

SAFE Questionnaire I: Couple Applicant

Name:

Date:

Pronouns:

Instructions

- Please answer the following questions as they apply to you. **Some questions may have multiple answers; please check all choices that apply.**
- You may add additional comments on the form. You will have an opportunity to discuss your responses with the home study practitioner.

Questionnaire

1. Who primarily raised you?

- | | | |
|-----------------------------------|--------------------|-----------------------|
| Mother and father | Mother and mother | Father and father |
| Father | Mother | Mother and stepparent |
| Father and stepparent | Stepparent(s) | Grandparent(s) |
| Aunt(s)/uncle(s) | Sibling(s) | Godparent(s) |
| Chosen family | Elder(s) | Neighbor(s) |
| Non-blood related relative | Adoptive parent(s) | Foster parent(s) |
| Group living situation/group care | Legal guardian(s) | |
| Other: | | |

2. Were you separated from any of your parent(s)/primary caregiver(s) or significant family member(s) during your childhood for any of the following reasons?

- | | | |
|--|----------------------|------------------|
| No separation | Separation/divorce | Military service |
| Abandonment | Jail/prison sentence | Move/relocation |
| Long-term medical hospitalization | Death | |
| Mental health and/or substance related hospitalizations or rehab | | |
| Removed from home by police or social services | | |
| Immigration/migration related reasons | | |
| Other: | | |

3. How old were you when you first moved away from your parent(s)/primary caregiver(s) home?

years of age

I currently live with my parent(s)/primary caregiver(s)

4. What were the circumstances that led you to leave home? Were there circumstances that led you to return?

SAFE Questionnaire I: Couple Applicant

5. Check the boxes that best characterize your childhood relationship with your parent(s)/primary caregiver(s):

a. Name:

Relationship:

No relationship	Abusive	Idolized	Neglectful
Caring	Supportive	Fun	Friendly
Warm	Gentle	Smothering	Emotional
Overprotective	Respectful	Affectionate	Anxious
Consistent	Distant/uninvolved	Superficial	Strained
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict
Relaxed	Loving	Other:	

b. Name:

Relationship:

NA

No relationship	Abusive	Idolized	Neglectful
Caring	Supportive	Fun	Friendly
Warm	Gentle	Smothering	Emotional
Overprotective	Respectful	Affectionate	Anxious
Consistent	Distant/uninvolved	Superficial	Strained
Close	Afraid of parent/caregiver	Unpredictable	Full of conflict
Relaxed	Loving	Other:	

6. 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	Unhealthy	Traumatic	Spoiled
Enjoyable	Difficult to remember	Lively	Sad
Other:			

7. If you were raised by more than one parent/caregiver, check the boxes that best describe their relationship with each other when you were a child/youth:

No relationship	Divorced	Separated	Close
Happy	Fun and playful	Lacked trust	Cold
Loving	Violent	Fulfilling	Full of conflict
Bossy/passive	Affected by alcohol/drug abuse	Committed	Hostile
Supportive	On again/off again	Relaxed	Tense
Other:			

SAFE Questionnaire I: Couple Applicant

8. How would you rate your parents'/primary caregivers' ability to manage stress in their lives?

a. Name:

Relationship:

Very good

Poor

Good

Unknown

Fair

b. Name:

Relationship:

Very good

Poor

Good

Unknown

Fair

9. Check the boxes that best describe the personal characteristics of your parent/primary caregiver when you were a child/youth:

a. Name:

Loving

Perfectionist

Happy

Optimistic

Distracted

Substance abuser

Active

Outgoing

Shy

Pessimistic/worrier

Understanding

Nervous/anxious

Moody

Overly critical

Content

Serious

Warm

Supportive

Easy going

Kind

Stubborn

Irrational

Intolerant

Reassuring

Relationship:

Bossy

Isolated

Calm

Violent

Self-confident

Emotional

Generous

Forceful/hostile

Irresponsible

Temperamental

Fun/playful

Rigid

Hardworking

Flexible

Compassionate

Friendly/social

Dramatic

Irritable

Self-centered

Unforgiving

Controlling

Passive

Other:

b. Name:

