



## ADOPTIVE PARENT QUESTIONNAIRE

A major task of the home study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the self-study, you may compare answers, however, please do not change what you have written. If you need more space, please use additional paper.

### **DESCRIPTION OF HOME**

We live in a \_\_\_\_\_ bedroom, \_\_\_\_\_ bath home which has a \_\_\_\_\_ car garage. Our \_\_\_\_\_ story home is about \_\_\_\_\_ square feet in size and is located in a \_\_\_\_\_ neighborhood near \_\_\_\_\_.

Within our home is a dining room / living room / family room / kitchen / utility room. (circle those which apply). The interior can be described as \_\_\_\_\_.

The baby's room is located \_\_\_\_\_. The exterior of our home is \_\_\_\_\_. The backyard is/is not fenced with a pool / spa / screened patio. We have lived in our home for the past \_\_\_\_\_ years.

We own / rent our home. We have \_\_\_\_\_ smoke detectors and \_\_\_\_\_ fire extinguisher(s) which is/are located \_\_\_\_\_. We do / do not own guns. Our guns are stored \_\_\_\_\_ and our ammunition is kept \_\_\_\_\_.

**FAMILY**

**HUSBAND:**

My full name is \_\_\_\_\_ . I prefer to be called \_\_\_\_\_ . I am \_\_\_\_\_ years old and was born on \_\_\_\_\_ . I am a (race) \_\_\_\_\_ male of \_\_\_\_\_ decent. I have \_\_\_\_\_ hair and \_\_\_\_\_ eyes. I am \_\_\_\_\_ feet \_\_\_\_\_ inches tall and weigh \_\_\_\_\_ pounds. I have a \_\_\_\_\_ complexion.

I enjoy \_\_\_\_\_ .

I describe my personality as \_\_\_\_\_ .

I have been a Florida resident for \_\_\_\_\_ years.

Anything additional you would like to share:

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**WIFE:**

My full name is \_\_\_\_\_ . I prefer to be called \_\_\_\_\_ . I am \_\_\_\_\_ years old and was born on \_\_\_\_\_ . I am a (race) \_\_\_\_\_ female of \_\_\_\_\_ decent. I have \_\_\_\_\_ hair and \_\_\_\_\_ eyes. I am \_\_\_\_\_ feet \_\_\_\_\_ inches tall and weigh \_\_\_\_\_ pounds. I have a \_\_\_\_\_ complexion.

I enjoy \_\_\_\_\_ .

I describe my personality as \_\_\_\_\_ .

I have been a Florida resident for \_\_\_\_\_ years.

Anything additional you would like to share:

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**CHILDREN/OTHER:** Please list any other person(s) living in your home.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Adopted or Biological (if applicable) \_\_\_\_\_

School attended and what grade or occupation: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Adopted or Biological (if applicable) \_\_\_\_\_

School attended and what grade or occupation: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Adopted or Biological (if applicable) \_\_\_\_\_

School attended and what grade or occupation: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

**PETS**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Have your pets been around children? YES NO

How do your pets respond to children? \_\_\_\_\_

\_\_\_\_\_

**HUSAND'S SOCIAL HISTORY**

I was born in (city/state) \_\_\_\_\_ on (date) \_\_\_\_\_ to

(father's full name) \_\_\_\_\_ (present age) \_\_\_\_\_

(mother's full name) \_\_\_\_\_ (present age) \_\_\_\_\_.

Father's Employment: \_\_\_\_\_

Father's Personality: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Mother's Personality: \_\_\_\_\_

Relationship with parents as a child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of parents marriage: \_\_\_\_\_ Are they still married? \_\_\_\_\_

If no, year of divorce \_\_\_\_\_.

If either of your parents are remarried, please list the year and the name of their spouse.

Mother: \_\_\_\_\_ Father \_\_\_\_\_

If either of your parents are deceased, please indicate which parent, the cause of their death, your age at the time, and describe the impact the death had on you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the above does not apply, where do your parents reside now? \_\_\_\_\_

Where/what states did you reside in during your childhood? List dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which parent do you feel assisted you most in your formative years? \_\_\_\_\_

Why? \_\_\_\_\_

Who was the most significant person in your childhood? \_\_\_\_\_

Why? \_\_\_\_\_

Favorite childhood memories: \_\_\_\_\_

\_\_\_\_\_

Describe your family traditions:

\_\_\_\_\_

\_\_\_\_\_

Please list your siblings:

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

Describe your relationship with your siblings: \_\_\_\_\_

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What was the biggest disappointment / loss you have had in your life? \_\_\_\_\_

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How did you handle it? \_\_\_\_\_

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Have you or anyone close to you been affected directly or indirectly by:

Sexual Abuse      YES    NO                      Counseling/Therapy      YES    NO

Physical Abuse      YES    NO                      Financial Problems      YES    NO

