <input type="checkbox"/> Other: _____ |

30. Have you ever been in a custody dispute?

- | |
|------------------------------|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Yes |

If yes, please briefly describe: _____

31. 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 | |

32. 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: _____ | | | | |

33. Check the boxes that best describe the various roles you play in the relationship.

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

34. Check the boxes that best describe the various roles your spouse/partner plays in the relationship?

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

35. 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 |

36. Check the boxes that best describe the major areas of disagreement 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"/> In-laws | <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: _____ |

37. 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: _____ |

38. 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 |

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

- ☐ No
☐ Yes
☐ Not Applicable

If yes, please briefly describe: _____

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

- ☐ No
☐ Yes
☐ Not Applicable

If yes, please briefly describe: _____

41. Check the boxes that best describe your current relationship with your parent(s):

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

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

<u>Your side of the family</u>	<u>Spouse/Partner's side of the family</u>
<input type="checkbox"/> All family members are helpful and supportive	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> The vast majority is helpful and supportive	<input type="checkbox"/> All family members are helpful and supportive
<input type="checkbox"/> About half helpful and supportive	<input type="checkbox"/> The vast majority is helpful and supportive
<input type="checkbox"/> Few family members are helpful and supportive	<input type="checkbox"/> About half helpful and supportive
<input type="checkbox"/> No family members are helpful and supportive	<input type="checkbox"/> Few family members are helpful and supportive
	<input type="checkbox"/> No family members are helpful and supportive

43. In some families, different viewpoints concerning such things as life-styles, personal values, religion, social/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

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

<u>Your side of the family</u>	<u>Spouse/partner's side of the family</u>
<input type="checkbox"/> All family members are comfortable	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> The vast majority is comfortable	<input type="checkbox"/> All family members are comfortable
<input type="checkbox"/> About half are comfortable	<input type="checkbox"/> The vast majority are comfortable
<input type="checkbox"/> Few are comfortable	<input type="checkbox"/> About half are comfortable
<input type="checkbox"/> No family members are comfortable	<input type="checkbox"/> Few are comfortable
	<input type="checkbox"/> No family members are comfortable

45. 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:_____

46. How able are members of your immediate and extended family to fully accept an unrelated child into the family?

☐ All family members can fully accept

☐ The vast majority can fully accept

☐ About half can fully accept

☐ Few are able to fully accept

☐ No family members are able to accept

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

- ☐ There are numerous people in my life who are ready and able to be supportive
- ☐ There are several people in my life who are ready and able to be supportive
- ☐ There are a few select people in my life who are ready and able to be supportive
- ☐ There is one person in my life that is ready and able to be supportive
- ☐ There is nobody in my life that is ready and able to be supportive

48. How many people in your life, outside of your family, cause you serious conflict and/or stress?

- ☐ There are numerous people in my life who cause me serious conflict and stress
- ☐ There are several people in my life who cause me serious conflict and stress
- ☐ There are a few select people in my life who cause me serious conflict and street
- ☐ There is one person in my life that causes me serious conflict and stress
- ☐ There is nobody in my life that causes me serious conflict and stress

49. 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 church attendance |
| <input type="checkbox"/> Have many friends that I socialize with | <input type="checkbox"/> Occasional church attendance |
| <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"/> Other: _____ | <input type="checkbox"/> No involvement in community organizations |

50. 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 |

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

- ☐ Not Applicable ☐ _____ years and _____ months

52. 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 |

53. Have you ever been fired?

- ☐ No
- ☐ Yes

If yes, please briefly describe: _____

54. Do you plan any career or job changes in the near future?

- ☐ No
- ☐ Yes

If yes, please briefly describe: _____

55. What is the overall condition of your health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

If fair or poor, please describe: _____

56. Have you ever been hospitalized or had surgery?

- ☐ No
☐ Yes

If yes, please briefly describe: _____

57. Are you currently taking any medication(s)?

- ☐ No
☐ Yes

If yes, please briefly describe: _____

58. Have you or anyone in your family 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	_____ Mental retardation	_____ Alcoholism
_____ Drug Addiction	_____ Eating Disorder	_____ Anxiety/Panic attacks
_____ Depression	_____ Bipolar Illness	_____ Schizophrenia
_____ Attention Deficit Disorder	_____ Infertility/Sterility	_____ Sexually transmitted disease
_____ Other condition(s) not listed: _____		

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

Signature

Date

COMMENTS