SAFE Questionnaire I : Couple 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)

- ☐ Mother and Father
- ☐ Father
- ☐ Mother
- ☐ Mother and Stepparent
- ☐ Father and Stepparent
- ☐ Stepmother
- ☐ Stepfather
- ☐ Maternal Grandparent(s)
- ☐ Paternal Grandparent(s)
- ☐ Aunt(s) and/or Uncle(s)
- ☐ Mother and Mother
- ☐ Father and Father
- ☐ Older Sibling(s)
- ☐ Adoptive Parent(s)
- ☐ Foster Parent(s)
- ☐ Institutional Caretaker(s)
- ☐ Legal Guardian(s)
- ☐ Other:

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

- ☐ No separations
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Death of parent(s)
- ☐ Abandoned by parent(s)
- ☐ Parent(s) long-term hospitalization
- ☐ Parent(s) in military
- ☐ Parent(s) in prison
- ☐ Removed from your home by police or social services
- ☐ Other:

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?**

_____

_____

_____

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

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

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

- ☐ No relationship
- ☐ Abusive
- ☐ Idolized
- ☐ Neglectful
- ☐ Caring
- ☐ Supportive
- ☐ Fun
- ☐ Friendly
- ☐ Warm
- ☐ Gentle
- ☐ Smothering
- ☐ Demonstrative
- ☐ Over protective
- ☐ Respectful
- ☐ Affectionate
- ☐ Anxious
- ☐ Consistent
- ☐ Distant/Uninvolved
- ☐ Superficial
- ☐ Strained
- ☐ Close
- ☐ Took care of father
- ☐ Afraid of father
- ☐ Unpredictable
- ☐ Full of conflict
- ☐ Relaxed
- ☐ Loving
- ☐ 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)?**

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

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

- ☐ Painful
- ☐ Happy
- ☐ Fun
- ☐ Wonderful
- ☐ Exciting
- ☐ Unhappy
- ☐ Carefree
- ☐ Stable
- ☐ Confusing
- ☐ Frightening
- ☐ Chaotic
- ☐ Lonely
- ☐ Secure
- ☐ Sickly
- ☐ Traumatic
- ☐ Spoiled
- ☐ Enjoyable
- ☐ Sad
- ☐ Stimulating
- ☐ Difficult to remember
- ☐ Other:

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

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

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

Mother or Primary Caretaker	Father or Primary Caretaker
☐ Very good	☐ Very good
☐ Good	☐ Good
☐ Fair	☐ Fair
☐ Poor	☐ Poor
☐ Unknown	☐ Unknown

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

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

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

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

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

- ☐ Both parents equally
- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Older sibling(s)
- ☐ Other:
- ☐ Maternal grandparent(s)
- ☐ Paternal grandparent(s)
- ☐ Aunt and/or uncle
- ☐ Foster parent(s)
- ☐ Legal guardian(s)
- ☐ Primary caretaker(s)

