SAFE Questionnaire II : Couple Applicant

Print Name: _____ Date: _____

1 **Have you or your spouse/partner ever experienced any of the following?** *(Check all that apply)*

	self	spouse or partner
Incarceration	☐	☐
Military combat	☐	☐
Bankruptcy	☐	☐
Interrupted pregnancy	☐	☐
Infertility	☐	☐
Juvenile detention/probation	☐	☐
Debilitating injury or illness	☐	☐
Psychiatric hospitalization or outpatient treatment	☐	☐
Fired from a job	☐	☐
Death of a child or spouse/domestic partner	☐	☐
Witnessed or experienced violence	☐	☐
Had a child adopted	☐	☐
Had a child abducted or kidnapped	☐	☐
Put under or filed a court restraining order	☐	☐
Domestic violence	☐	☐
None of the above	☐	☐

2 **Have any of the issues listed below ever presented a problem for you or your spouse/partner?** *(Check all that apply)*

	self	spouse or partner
Gambling	☐	☐
Money management	☐	☐
Food	☐	☐
Child pornography	☐	☐
Sex	☐	☐
Controlling temper	☐	☐
Smoking	☐	☐
Work	☐	☐
Education	☐	☐
Pornography	☐	☐
None of the above	☐	☐

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

☐ Self	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

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

☐ Self	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

5 **Is there a history of alcohol consumption for you and your spouse/partner?**

	self	spouse or partner
Never drink alcohol	☐	☐
Occasionally, one or two drinks	☐	☐
Regularly, one or two drinks	☐	☐
Occasionally, three or more drinks	☐	☐
Regularly, three or more drinks	☐	☐

6 **Was there ever a time when you and/or your spouse/partner were drinking too much alcohol?**

☐ Yes, myself ☐ Yes, my spouse or partner ☐ No

7 **Have you and/or your spouse/partner ever consumed alcohol in the morning or during work hours?**

☐ Yes, myself ☐ Yes, my spouse or partner ☐ No

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

	self	spouse or partner
Legal difficulty	☐	☐
Arrested or cited for driving under the influence	☐	☐
Absence from work	☐	☐
Accidents	☐	☐
Loss of a job	☐	☐
Health problems	☐	☐
Violent behavior	☐	☐
Arguments with family or friends	☐	☐
Inpatient and/or outpatient alcohol treatment program	☐	☐
None of the above	☐	☐

9 **Which of the following have you or your spouse/partner used?** *(Check all that apply)*

	self	spouse or partner
Barbiturates/Sleeping Pills	☐	☐
Methamphetamines/Amphetamines/Speed	☐	☐
Over the counter diet pills/other stimulants	☐	☐
Hallucinogens/LSD/Psilocybin/Mescaline	☐	☐
Inhalants/Glue/Solvents	☐	☐
Quaaludes	☐	☐
Methadone	☐	☐
Heroin/Morphine/Opium	☐	☐
Cocaine/Crack	☐	☐
Marijuana	☐	☐
Tranquilizers/Antidepressants	☐	☐
Pain Pills	☐	☐
PCP	☐	☐
Club Drugs/Ecstacy/GHB/Rohypnol/Ketamine	☐	☐
Other	☐ _____	☐ _____
None of the above	☐	☐

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

	self	spouse or partner
Legal difficulties	☐	☐
Absence from work	☐	☐
Accidents	☐	☐
Loss of a job	☐	☐
Health problems	☐	☐
Violence	☐	☐
Arguments with family or friends	☐	☐
Arrested for driving under the influence of drugs	☐	☐
Outpatient and/or inpatient drug treatment program	☐	☐
None of the above	☐	☐

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 don't know if this ever happened to me

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 don't know if this ever happened to me

13 **As an adult, child or teenager, have you ever been sexually abused, assaulted or molested?**

☐ Yes ☐ No ☐ I'm not sure

14 **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

15 **Who in your family has been sexually abused, assaulted or molested?** *(Check all that apply)*

☐ I am not sure	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

16 **Who in your family has been emotionally abused and/or physically abused, assaulted, or battered?** *(Check all that apply)*

☐ I am not sure	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

17 **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	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

18 **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	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

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

☐ Yes ☐ No

If yes, are these materials safeguarded from children?

☐ Yes ☐ No

20 **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	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

21 **Have you or anyone in your family been arrested for or convicted of a criminal offense?** *(Check all that apply)*

☐ Self	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

22 **Have you or anyone in your household ever been struck by anyone living in the home?**

☐ Yes ☐ No

23 **Has your spouse/partner ever hurt you physically by actions such as pushing, slapping, kicking, punching, biting, choking, throwing objects or cutting?**

☐ Never ☐ Once ☐ Twice ☐ Several Times ☐ Frequently

24 **Has your spouse/partner ever physically forced you to have sexual contact against your will?**

☐ Never ☐ Once ☐ Twice ☐ Several Times ☐ Frequently

25 **As an adult, teenager or child, have you or your spouse/partner ever gone for counseling or psychotherapy?**

☐ Yes, self ☐ Yes, spouse or partner ☐ No

26 **Do you or anyone in your family have a history of mental illness or suicidal behavior?** *(Check all that apply)*

☐ Self	☐ Mother	☐ Brother(s)	☐ Aunt(s)	☐ Cousin(s)
☐ Spouse or Partner	☐ Father	☐ Sister(s)	☐ Uncle(s)	☐ In-law(s)
☐ Son(s)	☐ Stepmother	☐ Grandmother	☐ Niece(s)	☐ No one to my knowledge
☐ Daughter(s)	☐ Stepfather	☐ Grandfather	☐ Nephew(s)	☐ Other(s):

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

Signature _____ Date _____

