

SAFE Questionnaire II: Single Applicant

Name:

Date:

Pronouns:

Questionnaire

1. Have you ever experienced any of the following? (Check all that apply)

Served jail/prison sentence	Military combat/deployment
Interrupted pregnancy	Bankruptcy
Juvenile detention/probation	Infertility
Fired from a job/asked to leave a job	Debilitating injury or illness
Death of a child or spouse/partner	Had a child adopted
Witnessed or experienced violence	Domestic violence
Had a child abducted or kidnapped	Involvement with child welfare
Put under or filed a court restraining order	None of these options
Psychiatric hospitalization or outpatient treatment	

2. Have any of the items listed below ever presented a problem for you? (Check all that apply)

Gambling	Food
Money management	Sex
Child pornography	Smoking
Controlling temper	Work
Education	Pornography
Drug or alcohol use	None of these options

3. Who in your family has used illegal drugs or misused legal drugs? (Check all that apply)

Self	Former spouse/partner	Child(ren)
Stepchild(ren)	Sibling(s)	Grandparent(s)
Parent(s)/primary caregiver(s)	Stepparent(s)	Aunt(s)/uncle(s)
Former in-law(s)/relative(s) of partner	Niece(s)/nephew(s)	Cousin(s)
No one to my knowledge	Other(s):	

4. Who in your family has ever had a problem with alcohol misuse? (Check all that apply)

Self	Former spouse/partner	Child(ren)
Stepchild(ren)	Sibling(s)	Grandparent(s)
Parent(s)/primary caregiver(s)	Stepparent(s)	Aunt(s)/uncle(s)
Former in-law(s)/relative(s) of partner	Niece(s)/nephew(s)	Cousin(s)
No one to my knowledge	Other(s):	

5. How often and how much alcohol do you currently drink?

Never drink alcohol	Regularly, one or two drinks
Occasionally, one or two drinks	Regularly, three or more drinks
Occasionally, three or more drinks	

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