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	
☐ Not applicable	☐ Praised positive behaviors	☐ Not applicable	☐ Praised positive behaviors
☐ Consistently	☐ Shamed	☐ Consistently	☐ Shamed
☐ Fairly	☐ Grounded	☐ Fairly	☐ Grounded
☐ Strictly	☐ Removed privileges	☐ Strictly	☐ Removed privileges
☐ Leniently	☐ Logical consequences	☐ Leniently	☐ Logical consequences
☐ Made idle threats	☐ Withheld food	☐ Made idle threats	☐ Withheld food
☐ Lectured	☐ Sent me to my room	☐ Lectured	☐ Sent me to my room
☐ Used time outs	☐ Ignored misbehaviors	☐ Used time outs	☐ Ignored misbehaviors
☐ Reasoned with me	☐ Used physical restraints	☐ Reasoned with me	☐ Used physical restraints
☐ Spanked	☐ Physically punished *(other than spanking)*	☐ Spanked	☐ Physically punished *(other than spanking)*
☐ Family Meetings		☐ Family Meetings	
☐ Other:		☐ 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	
☐ Not applicable	☐ Honesty	☐ Not applicable	☐ Honesty
☐ Religious beliefs	☐ Family closeness	☐ Religious beliefs	☐ Family closeness
☐ Compassion	☐ Family support	☐ Compassion	☐ Family support
☐ Social conscience	☐ Social status	☐ Social conscience	☐ Social status
☐ Strong work ethic	☐ Education	☐ Strong work ethic	☐ Education
☐ Being responsible	☐ Self respect	☐ Being responsible	☐ Self Respect
☐ Freedom of expression	☐ Independence	☐ Freedom of expression	☐ Independence
☐ Leading a balanced life	☐ Making money	☐ Leading a balanced life	☐ Making money
☐ Being a parent	☐ Fidelity	☐ Being a parent	☐ Fidelity
☐ Patriotism	☐ Healthy life style	☐ Patriotism	☐ Healthy life style
☐ Spiritual/Cultural Practice	☐ Other:	☐ Spiritual/Cultural Practice	☐ 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	
☐ Unknown	☐ Awkward discussing	☐ Unknown	☐ Awkward discussing
☐ Open about sexuality	☐ Believed sex was sinful	☐ Open about sexuality	☐ Believed sex was sinful
☐ Comfortable discussing	☐ Liberal sexual attitudes	☐ Comfortable discussing	☐ Liberal sexual attitudes
☐ Old fashioned	☐ Conservative attitudes	☐ Old fashioned	☐ Conservative attitudes
☐ Never discussed sex	☐ Sexually repressed	☐ Never discussed sex	☐ Sexually repressed
☐ No sex before marriage	☐ Sexually irresponsible	☐ No sex before marriage	☐ Sexually irresponsible
☐ Condemned homosexuality	☐ Supported sex education	☐ Condemned homosexuality	☐ Supported sex education
☐ Knowledgeable	☐ Other:	☐ Knowledgeable	☐ Other:

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

☐ Happy	☐ Awkward	☐ Responsible	☐ Rebellious	☐ Shy
☐ Temperamental	☐ Self-confident	☐ Sad	☐ Disobedient	☐ Curious
☐ Stubborn	☐ Friendly	☐ Irresponsible	☐ Outgoing	☐ Compliant
☐ Unhappy	☐ Calm	☐ Anxious/Nervous	☐ Sickly	☐ Thoughtful
☐ Aggressive	☐ Serious	☐ Active	☐ Insecure	☐ Quiet
☐ Fearful	☐ Hyperactive	☐ Funny	☐ Obedient	☐ Other:

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

☐ Happy	☐ Awkward	☐ Responsible	☐ Rebellious	☐ Shy
☐ Temperamental	☐ Self-confident	☐ Sad	☐ Disobedient	☐ Curious
☐ Stubborn	☐ Friendly	☐ Irresponsible	☐ Outgoing	☐ Compliant
☐ Unhappy	☐ Calm	☐ Anxious/Nervous	☐ Sickly	☐ Thoughtful
☐ Aggressive	☐ Serious	☐ Active	☐ Insecure	☐ Quiet
☐ Fearful	☐ Hyperactive	☐ Funny	☐ Obedient	☐ Other:

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

☐ Mother	☐ Aunt(s)/Uncle(s)	☐ Counselor(s)/Teacher(s)	
☐ Father	☐ Stepparent	☐ Psychiatrist(s)/Psychologist(s)/Social Worker(s)	
☐ Sibling(s)	☐ Primary Caretaker(s)	☐ Clergy	☐ No One
☐ Grandparent(s)	☐ Cousin(s)	☐ Friends	☐ 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:**