Loving

Perfectionist

Happy

Optimistic

Distracted

Substance abuser

Active

Outgoing

Shy

Pessimistic/worrier

Understanding

Nervous/anxious

Moody

Overly critical

Content

Serious

Warm

Supportive

Easy going

Kind

Stubborn

Irrational

Intolerant

Reassuring

Relationship:

Bossy

Isolated

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Violent

Self-confident

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Generous

Forceful/hostile

Irresponsible

Temperamental

Fun/playful

Rigid

Hardworking

Flexible

Compassionate

Friendly/social

Dramatic

Irritable

Self-centered

Unforgiving

Controlling

Passive

Other:

NA

SAFE Questionnaire I: Couple Applicant

10. Who disciplined you during your childhood?

Mother and father	Mother and mother	Father and father
Father	Mother	Mother and stepparent
Father and stepparent	Stepparent(s)	Grandparent(s)
Aunt(s)/uncle(s)	Sibling(s)	Godparent(s)
Chosen family	Elder(s)	Neighbor(s)
Non-blood related relative	Adoptive parent(s)	Foster parent(s)
Group living situation/group care	Legal guardian(s)	
Other:		

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

a. Name:	Relationship:	
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		
b. Name:	Relationship:	
Consistently	Fairly	Strictly
Leniently	Made idle threats	Lectured
Used time outs	Reasoned with me	Spanked
Family meetings	Praised positive behavior	Shamed
Grounded	Removed privileges	Logical consequences
Withheld food or other basic needs	Sent me to my room	Ignored misbehaviors
Used physical restraints	Physically punished (other than spanking)	
Other:		

12. Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):

a. Name:	Relationship:	
Religious beliefs	Compassion	Strong work ethic
Being responsible	Freedom of expression	Leading a balanced life
Spiritual/cultural practice	Fairness (diversity, inclusivity)	Honesty
Family closeness	Family support	Social status
Education	Self respect	Independence
Making money	Loyalty	Healthy lifestyle
Respect of others	Community lifestyle	Other:

SAFE Questionnaire I: Couple Applicant

12. (continued) Check the boxes that represent the personal values held by your parent(s)/primary caregiver(s):
- | b. Name: | Relationship: | | NA |
|-----------------------------|-----------------------------------|-------------------------|----|
| Religious beliefs | Compassion | Strong work ethic | |
| Being responsible | Freedom of expression | Leading a balanced life | |
| Spiritual/cultural practice | Fairness (diversity, inclusivity) | Honesty | |
| Family closeness | Family support | Social status | |
| Education | Self respect | Independence | |
| Making money | Loyalty | Healthy lifestyle | |
| Respect of others | Community lifestyle | Other: | |
13. How do your own personal values compare to those of your parent(s)/primary caregiver(s)?
- | | |
|---------------------------------|----------------------------------|
| Basically share the same values | Do not share any of their values |
| Share most of their values | Don't know |
| Share some of their values | |
14. Check boxes that best describe your parent(s)/primary caregiver(s) attitudes about sexuality when you were a child/youth:
- | a. Name: | Relationship: | | |
|--|-------------------------|-------------------------|--|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
- | b. Name: | Relationship: | | NA |
|--|-------------------------|-------------------------|----|
| Unknown | Open about sexuality | Comfortable discussing | |
| Old fashioned | Never discussed sex | No sex before marriage | |
| Condemned LGBTQ+ relationships and sex | Knowledgeable about sex | Awkward discussing sex | |
| Believed sex was sinful | Liberal sexual attitude | Conservative attitude | |
| Sexually repressed | Sexually irresponsible | Supported sex education | |
| Other: | | | |
15. Check the boxes that best describe what you were like as a child/youth (pre-teenage years):
- | | | | |
|------------------|---------------|---------------|-----------------|
| Happy | Temperamental | Stubborn | Unhappy |
| Forceful/hostile | Fearful | Awkward | Self-confident |
| Friendly | Calm | Serious | Hyperactive |
| Responsible | Sad | Irresponsible | Anxious/nervous |
| Active | Funny | Rebellious | Disobedient |
| Outgoing | Unhealthy | Insecure | Obedient |
| Shy | Curious | Compliant | Thoughtful |
| Quiet | Other: | | |

