

# SAFE Questionnaire I : Single Applicant

## INSTRUCTIONS

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

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

**1**

**Who primarily raised you? (check all that apply)**

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

**2**

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

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

**3**

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

- \_\_\_\_ years of age                       I currently live with my parent(s) or primary caretaker(s)

**4**

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

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**5**

**Check the boxes that best characterize your childhood relationship with your mother or primary caregiver:**

- |  |  |   |  |
|--|--|---|--|
| <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 or primary caregiver:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Mother or Primary Caretaker**

**Father or Primary Caretaker**

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

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

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

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

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

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

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

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

- No       Yes

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

- No       Yes

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

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

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

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

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

- Not applicable       Divorce       Death of spouse(s)       Annulment

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

- Not applicable  
 Terminated partnership without legal agreement(s)  
 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 Are you currently in a relationship?**

- No       Yes

If yes, please characterize the nature of the relationship(s):

- Long term       New       Intimate       Casual       Multiple Relationships

**30 How often do you argue with others?**

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

**31****Check the boxes that best describe the major areas of conflict between you and others:**

- |   |   |  |  |
|---|---|--|--|
| <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:                |

**32****Check the boxes that best describe the way you typically react when you have a major disagreement with others:**

- |  |  |
|--|--|
| <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 them                              |
| <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:  |

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

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

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

- 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

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

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

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

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

**37** 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: \_\_\_\_\_
- 

**38** 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
- 

**39** 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



**40 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

**41 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:   |  |

**42 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 |

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

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

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

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

**45 Have you ever been fired?**

- No       Yes

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

- No       Yes

**47 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"/> Send child to their room                |
| <input type="checkbox"/> Ignore the child's misbehavior                 | <input type="checkbox"/> Tell child they are grounded            |
| <input type="checkbox"/> Discipline according to how I feel at the time | <input type="checkbox"/> Tell child they should be ashamed       |
| <input type="checkbox"/> Physical restraint, e.g., strap down in crib   | <input type="checkbox"/> Threaten punishment in the future       |
| <input type="checkbox"/> Make rules and consequences clear in advance   | <input type="checkbox"/> Tell child how angry they make me       |
| <input type="checkbox"/> Take away privileges                           | <input type="checkbox"/> Other:                                  |

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

- Excellent       Good       Fair       Poor

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

- No       Yes

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

- No       Yes

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

**1 = SELF      2 = PARENT(S)      3 = SIBLING(S)      4 = CHILDREN**

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

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

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