SAFE QUESTIONNAIRE I

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?
   - Mother and Father
   - Father
   - Mother
   - Mother and Stepparent
   - Father and Stepparent
   - Stepmother
   - Stepfather
   - Paternal Grandparent(s)
   - Maternal Grandparent(s)
   - Foster Parent(s)
   - Adoptive Parent(s)
   - Institutional Caretaker(s)
   - Aunt(s) and/or Uncle(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
   - Abandoned by parents(s)
   - Removed from your home by police or social services
   - Parents separated
   - Parent(s) long-term hospitalization
   - Parents divorced
   - Parent(s) in military
   - Death of parent(s)
   - Parent(s) in prison
   - Other: ____________________

3. How old were you when you 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?

   ______________________________________________________________________________________

5. Among the children in your family, what is your position?
   - Only child
   - Number _____ of ____ children

6. 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: ____________________
7. **SAFE QUESTIONNAIRE I**

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
- [ ] Smothering
- [ ] Superficial
- [ ] Strained
- [ ] Close

- [ ] Took care of father
- [ ] Afraid of father
- [ ] Unpredictable
- [ ] Full of conflict
- [ ] Relaxed
- [ ] Strained
- [ ] Other: ____________________

8. 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)?

- [ ] Non-Applicable
- [ ] Abusive
- [ ] Idolized
- [ ] Neglectful
- [ ] Caring
- [ ] Supportive
- [ ] Fun

- [ ] Friendly
- [ ] Warm
- [ ] Gentle
- [ ] Smothering
- [ ] Crazy making
- [ ] Over protective
- [ ] Respectful

- [ ] Affectionate
- [ ] Anxious
- [ ] Consistent
- [ ] Smothering
- [ ] Superficial
- [ ] Strained
- [ ] Close

- [ ] Predictable
- [ ] Educational
- [ ] Unpredictable
- [ ] Full of conflict
- [ ] Relaxed
- [ ] Loving
- [ ] Other: _____________________

9. 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: _____________________

10. 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: _____________________
SAFE QUESTIONNAIRE I

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

<table>
<thead>
<tr>
<th>Mother or Primary Caretaker</th>
<th>Father or Primary Caretaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Very good</td>
<td>□ Very good</td>
</tr>
<tr>
<td>□ Good</td>
<td>□ Good</td>
</tr>
<tr>
<td>□ Fair</td>
<td>□ Fair</td>
</tr>
<tr>
<td>□ Poor</td>
<td>□ Poor</td>
</tr>
<tr>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

12. 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

13. 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
14. Who primarily disciplined you during your childhood?

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

15. Check the boxes that best describe the way your parent(s)/primary caretaker(s) disciplined you during your childhood:

**Mother or Primary Caretaker**
- Not applicable
- Consistently
- Fairly
- Strictly
- Leniently
- Made idle threats
- Lectured
- Used time outs
- Reasoned with me
- Spanked
- Physically punished (other than spanking)
- Other: ______________________

**Father or Primary Caretaker**
- Not applicable
- Consistently
- Fairly
- Strictly
- Leniently
- Made idle threats
- Lectured
- Used time outs
- Reasoned with me
- Spanked
- Physically punished (other than spanking)
- Other: ______________________

16. Check the boxes that represent the personal values held by your parents/primary caretakers:

**Mother or Primary Caretaker**
- Not applicable
- Religious beliefs
- Compassion
- Social conscience
- Strong work ethic
- Being responsible
- Freedom of expression
- Leading a balanced life
- Being a parent
- Patriotism
- Other: ______________________

**Father or Primary Caretaker**
- Not applicable
- Religious beliefs
- Compassion
- Social conscience
- Strong work ethic
- Being responsible
- Freedom of expression
- Leading a balanced life
- Being a parent
- Patriotism
- Other: ______________________
17. How do your own personal values compare to those of your parents/primary caretakers?