SAFE Questionnaire I: Couple Applicant

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

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

17. When you were a child/youth, with whom would you confide?

Parent(s)/primary caregiver(s)	Aunt(s)/uncle(s)	Sibling(s)	Grandparent(s)
Stepparent(s)	Cousin(s)	Friend(s)	No one
Clergy/religious leaders	Elder(s)	Counselor(s)/teacher(s)	
Psychiatrist(s)/psychologist(s)/social worker(s)			
Others:			

18. When you were a child or youth, did you require counseling or psychiatric care?

No Yes

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

No Yes

20. 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:			

21. 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	
No early sexual experiences		Other:	

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

Not applicable Death of spouse(s) Divorce Annulment

23. If you were previously in a partnership(s), how did your partnership(s) end?

Not applicable Terminated partnership without legal agreement(s)
Death of partner(s) Terminated partnership with legal agreement(s)

SAFE Questionnaire I: Couple Applicant

24. If you went through a divorce or terminated a significant committed relationship, 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:			

25. Have you ever been in a custody dispute?

No	Yes
----	-----

26. How long did you know your current spouse/partner before you were married or established a partnership?

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		

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

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

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

Roles YOU play in your relationship:

Leader	Disciplinarian	Emotional one	Social planner
Initiator	Peacemaker	Comforter	Risk taker
Money manager	Homemaker	Wage earner	Decision maker
Rational one	Organizer	Compromiser	Parent/caregiver
Follower	Negotiator	Manager	
Protector	Other:		

SAFE Questionnaire I: Couple Applicant

28. (continued) Check the boxes that best describe the various roles you and your spouse/partner play in your relationship:

Roles your SPOUSE/PARTNER plays in your relationship:

Leader	Disciplinarian	Emotional one	Social planner
Initiator	Peacemaker	Comforter	Risk taker
Money manager	Homemaker	Wage earner	Decision maker
Rational one	Organizer	Compromiser	Parent/caregiver
Follower	Negotiator	Manager	
Protector	Other:		

29. How often do you and your spouse/partner argue/have conflict?

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

30. Check the boxes that best describe the areas of conflict between you and your spouse/partner:

Discipline of children/youth	Religion/spirituality	Alcohol/drugs
Emotional closeness	Family involvement	Money
Personal habits	Household chores	Work
Loyalty/cheating	Emotional separateness	Travel
Sexual compatibility	Politics	Values
Separate activities	Time apart	Personal expectations
Friends	Leisure time	Shared activities
Time together	Other:	

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

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

32. How sexually compatible are you and your spouse/partner? Sexual compatibility refers to two partners having shared similar sexual beliefs, preferences, and needs.

Very compatible	Compatible	Somewhat Compatible
Not very compatible	Incompatible	

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

No Yes

SAFE Questionnaire I: Couple Applicant

34. Have you and your spouse/partner ever separated?

No

Yes

35. Check the boxes that best describe your current relationship with your parent(s)/caregiver(s):

a. Name:

Relationship:

Deceased

No contact

Strained

Distant

Caring

Emotionally intense

Flexible

Hostile

Understanding

Argumentative

Controlling

Positive

Supportive

Dependent

Loving

Very close

Comfortable

Not involved enough

Over involved

On again/off again

Problematic

Enjoyable

Improving

Gratifying

I am their caregiver

Other:

b. Name:

Relationship:

NA

Deceased

No contact

Strained

Distant

Caring

Emotionally intense

Flexible

Hostile

Understanding

Argumentative

Controlling

Positive

Supportive

Dependent

Loving

Very close

Comfortable

Not involved enough

Over involved

On again/off again

Problematic

Enjoyable

Improving

Gratifying

I am their caregiver

Other:

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

YOUR side of the family:

Not applicable

All family members are helpful and supportive

About half are helpful and supportive

Most family members are helpful and supportive

Few are helpful and supportive

No family members are helpful and supportive

SPOUSE/PARTNER'S side of the family:

Not applicable

All family members are helpful and supportive

About half are helpful and supportive

Most family members are helpful and supportive

Few are helpful and supportive

No family members are helpful and supportive

37. Different viewpoints concerning such things as lifestyle, personal values, religion/spirituality, socioeconomic status, sexual orientation, race/racism, gender identity, politics, etc., can interfere with family relationships. To what degree is that the case in your immediate and extended family?

