

# SAFE Questionnaire I: Single 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 members 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?

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

<b>a. Name:</b>		<b>Relationship:</b>	
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>b. Name:</b>		<b>Relationship:</b>		<b>NA</b>
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:			

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

a. Name:

b. Name:

Relationship:

Relationship:

Very good

Poor

Very good

Poor

Good

Unknown

Good

Unknown

Fair

Fair

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

a. Name:

Relationship:

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

Irresponsible

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

Controlling

Passive

Intolerant

Reassuring

Other:

b. Name:

Relationship:

NA

Loving

Perfectionist

Bossy

Isolated

Happy

Optimistic

Calm

Violent

Distracted

Substance abuser

Self-confident

Emotional

Active

Outgoing

Generous

Forceful/hostile

Shy

Pessimistic/worrier

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Irritable

Easy going

Kind

Self-centered

Unforgiving

Stubborn

Irrational

Controlling

Passive

Intolerant

Reassuring

Other:

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**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:**

<b>a. Name:</b>	<b>Relationship:</b>	
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>b. Name:</b>	<b>Relationship:</b>	<b>NA</b>
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):**

<b>a. Name:</b>	<b>Relationship:</b>	
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:

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**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:		

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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
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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)

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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. Are you currently in a relationship?

No Yes

If yes, please characterize the nature of the relationship(s):

Long term	New	Intimate	Casual
Multiple relationships			

27. How often do you argue/have conflict with others?

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	

28. Check the boxes that best describe the areas of conflict between you and others:

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:	

29. Check the boxes that best describe the way you typically react when you have a disagreement with others:

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 other person	Things get physical (pushing, shoving, hitting)
Other:	

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

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

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

32. 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

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

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



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**34. List your sibling(s) 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:

**35. 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

**36. 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

**37. 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

**38. 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:

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**39. 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

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

Not applicable  
\_\_\_\_\_ years and \_\_\_\_\_ months

**41. If you are employed, do you enjoy your work?**

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

**42. Have you ever been fired?**

No      Yes

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

No      Yes

**44. 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 someone else 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:

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

Excellent      Good      Fair      Poor

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

No      Yes

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

No      Yes

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48. 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

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