- [ ] 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

18. Check the boxes that best describe your parents’/primary caretakers’ attitudes about sexuality when you were a child:

<table>
<thead>
<tr>
<th>Mother or Primary Caretaker</th>
<th>Father or Primary Caretaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Open about sexuality</td>
<td>Open about sexuality</td>
</tr>
<tr>
<td>Comfortable discussing</td>
<td>Comfortable discussing</td>
</tr>
<tr>
<td>Old fashioned</td>
<td>Old fashioned</td>
</tr>
<tr>
<td>Never discussed sex</td>
<td>Never discussed sex</td>
</tr>
<tr>
<td>No sex before marriage</td>
<td>No sex before marriage</td>
</tr>
<tr>
<td>Condemned homosexuality</td>
<td>Condemned homosexuality</td>
</tr>
<tr>
<td>Supported sex education</td>
<td>Supported sex education</td>
</tr>
<tr>
<td>Other: ______________</td>
<td>Other: ______________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Happy</th>
<th>Awkward</th>
<th>Responsible</th>
<th>Rebellious</th>
<th>Shy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperamental</td>
<td></td>
<td>Self-confident</td>
<td>Sad</td>
<td>Disobedient</td>
<td>Curious</td>
</tr>
<tr>
<td>Stubborn</td>
<td></td>
<td>Friendly</td>
<td>Irresponsible</td>
<td>Outgoing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Unhappy</td>
<td></td>
<td>Calm</td>
<td>Anxious/Nervous</td>
<td>Sickly</td>
<td>Thoughtful</td>
</tr>
<tr>
<td>Aggressive</td>
<td></td>
<td>Serious</td>
<td>Active</td>
<td>Insecure</td>
<td>Quiet</td>
</tr>
<tr>
<td>Fearful</td>
<td></td>
<td>Hyperactive</td>
<td>Funny</td>
<td>Obedient</td>
<td>Other: ______________</td>
</tr>
</tbody>
</table>

20. Check the boxes that best describe what you were like as a teenager:

<table>
<thead>
<tr>
<th></th>
<th>Happy</th>
<th>Awkward</th>
<th>Responsible</th>
<th>Rebellious</th>
<th>Shy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperamental</td>
<td></td>
<td>Self-confident</td>
<td>Sad</td>
<td>Disobedient</td>
<td>Curious</td>
</tr>
<tr>
<td>Stubborn</td>
<td></td>
<td>Friendly</td>
<td>Irresponsible</td>
<td>Outgoing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Unhappy</td>
<td></td>
<td>Calm</td>
<td>Anxious/Nervous</td>
<td>Sickly</td>
<td>Thoughtful</td>
</tr>
<tr>
<td>Aggressive</td>
<td></td>
<td>Serious</td>
<td>Active</td>
<td>Insecure</td>
<td>Quiet</td>
</tr>
<tr>
<td>Fearful</td>
<td></td>
<td>Hyperactive</td>
<td>Funny</td>
<td>Obedient</td>
<td>Other: ______________</td>
</tr>
</tbody>
</table>
21. 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
☐ Grandparent(s)  ☐ Cousins(s)  ☐ Others:

22. When you were a child or adolescent, did you require counseling or psychiatric care?

☐ No
☐ Yes

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

☐ No
☐ Yes

24. Check the boxes that best describe your early dating experiences:

☐ Didn’t date  ☐ Traumatic  ☐ Extensive  ☐ Frightening
☐ Fun  ☐ Too much too soon  ☐ Unusual  ☐ Exciting
☐ Unremarkable  ☐ Dull  ☐ Pressured
☐ Other: _______________

25. Check the boxes that best describe your early sexual experiences:

☐ Limited  ☐ Unremarkable  ☐ Frightening  ☐ Pleasurable
☐ Traumatic  ☐ Unusual  ☐ Confusing  ☐ Abusive
☐ Awkward  ☐ Romantic  ☐ Shameful  ☐ Pressured
☐ Exciting  ☐ Regretful  ☐ Amusing
☐ Other: _______________

26. If you were married previously, how did your marriage(s) end?

☐ Not Applicable  ☐ Divorce
☐ Death of spouse(s)  ☐ Annulment

27. 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)
28. 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: __________________