Issues such as these do not interfere with relationships within my family

Issues such as these rarely interfere with relationships within my family

Issues such as these occasionally interfere with relationships within my family

Issues such as these frequently interfere with relationships within my family

SAFE Questionnaire I: Couple Applicant

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

YOUR side of the family:

- | | |
|----------------------------|-------------------------------------|
| Not applicable | All family members are comfortable |
| About half are comfortable | Most family members are comfortable |
| Few are comfortable | No family members are comfortable |

SPOUSE/PARTNER'S side of the family:

- | | |
|----------------------------|-------------------------------------|
| Not applicable | All family members are comfortable |
| About half are comfortable | Most family members are comfortable |
| Few are comfortable | No family members are comfortable |

39. List your siblings according to how close or distant your relationship is with them:

- I don't have any siblings
- I am very close to:
- I am somewhat close to:
- I am distant from:
- I am in conflict with:

40. How many members of your immediate and extended family are ready, willing, and able to fully accept a child/youth in care 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

41. Outside of your family, how many people in your life are ready, willing, and able to provide you support as a parent/caregiver?

- 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 no one who is ready, willing, and able to be supportive

42. 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 no one who causes me serious conflict and stress

SAFE Questionnaire I: Couple Applicant

43. Check the boxes that best describe your community involvement:

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

44. If you are employed, 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 | | |

45. If you are employed, how long have you worked at your current job?

- Not applicable
- years and months

46. If you are employed, do you enjoy your work?

- Not applicable
- | | | | |
|----|------------------|------------------|-----------------|
| No | Some of the time | Most of the time | All of the time |
|----|------------------|------------------|-----------------|

47. Have you ever been fired?

- | | |
|----|-----|
| No | Yes |
|----|-----|

48. Do you plan any career or job changes in the near future?

- | | |
|----|-----|
| No | Yes |
|----|-----|

49. How do/will you discipline a child/youth in your care?

- | | |
|--------------------------------------|--|
| Spanking | Consistently use reasonable consequences |
| Lecturing | Discipline according to how I feel at the time |
| Rational discussion | Physical restraint |
| Ignore the child/youth's misbehavior | Make rules and consequences clear in advance |
| Take away privileges | Set limits |
| Redirection | Physical punishment other than spanking |
| Use time outs | Have my spouse/partner handle the discipline |
| Use time ins | Tell child/youth they are grounded |
| Raise my voice | Tell child/youth they should be ashamed |
| Send child/youth to their room | Threaten punishment in the future |
| Family meetings | Tell child/youth how angry they make me |
| Praise positive behaviors | Other: |

SAFE Questionnaire I: Couple Applicant

50. What is the overall condition of your health?

Excellent

Good

Fair

Poor

51. Have you ever been hospitalized or had surgery?

No

Yes

52. Are you currently taking any medication(s)?

No

Yes

53. 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(s) in front of the condition.

1 = SELF, 2 = PARENT(S), 3 = SIBLING(S), 4 = CHILD(REN)/YOUTH, 5 = SPOUSE/PARTNER

Developmental disability

Diabetes

Cancer

Attention deficit disorder (ADD)

Asthma

Ulcers

Sexually transmitted disease (STD)

Colitis

Alcoholism

High blood pressure

Depression

Schizophrenia

High cholesterol

Arthritis

Frequent headaches

Allergies

Hearing loss

Insomnia

Heart condition

Tuberculosis

Drug addiction

Intellectual disability

Bipolar disorder

Eating disorder

Anxiety/panic attacks

Seizures

Kidney disease

Infertility/sterility

Impaired sight

Sickle cell anemia

Thyroid condition

Other condition(s) not listed:

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

Signature

Date