

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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6. Was there ever a time when you were drinking too much alcohol?

Yes

No

7. Have you ever consumed alcohol in the morning or during work hours?

Yes

No

8. As a direct or indirect result of alcohol use, have you experienced any of the following? (*Check all that apply*)

Accidents

Legal difficulty

Health problems

Absence from work

Arguments with family or friends

Loss of a job

Disconnection from family/community

Violent behavior

Arrested or cited for driving under the influence

None of these options

Inpatient and/or outpatient alcohol treatment program

Other:

9. Which of the following have you used? (*Check all that apply*)

Barbiturates/sleeping pills

Inhalants/glue/solvents

Heroin/morphine/opium

Quaaludes

Cocaine/crack

Methadone

Marijuana

Tranquilizers

Antidepressants

Pain Pills

Methamphetamines/amphetamine/speed

PCP

Over the counter diet pills/other stimulants

None of these options

Hallucinogens/LSD/psilocybin/mescaline

Other:

Club drugs/ecstasy/GHB/rohypnol/ketamine

10. As a direct or indirect result of legal or illegal drug use, have you experienced any of the following? (*Check all that apply*)

Accidents

Legal difficulties

Health problems

Absence from work

Arguments with family or friends

Loss of a job

Disconnection from family/community

Violent behavior

Arrested or cited for driving under the influence

None of these options

Outpatient and/or inpatient drug treatment program

Other:

11. When you were a child or teenager, did any person (adult, teen, or child) ever force, trick, or coerce you into having any kind of sexual contact with them?

Yes

No

I'm not sure

12. When you were a child or teenager, did any person (adult, teen, or child) ever hit, push, whip, bite, punch, slap, or burn you in a way that resulted in injuries being left on your body?

Yes

No

I'm not sure

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13. As an adult, child, or teenager, has another person ever threatened, intimidated, frightened, isolated you from friends and family, controlled your finances, and/or deprived you of accessing support services such as medical services?
- | | |
|-------|---------------|
| Never | Several Times |
| Once | Frequently |
| Twice | |
14. As an adult, child, or teenager, have you ever been sexually abused, assaulted, or molested?
- | | | |
|-----|----|--------------|
| Yes | No | I'm not sure |
|-----|----|--------------|
15. As an adult, child, or teenager, have you ever been emotionally abused and/or physically abused, assaulted, or battered?
- | | | |
|-----|----|--------------|
| Yes | No | I'm not sure |
|-----|----|--------------|
16. Who in your family has been sexually abused, assaulted, or molested? (*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): | |
17. Who in your family has been emotionally abused and/or physically abused, assaulted, or battered? (*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): | |
18. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of physical, emotional, or sexual child abuse? (*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): | |
19. Have you or anyone in your family ever viewed, possessed, or produced child pornography or been suspected of, investigated for, charged with, or convicted of activities involving child pornography? (*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): | |

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20. Do you or anyone in your household possess or view sexually explicit adult magazines, videos, internet sites, or other similar materials?

Yes

No

If so, are these materials safeguarded from children/youth?

Yes

No

21. Have you or anyone in your family ever been suspected of, investigated for, charged with, or convicted of child neglect? (*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):

22. Have you or anyone in your family been arrested for or convicted of a criminal offense? (*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):

23. Have you or anyone in your household ever been struck by anyone living in the home?

Never

Several Times

Once

Frequently

Twice

24. As an adult, teenager, or child, have you or your spouse/partner ever gone for counseling or psychotherapy, or met with community elders or religious/spiritual leaders for additional support?

Yes

No

25. Who in your family has experienced or is experiencing mental health issues and/or suicidal behavior? (*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):

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

Signature

Date