29. Have you ever been in a custody dispute?

- No
- Yes

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

- Not Applicable
- 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

31. Check the boxes that best describe the characteristics of your current spouse/partner:

- Not Applicable
- Religious
- Uncaring
- Appreciative
- Affectionate
- Compassionate
- Dogmatic
- Introvert
- Emotional
- Friendly
- Rigid
- Self-centered
- Gentle
- Good listener
- Playful
- Distant
- Thoughtful
- Athletic
- Workaholic
- Prejudiced
- Careful
- Outgoing
- Quick tempered
- Worrier
- Domineering
- Supportive
- Predictable
- Considerate
- Unhappy
- Argumentative
- Competitive
- Sarcastic
- Faultfinding
- Flexible
- Abusive
- Moody
- Stubborn
- Depressed
- Tolerant
- Clear thinking
- Anxious
- Smart
- Social
- Happy
- Unforgiving
- Understanding
- Honest
- Romantic
- Generous
- Dependable
- Impulsive
- Good sense of humor
- Kind
- Energetic
- Other: __________________
32. Check the boxes that best describe the various roles you and your spouse/partner play in the relationship:

<table>
<thead>
<tr>
<th>Roles you play in relationship</th>
<th>Roles spouse/partner plays in relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Head of household</td>
<td>Head of household</td>
</tr>
<tr>
<td>Leader</td>
<td>Leader</td>
</tr>
<tr>
<td>Emotional one</td>
<td>Emotional one</td>
</tr>
<tr>
<td>Social planner</td>
<td>Social planner</td>
</tr>
<tr>
<td>Initiator</td>
<td>Initiator</td>
</tr>
<tr>
<td>Peacemaker</td>
<td>Peacemaker</td>
</tr>
<tr>
<td>Comforter</td>
<td>Comforter</td>
</tr>
<tr>
<td>Risk taker</td>
<td>Risk taker</td>
</tr>
<tr>
<td>Money manager</td>
<td>Money manager</td>
</tr>
<tr>
<td>Other: _______________</td>
<td>Other: _________________</td>
</tr>
</tbody>
</table>

33. How often do you and spouse/partner argue?

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Once or twice a year</th>
<th>Almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Once or twice a month</td>
<td>Once a day</td>
</tr>
<tr>
<td>Rarely</td>
<td>Once or twice a week</td>
<td>Several times a day</td>
</tr>
</tbody>
</table>

34. Check the boxes that best describe the major areas of conflict between you and your spouse/partner?

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Personal habits</th>
<th>Sexual relations</th>
<th>Personal expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline of children</td>
<td>Household chores</td>
<td>Politics</td>
<td>Friends</td>
</tr>
<tr>
<td>Religion</td>
<td>Work</td>
<td>Values</td>
<td>Leisure time</td>
</tr>
<tr>
<td>Alcohol/Drugs</td>
<td>Infidelity</td>
<td>Separate activities</td>
<td>Shared activities</td>
</tr>
<tr>
<td>Emotional closeness</td>
<td>Emotional separateness</td>
<td>Time apart</td>
<td>Time together</td>
</tr>
<tr>
<td>Family involvement</td>
<td>Money</td>
<td>Travel</td>
<td>Other: _______________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Agree to disagree</th>
<th>Sometimes yell and shout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach agreement through mutual give and take</td>
<td>Sometimes yell and shout</td>
<td>Leave the house to cool off</td>
</tr>
<tr>
<td>Take time to think things over before discussing</td>
<td>Leave the house to cool off</td>
<td>Become silent</td>
</tr>
<tr>
<td>Give in and attempt to smooth things over</td>
<td>Become silent</td>
<td>Try to outwit spouse/partner</td>
</tr>
<tr>
<td>Seek outside help such as a counselor/clergy person</td>
<td>Try to outwit spouse/partner</td>
<td>Things get physical (pushing, shoving, hitting)</td>
</tr>
<tr>
<td>Sometimes pound or break things</td>
<td>Things get physical (pushing, shoving, hitting)</td>
<td>Other: _______________</td>
</tr>
<tr>
<td>Change the topic</td>
<td>Other: _______________</td>
<td>Other: _______________</td>
</tr>
</tbody>
</table>
36. How sexually compatible are you and your spouse/partner?
   □ Not Applicable   □ Compatible   □ Not very compatible
   □ Very compatible   □ Somewhat compatible   □ Incompatible

37. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship?
   □ No   □ Yes   □ Not Applicable

38. Have you and your spouse/partner ever separated?
   □ No   □ Yes   □ Not Applicable

39. Check the boxes that best describe your current relationship with your mother and father:

<table>
<thead>
<tr>
<th>Relationship with Mother</th>
<th>Relationship with Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mother deceased</td>
<td>□ Father deceased</td>
</tr>
<tr>
<td>□ No contact</td>
<td>□ No contact</td>
</tr>
<tr>
<td>□ Strained</td>
<td>□ Strained</td>
</tr>
<tr>
<td>□ Distant</td>
<td>□ Distant</td>
</tr>
<tr>
<td>□ Caring</td>
<td>□ Caring</td>
</tr>
<tr>
<td>□ Emotionally intense</td>
<td>□ Emotionally intense</td>
</tr>
<tr>
<td>□ Flexible</td>
<td>□ Flexible</td>
</tr>
<tr>
<td>□ Hostile</td>
<td>□ Hostile</td>
</tr>
<tr>
<td>□ Understanding</td>
<td>□ Understanding</td>
</tr>
<tr>
<td>□ Argumentative</td>
<td>□ Argumentative</td>
</tr>
<tr>
<td>□ Manipulative</td>
<td>□ Manipulative</td>
</tr>
<tr>
<td>□ Positive</td>
<td>□ Positive</td>
</tr>
<tr>
<td>□ Supportive</td>
<td>□ Supportive</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Your side of the family</th>
<th>Spouse/Partner's side of the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ All family members are helpful and supportive</td>
<td>□ Not Applicable</td>
</tr>
<tr>
<td>□ Most family members are helpful and supportive</td>
<td>□ All family members are helpful and supportive</td>
</tr>
<tr>
<td>□ About half are helpful and supportive</td>
<td>□ Most family members are helpful and supportive</td>
</tr>
<tr>
<td>□ Few are helpful and supportive</td>
<td>□ About half are helpful and supportive</td>
</tr>
<tr>
<td>□ No family members are helpful and supportive</td>
<td>□ Few are helpful and supportive</td>
</tr>
<tr>
<td></td>
<td>□ No family members are helpful and supportive</td>
</tr>
</tbody>
</table>
41. In some families, different viewpoints concerning such things as life-styles, 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

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

<table>
<thead>
<tr>
<th>Your side of the family</th>
<th>Spouse/Partner's side of the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All family members are comfortable</td>
<td>☐ Not Applicable</td>
</tr>
<tr>
<td>☐ Most family members are comfortable</td>
<td>☐ All family members are comfortable</td>
</tr>
<tr>
<td>☐ About half are comfortable</td>
<td>☐ Most family members are comfortable</td>
</tr>
<tr>
<td>☐ Few are comfortable</td>
<td>☐ About half are comfortable</td>
</tr>
<tr>
<td>☐ No family members are comfortable</td>
<td>☐ Few are comfortable</td>
</tr>
<tr>
<td></td>
<td>☐ No family members are comfortable</td>
</tr>
</tbody>
</table>

43. 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: _________________________________________________________

44. 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
SAFE QUESTIONNAIRE I

45. 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

46. 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

47. 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 attendance at religious services
   - Occasional attendance at religious services
   - Rarely/Never attend religious services
   - Active in community organizations
   - Occasional involvement in community organizations
   - No involvement in community organizations
   - Other:_________________________________

48. If you are employed outside of the home, how many hours per week do you work?
   - Non-Applicable
   - Less than 20 hours
   - 20 - 30 hours
   - 31 - 40 hours
   - 41- 50 hours
   - More than 50 hours