- ☐ Didn't date
- ☐ Fun
- ☐ Unremarkable
- ☐ Chaperoned
- ☐ Traumatic
- ☐ Too much too soon
- ☐ Dull
- ☐ In groups
- ☐ Extensive
- ☐ Unusual
- ☐ Pressured
- ☐ Friendly
- ☐ Frightening
- ☐ Exciting
- ☐ Limited
- ☐ Other:

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

- ☐ Limited
- ☐ Traumatic
- ☐ Awkward
- ☐ Exciting
- ☐ Unremarkable
- ☐ Unusual
- ☐ Romantic
- ☐ Regretful
- ☐ Frightening
- ☐ Confusing
- ☐ Shameful
- ☐ Amusing
- ☐ Pleasurable
- ☐ Abusive
- ☐ Pressured
- ☐ 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
- ☐ Death of partner(s)
- ☐ 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:**

- ☐ Not applicable
- ☐ Easy
- ☐ Expensive
- ☐ Frightening
- ☐ Painful
- ☐ Unfair
- ☐ Bitter
- ☐ Amicable
- ☐ Crazy
- ☐ Frustrating
- ☐ Fair
- ☐ Devastating
- ☐ A relief
- ☐ Long and drawn out
- ☐ Depressing
- ☐ Other:

28 **Have you ever been in a custody dispute?**

- ☐ No
- ☐ Yes

29 **How long did you know your current spouse/partner before you were married or established a domestic partner relationship?**

- ☐ Less than 6 months
- ☐ Less than a year
- ☐ 1 to 2 years
- ☐ 3 to 4 years
- ☐ 5 to 7 years
- ☐ 8 to 12 years
- ☐ 13 or more years

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

- ☐ Religious
- ☐ Uncaring
- ☐ Appreciative
- ☐ Affectionate
- ☐ Compassionate
- ☐ Dogmatic
- ☐ Introvert
- ☐ Emotional
- ☐ Friendly
- ☐ Rigid
- ☐ Self-centered
- ☐ Gentle
- ☐ Good listener
- ☐ Considerate
- ☐ Playful
- ☐ Distant
- ☐ Thoughtful
- ☐ Athletic
- ☐ Workaholic
- ☐ Prejudiced
- ☐ Careful
- ☐ Outgoing
- ☐ Quick tempered
- ☐ Worrier
- ☐ Domineering
- ☐ Supportive
- ☐ Predictable
- ☐ Anxious
- ☐ Unhappy
- ☐ Argumentative
- ☐ Competitive
- ☐ Sarcastic
- ☐ Faultfinding
- ☐ Flexible
- ☐ Abusive
- ☐ Moody
- ☐ Stubborn
- ☐ Depressed
- ☐ Tolerant
- ☐ Communicative
- ☐ Clear thinking
- ☐ Other:
- ☐ Smart
- ☐ Social
- ☐ Happy
- ☐ Unforgiving
- ☐ Understanding
- ☐ Honest
- ☐ Romantic
- ☐ Generous
- ☐ Dependable
- ☐ Impulsive
- ☐ Good sense of humor
- ☐ Kind
- ☐ Energetic

31 **Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:**

Roles you play in relationship

- ☐ Head of household
- ☐ Leader
- ☐ Emotional one
- ☐ Social planner
- ☐ Initiator
- ☐ Peacemaker
- ☐ Comforter
- ☐ Risk taker
- ☐ Money manager
- ☐ Homemaker
- ☐ Wage earner
- ☐ Decision maker
- ☐ Rational one
- ☐ Organizer
- ☐ Compromiser
- ☐ Caregiver
- ☐ Follower
- ☐ Negotiator
- ☐ Manager
- ☐ Other:

Roles spouse/partner plays in relationship

- ☐ Head of household
- ☐ Leader
- ☐ Emotional one
- ☐ Social planner
- ☐ Initiator
- ☐ Peacemaker
- ☐ Comforter
- ☐ Risk taker
- ☐ Money manager
- ☐ Homemaker
- ☐ Wage earner
- ☐ Decision maker
- ☐ Rational one
- ☐ Organizer
- ☐ Compromiser
- ☐ Caregiver
- ☐ Follower
- ☐ Negotiator
- ☐ Manager
- ☐ Other:

32 **How often do you and your spouse/partner argue?**

- ☐ Never
- ☐ Rarely
- ☐ Once or twice a year
- ☐ Once or twice a month
- ☐ Once or twice a week
- ☐ Almost daily
- ☐ Once a day
- ☐ Several times a day

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

- ☐ Discipline of children
- ☐ Religion
- ☐ Alcohol/Drugs
- ☐ Emotional closeness
- ☐ Family involvement
- ☐ Money
- ☐ Personal habits
- ☐ Household chores
- ☐ Work
- ☐ Infidelity
- ☐ Emotional separateness
- ☐ Travel
- ☐ Sexual relations
- ☐ Politics
- ☐ Values
- ☐ Separate activities
- ☐ Time apart
- ☐ Other:
- ☐ Personal expectations
- ☐ Friends
- ☐ Leisure time
- ☐ Shared activities
- ☐ Time together

34 **Check the boxes that best describe the way you typically react when you have a major disagreement with your spouse/partner:**

- ☐ Reach agreement through mutual give and take
- ☐ Take time to think things over before discussing
- ☐ Give in and attempt to smooth things over
- ☐ Seek outside help such as a counselor/clergy person
- ☐ Sometimes pound or break things
- ☐ Change the topic
- ☐ Other:
- ☐ Agree to disagree
- ☐ Sometimes yell and shout
- ☐ Leave the house to cool off
- ☐ Become silent
- ☐ Try to outwit spouse/partner
- ☐ Things get physical (pushing, shoving, hitting)

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

- ☐ Very compatible
- ☐ Compatible
- ☐ Somewhat compatible
- ☐ Not very compatible
- ☐ Incompatible

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

38 **Check the boxes that best describe your current relationship with your mother and father:**

Mother or Primary Caretaker		Father or Primary Caretaker	
☐ Mother deceased	☐ Dependent	☐ Father deceased	☐ Dependent
☐ No contact	☐ Loving	☐ No contact	☐ Loving
☐ Strained	☐ Very close	☐ Strained	☐ Very close
☐ Distant	☐ Comfortable	☐ Distant	☐ Comfortable
☐ Caring	☐ Over involved	☐ Caring	☐ Over involved
☐ Emotionally intense	☐ Not involved enough	☐ Emotionally intense	☐ Not involved enough
☐ Flexible	☐ On again/off again	☐ Flexible	☐ On again/off again
☐ Hostile	☐ Problematic	☐ Hostile	☐ Problematic
☐ Understanding	☐ Enjoyable	☐ Understanding	☐ Enjoyable
☐ Argumentative	☐ Improving	☐ Argumentative	☐ Improving
☐ Manipulative	☐ Gratifying	☐ Manipulative	☐ Gratifying
☐ Positive	☐ I am caretaker for	☐ Positive	☐ I am caretaker for
☐ Supportive	☐ Other:	☐ Supportive	☐ Other:

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

Your side of the family	Spouse/Partner's side of the family
☐ Not applicable	☐ Not applicable
☐ All family members are helpful and supportive	☐ All family members are helpful and supportive
☐ Most family members are helpful and supportive	☐ Most family members are helpful and supportive
☐ About half are helpful and supportive	☐ About half are helpful and supportive
☐ Few are helpful and supportive	☐ Few are helpful and supportive
☐ No family members are helpful and supportive	☐ No family members are helpful and supportive

40 **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

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

Your side of the family	Spouse/Partner's side of the family
☐ Not applicable	☐ Not applicable
☐ All family members are comfortable	☐ All family members are comfortable
☐ Most family members are comfortable	☐ Most family members are comfortable
☐ About half are comfortable	☐ About half are comfortable
☐ Few are comfortable	☐ Few are comfortable
☐ No family members are comfortable	☐ No family members are comfortable

