

ADOPTIVE FAMILY QUESTIONNAIRE

Applicant #1: Name _____ Date: _____

Applicant #2: Name _____ Date: _____

1) Describe your basic personality.

#1 - _____

#2 - _____

2) Describe your Partner's basic personality.

#1- _____

#2 - _____

3) What do you feel are the strong points in your relationship?

#1 - _____

#2 - _____

4) Have you ever considered separation? _____

What were the circumstances? _____

What assistance did you seek? _____

5) What are your general feelings about counseling?

#1 - _____

#2 - _____

6) What is attractive to you about your Partner?

#1 - _____

#2 - _____

7) In what ways are you and your Partner similar?

#1 - _____

#2 - _____

8) In what ways are you and your Partner dissimilar?

#1 - _____

#2 - _____

9) What activities do you and your Partner participate in as a couple?

10) What activities do you participate in individually?

#1 - _____

#2 - _____

11) List three personal goals.

#1 - 1. _____

2. _____

3. _____

- #2 - 1. _____
2. _____
3. _____

12) List three goals you share for your relationship.

1. _____
2. _____
3. _____

13) List those values that are most important to you.

- #1 - _____

#2 - _____

14) What do you feel has been your greatest personal achievement?

- #1 - _____

#2 - _____

15) What do you feel has been your family's greatest achievement?

- #1 - _____

#2 - _____

16) Describe your basic attitude about child rearing and discipline.

- #1 - _____

#2 - _____

17) What do you think you will personally get out of child rearing?

#1 - _____

#2 - _____

18) How were you disciplined as a child?

#1- _____

#2- _____

19) What makes adoption a positive option for you?

#1- _____

#2- _____

20) What are your concerns about adoption?

#1- _____

#2- _____

21) What background are you willing to accept in a child?

1	2		1	2	
___	___	Black	___	___	Twins
___	___	Bi-Racial	___	___	Mother Unwed
___	___	White	___	___	Product of Rape
___	___	Asian	___	___	Product of Incest

22) What strengths and background do you have that will enable you to parent this type of child?

#1- _____

#2- _____

23) Describe a stressful time in your life.

#1- _____

#2- _____

24) What coping mechanisms do you use to deal with stress?

#1- _____

#2- _____

25) What would you expect from your child?

#1- _____

#2- _____

26) What would you find difficult to deal with in relationship to your child?

#1- _____

#2- _____

27) What goals would you like to see your child achieve?

#1- _____

#2- _____

28) What values can you teach your child by loving him/her?

#1- _____

#2- _____

29) What do you do when someone you love chooses to be or to do something, which is in conflict with your values?

#1 - _____

#2 - _____

30) Would you tell your child of his/her adoption? If so, when and how do you think you should do it?

#1- _____

#2 - _____

31) How do you feel about an adoptive child's desire to gain information about his/her biological parents?

#1 - _____

#2 - _____

32) Define the following:

Love –

Parent -

Sexuality -

Mother -

Father -

Child -

Trust -

Self-Image -

Support -

Expectations -

Signed Applicant #1

Signed Applicant #2

Date Questionnaire Signed