Mental Abuse      YES    NO                      Drug/Alcohol Abuse      YES    NO

Please indicate in boxes below any strengths and weaknesses:

STRENGTHS	WEAKNESSES

Have you ever been arrested? \_\_\_\_\_

If yes, please explain the circumstances surrounding the arrest \_\_\_\_\_

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Do you use:           Alcoholic Beverages? \_\_\_\_\_ Frequency? \_\_\_\_\_  
                          Narcotics? \_\_\_\_\_ Frequency? \_\_\_\_\_  
                          Tobacco Products? \_\_\_\_\_ Frrequency? \_\_\_\_\_

What achievement are you most proud of? \_\_\_\_\_  
\_\_\_\_\_

What are your personal goals? \_\_\_\_\_

Are you a member of any social organizations? If yes, please list  
\_\_\_\_\_  
\_\_\_\_\_

I attended \_\_\_\_\_ High School in  
(city/state) \_\_\_\_\_ and graduated in \_\_\_\_\_. I  
went to college at \_\_\_\_\_ and  
graduated in \_\_\_\_\_ with a degree in \_\_\_\_\_.

Please list any academic accomplishments, military experiences, or technical school  
training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following graduation from \_\_\_\_\_ I was employed with:

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

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Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Presently, I am employed with \_\_\_\_\_ in  
\_\_\_\_\_ as a \_\_\_\_\_ . My

job duties include \_\_\_\_\_ .

I have been with the company for the past \_\_\_\_\_ years.

### **WIFE'S SOCIAL HISTORY**

I was born in (city/state) \_\_\_\_\_ on (date) \_\_\_\_\_ to

(father's full name) \_\_\_\_\_ (present age) \_\_\_\_\_

(mother's full name) \_\_\_\_\_ (present age) \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Father's Personality: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Mother's Personality: \_\_\_\_\_

Relationship with parents as a child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of parents marriage: \_\_\_\_\_ Are they still married? \_\_\_\_\_

If no, year of divorce \_\_\_\_\_ .

If either of your parents are remarried, please list the year and the name of their spouse.  
Mother: \_\_\_\_\_ Father \_\_\_\_\_

If either of your parents are deceased, please indicate which parent, the cause of their death, your age at the time, and describe the impact the death had on you:

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If the above does not apply, where do your parents reside now? \_\_\_\_\_

Where/what states did you reside in during your childhood? List dates.

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Which parent do you feel assisted you most in your formative years? \_\_\_\_\_

Why? \_\_\_\_\_

Who was the most significant person in your childhood? \_\_\_\_\_

Why? \_\_\_\_\_

Favorite childhood memories: \_\_\_\_\_

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Describe your family traditions:

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Please list your siblings:

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

NAME: \_\_\_\_\_ Age \_\_\_\_\_

He/She lives where? \_\_\_\_\_

Is he/she married? \_\_\_\_\_ If yes, name of spouse? \_\_\_\_\_

Does he/she have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What is your siblings occupation? \_\_\_\_\_

Describe your relationship with your siblings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the biggest disappointment / loss you have had in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you handle it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you or anyone close to you been affected directly or indirectly by:

Sexual Abuse      YES    NO                      Counseling/Therapy      YES    NO

Physical Abuse    YES    NO                      Financial Problems      YES    NO

Mental Abuse     YES    NO                      Drug/Alcohol Abuse     YES    NO

Please indicate in boxes below any strengths and weaknesses:

STRENGTHS	WEAKNESSES

Have you ever been arrested? \_\_\_\_\_

If yes, please explain the circumstances surrounding the arrest \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use:           Alcoholic Beverages? \_\_\_\_\_ Frequency? \_\_\_\_\_  
                          Narcotics? \_\_\_\_\_ Frequency? \_\_\_\_\_  
                          Tobacco Products? \_\_\_\_\_ Frrequency? \_\_\_\_\_

What achievement are you most proud of? \_\_\_\_\_

\_\_\_\_\_

What are your personal goals? \_\_\_\_\_

Are you a member of any social organizations? If yes, please list

\_\_\_\_\_  
\_\_\_\_\_

I attended \_\_\_\_\_ High School in  
(city/state) \_\_\_\_\_ and graduated in \_\_\_\_\_. I  
went to college at \_\_\_\_\_ and  
graduated in \_\_\_\_\_ with a degree in \_\_\_\_\_.

Please list any academic accomplishments, military experiences, or technical school training: \_\_\_\_\_

\_\_\_\_\_

Following graduation from \_\_\_\_\_ I was employed with:

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

Presently, I am employed with \_\_\_\_\_ in

\_\_\_\_\_ as a \_\_\_\_\_. My

job duties include \_\_\_\_\_.

I have been with the company for the past \_\_\_\_\_ years.