42 **List your siblings according to how close or distant your relationship is with them:**

- ☐ I don't have any brothers or sisters
- ☐ I am very close to:_____
- ☐ I am somewhat close to:_____
- ☐ I am distant from:_____
- ☐ I am in conflict with:_____

43 **How many members of your immediate and extended family are ready, willing and able to fully accept an unrelated child into the family?**

- ☐ All family members are ready, willing and able to fully accept
- ☐ Most family members are ready, willing and able to fully accept
- ☐ About half are ready, willing and able to fully accept
- ☐ Few are ready, willing and able to fully accept
- ☐ No family member is ready, willing and able to fully accept

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

- ☐ There are numerous people who are ready, willing and able to be supportive
- ☐ There are several people who are ready, willing and able to be supportive
- ☐ There are a few select people who are ready, willing and able to be supportive
- ☐ There is one person who is ready, willing and able to be supportive
- ☐ There is nobody who is ready, willing and able to be supportive

45 **How many people in your life cause you serious conflict and stress?**

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

46 **Check the boxes that best describe your community involvement:**

- ☐ Have no friends that I socialize with
- ☐ Have a few friends that I socialize with
- ☐ Have many friends that I socialize with
- ☐ Regular involvement in social organizations
- ☐ Occasional involvement in social organizations
- ☐ Rarely get involved in social organizations
- ☐ No involvement in community organizations
- ☐ Other:
- ☐ Active in politics
- ☐ Regular attendance at religious services
- ☐ Occasional attendance at religious services
- ☐ Rarely/Never attend religious services
- ☐ Active in community organizations
- ☐ Occasional involvement in community organizations
- ☐ Cultural events

47 **If you are employed outside of the home, how many hours per week do you work?**

- ☐ Not applicable
- ☐ Less than 20 hours
- ☐ 20 - 30 hours
- ☐ 31 - 40 hours
- ☐ 41- 50 hours
- ☐ More than 50 hours

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

- ☐ Not applicable
- ☐ _____ years and _____ months

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

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

50 **Have you ever been fired?**

- ☐ No
- ☐ Yes

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

☐ No ☐ Yes

52 **How do/will you discipline a child in your care?**

☐ Spanking
☐ Lecturing
☐ Rational discussion
☐ Consistently use reasonable consequences
☐ Ignore the child's misbehavior
☐ Discipline according to how I feel at the time
☐ Physical restraint, e.g., strap down in crib
☐ Make rules and consequences clear in advance
☐ Take away privileges
☐ Other:

☐ Physical punishment other than spanking
☐ Use "time outs"
☐ Raise my voice
☐ Have my spouse/partner handle the discipline
☐ Tell child they are grounded
☐ Tell child they should be ashamed
☐ Threaten punishment in the future
☐ Tell child how angry they make me
☐ Send child to their room

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ No ☐ Yes

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

☐ No ☐ Yes

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

1 = SELF 2 = PARENT(S) 3 = SIBLING(S) 4 = CHILDREN 5 = SPOUSE/PARTNER

____Diabetes
____Cancer
____Asthma
____Ulcers
____Colitis
____Alcoholism
____Depression
____Schizophrenia
____Other condition(s) not listed:

____Arthritis
____Frequent headaches
____Hearing loss
____Insomnia
____Tuberculosis
____Drug addiction
____Bipolar illness
____Eating disorder

____Seizures
____Kidney disease
____Impaired sight
____Sickle cell anemia
____Thyroid condition
____Developmental disability
____Attention deficit disorder
____Sexually transmitted disease

____High blood pressure
____High cholesterol
____Allergies
____Heart condition
____Intellectual disability
____Anxiety/Panic attacks
____Infertility/Sterility

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

Signature:_____ Date:_____