49. If you are employed outside of the home, how long have you worked at your current job?
   - Non-Applicable
   - _______years and _______ months

50. Whether you work inside or outside the home, do you enjoy your work?
   - No
   - Some of the time
   - Most of the time
   - All of the time

51. Have you ever been fired?
   - No
   - Yes

52. Do you plan any career or job changes in the near future?
   - No
   - Yes
53. **How do/will you discipline a child in your care?**

- Spanking
- Physical punishment other than spanking
- Lecturing
- Use “time outs”
- Rational discussion
- Raise my voice
- Consistently use reasonable consequences
- Have my spouse/partner handle the discipline
- Ignore the child’s misbehavior
- Tell child they are grounded
- Discipline according to how I feel at the time
- Tell child he/she should be ashamed
- Physical restraint, e.g., strap down in crib
- Threaten punishment in the future
- Make rules and consequences clear in advance
- Tell child how angry he/she makes me
- Take away privileges
- Send child to their room
- Other: ____________________________________________________________________________

54. **What is the overall condition of your health?**

- Excellent
- Good
- Fair
- Poor

55. **Have you ever been hospitalized or had surgery?**

- No
- Yes

56. **Are you currently taking any medication(s)?**

- No
- Yes

57. **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, place the appropriate number in front of the condition:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Arthritis</td>
<td>2</td>
</tr>
<tr>
<td>Seizures</td>
<td>3</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>5</td>
</tr>
<tr>
<td>Frequent headaches</td>
<td>6</td>
</tr>
<tr>
<td>Ulcers</td>
<td>7</td>
</tr>
<tr>
<td>Colitis</td>
<td>8</td>
</tr>
<tr>
<td>Asthma</td>
<td>9</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>10</td>
</tr>
<tr>
<td>Impaired sight</td>
<td>11</td>
</tr>
<tr>
<td>Allergies</td>
<td>12</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>13</td>
</tr>
<tr>
<td>Insomnia</td>
<td>14</td>
</tr>
<tr>
<td>Sickle cell anemia</td>
<td>15</td>
</tr>
<tr>
<td>Heart condition</td>
<td>16</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>17</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>18</td>
</tr>
<tr>
<td>Thyroid condition</td>
<td>19</td>
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<tr>
<td>Mental retardation</td>
<td>20</td>
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<tr>
<td>Alcoholism</td>
<td>21</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td>22</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>23</td>
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<tr>
<td>Anxiety/Panic attacks</td>
<td>24</td>
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<tr>
<td>Depression</td>
<td>25</td>
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<tr>
<td>Bipolar Illness</td>
<td>26</td>
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<tr>
<td>Schizophrenia</td>
<td>27</td>
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<tr>
<td>Attention Deficit Disorder</td>
<td>28</td>
</tr>
<tr>
<td>Infertility/Sterility</td>
<td>29</td>
</tr>
<tr>
<td>Sexually transmitted disease</td>
<td>30</td>
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</table>

- Other condition(s) not listed: ____________________________________________________________________________

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

Signature_________________________________________________ Date _____________________________
58. Planning for the child’s future
The State of California requires that you plan for the care of your child in the unlikely event of your death. Have you thought about who would take care of your child(ren) if you and your spouse should die before the child(ren) reached adulthood?

☐ Yes  ☐ No

If NO, please think about it and plan to talk with your adoption home study worker about it at a later date.

If YES, who?
Name, DOB:

Address, Relation:

59. Family Information

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB/Age</th>
<th>Residence</th>
<th>Marital Status</th>
<th>Children</th>
<th>Occupation</th>
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<tr>
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<td>Parents:</td>
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| Siblings: |         |           |                |          |            |
|          |         |           |                |          |            |
|          |         |           |                |          |            |
|          |         |           |                |          |            |
|          |         |           |                |          |            |
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**SAFE QUESTIONNAIRE I**

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Adult Children: (over 18 years old, either living in the home or living elsewhere)

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Also, please include a short history on each of your adult children (i.e. schooling, difficulties, traumas, their reaction to the adoption, etc.):