**COURTSHIP AND MARRIAGE**

How did you meet? \_\_\_\_\_

I was attracted to my wife because \_\_\_\_\_

I was attracted to my husband because \_\_\_\_\_

We dated for \_\_\_\_ years and \_\_\_\_ months. We were married on \_\_\_\_\_ in  
(city/state)\_\_\_\_\_.

What is the most positive aspect of your marriage? \_\_\_\_\_

What would be something you would change? \_\_\_\_\_

How do you like to spend time together? \_\_\_\_\_

\_\_\_\_\_

Describe the most difficult situation in your marriage and how it has affected your  
relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended marriage counseling? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your areas of disagreement? \_\_\_\_\_

How do you resolve conflict? \_\_\_\_\_

**PREVIOUS MARRIAGES**

**HUSBAND**

Name of ex-spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce? \_\_\_\_\_ Reason for divorce: \_\_\_\_\_

\_\_\_\_\_

Name of ex-spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce? \_\_\_\_\_ Reason for divorce: \_\_\_\_\_

\_\_\_\_\_

How is your current marriage different? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WIFE**

Name of ex-spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce? \_\_\_\_\_ Reason for divorce: \_\_\_\_\_

\_\_\_\_\_

Name of ex-spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date of divorce? \_\_\_\_\_ Reason for divorce: \_\_\_\_\_

\_\_\_\_\_

How is your current marriage different? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL AND RELIGIOUS BACKGROUND**

**NEIGHBORHOOD**

What made you choose to live in your present neighborhood? \_\_\_\_\_

\_\_\_\_\_

What do you like about it? \_\_\_\_\_

\_\_\_\_\_

What opportunities are there for children (i.e. schools, parks, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your neighbors:

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### RELIGIOUS BACKGROUND

To what denomination/faith do you presently belong?    Husband\_\_\_\_\_

Wife\_\_\_\_\_

What faith were you taught growing up?    Husband\_\_\_\_\_

Wife\_\_\_\_\_

Do you belong to a place of worship? Yes / No    How often do you attend?\_\_\_\_\_

Which place of worship do you attend?\_\_\_\_\_

Why did you choose this place of worship?\_\_\_\_\_

How important to you is the teaching of your faith to your child?\_\_\_\_\_

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How will you do this?\_\_\_\_\_

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### **INFERTILITY AND ADOPTION MOTIVATION**

Are you able to have biological children?\_\_\_\_\_

If no, please describe the cause of your infertility:\_\_\_\_\_

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Have you had any infertility treatments or surgery to correct the problem?

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How long have you been attempting to become pregnant?\_\_\_\_\_

How has it been for you not being able to have biological children?\_\_\_\_\_

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At what point did you consider adoption an option for your family? \_\_\_\_\_

\_\_\_\_\_

Why do you want to adopt? \_\_\_\_\_

\_\_\_\_\_

Have you ever started or completed a home study in the past? \_\_\_\_\_

If yes, where? (please list name and address) \_\_\_\_\_

\_\_\_\_\_

### **FEELINGS TOWARDS ADOPTION AND BIRTH PARENTS**

What are your concerns about raising an adopted child? \_\_\_\_\_

\_\_\_\_\_

Please list any concerns you have about the adoption process \_\_\_\_\_

\_\_\_\_\_

What are some of the reasons you believe children are placed for adoption?

\_\_\_\_\_

Experiences with friends and family who have adopted or are adopted

\_\_\_\_\_

Any previous adoption experience yourselves, whether successful or not? \_\_\_\_\_

\_\_\_\_\_

How has your family responded to your adoption plans? \_\_\_\_\_

\_\_\_\_\_

**PARENTING**

What experience have you had with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your parenting goals? \_\_\_\_\_  
\_\_\_\_\_

As parents, how will you differ from your parents? How will you be the same?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to discipline your children? \_\_\_\_\_  
\_\_\_\_\_

If there are other children in the family, how will you help them accept a new adopted child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How and when do you plan to tell your child that he/she is adopted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD CARE PLAN**

Which parent will be staying home with the child initially? \_\_\_\_\_

How long will you be able to take off work at the time of placement? \_\_\_\_\_

What type of day care/sitter will you use when/if you return to work? \_\_\_\_\_  
\_\_\_\_\_

**CHILD DESIRED**

Age range: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Feelings regarding alcohol use during pregnancy \_\_\_\_\_

\_\_\_\_\_

Feelings regarding drug use during pregnancy? \_\_\_\_\_

\_\_\_\_\_

Feelings regarding tobacco use during pregnancy? \_\_\_\_\_

\_\_\_\_\_

Openness to meeting/phone calls? \_\_\_\_\_

\_\_\_\_\_

The information provided in this self study is true and accurate.

\_\_\_\_\_  
Adoptive Mother Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father Signature

\_\_\_\_\_  
Date