

SAMPLE ADOPTIVE PARENT HOME STUDY QUESTIONNAIRE

The purpose of this questionnaire is to gain a better understanding of your perceptions of adoption and to gain further information relevant to your background and life experiences.

DIRECTIONS: Please answer all questions as completely as possible. If it does not apply, indicate n/a. Some of your answers may be expanded upon in interview process. Each spouse should respond to the social history sections individually.

PROSPECTIVE PARENT #1	PROSPECTIVE PARENT #2
NAME:	NAME:
DOB/AGE:	DOB/AGE:
RACE/ETHNICITY:	RACE/ETHNICITY:
GENDER:	GENDER:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
EMPL. ADDRESS & PHONE :	EMPL. ADDRESS & PHONE :
HOURS OF WORK:	HOURS OF WORK:
RELATIONSHIP STATUS:	RELATIONSHIP STATUS:
CELL PHONE NUMBER:	CELL PHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:

HOME ADDRESS _____

HOME PHONE NUMBER _____

DIRECTIONS TO YOUR HOME _____

HAVE YOU EVER STARTED/COMPLETED A HOME STUDY IN THE PAST _____

(if yes, when and was it approved or denied? If denied, why?)

OTHERS IN THE HOME

Name	DOB	Gender	Race/Ethnicity	Relationship

MOTIVATION

1. Please make an overall statement regarding your motivation and desire to adopt.

2. How does your family feel about your decision?

We have lived in the home for _____ years. We have smoke detectors located throughout our home in the following locations_____. If guns are in the home they should be kept locked and separate from ammunition.

What made you choose to live in your present neighborhood?

What do you like about it?

What opportunities are there for children? (i.e.: parks, recreation, libraries, cultural activities etc)

Describe your relationship with your neighbors.

List two neighbors and their contact information as a reference:

Name	Email	Phone

DESCRIPTION OF FAMILY

HUSBAND: My name is _____. I am a _____ year old (race) _____ male of (ethnic) _____ heritage. I have _____ hair and _____-eyes. I

am _____ ft tall and weigh _____ pounds and have a _____ complexion. I enjoy _____
_____.

I describe my personality as _____.

I have been a Florida resident for _____ years.

WIFE: My name is _____. I am a _____ year old (race) _____ male of (ethnic) _____ heritage. I have _____ hair and _____-eyes. I am _____ ft tall and weigh _____ pounds and have a _____ complexion. I enjoy _____
_____.

I describe my personality as: _____.

I have been a Florida resident for _____ years.

CHILDREN: Please list any other person in your home in this section (include extra sheet if necessary)

Name:
DOB:
Biological or Adopted:
School Grade/School:
Physical Description:
Personality Description:
Special Interest or Hobbies:

Health Concern:

Name:
DOB:
Biological or Adopted:
School Grade/School:
Physical Description:
Personality Description:
Special Interest or Hobbies:
Health Concern:

Name:
DOB:
Biological or Adopted:
School Grade/School:
Physical Description:
Personality Description:
Special Interest or Hobbies:
Health Concern:

As a family, what activities do you enjoy together? How often?

PETS

Name	Breed	Age

How do they interact with children?

FAMILY BACKGROUND

HUSBAND:

I was born in (city/state) _____ on (date) _____

To (fathers full name) _____ (present age) _____ and

(mothers full maiden & current name) _____ (present age).

Fathers Employment _____ -

Fathers Personality _____

Mothers Employment _____

Mothers Personality _____

Relationship with parents growing
up _____

Date of Parents marriage: _____ Did they remain married? _____

Year of divorce: _____.

If either of your parents is deceased, please indicate which one, the cause of their death, your age at the time and how it impacted you.

If the above does not apply – where do your parents reside now?

Which parent do you feel assisted you the most in your growing years?

Why?

Who was the most significant person in your childhood?

Why?

Describe your favorite childhood memories?

Describe family traditions?

Describe how your family expressed the following emotions (happiness, love/affection, anger, disappointment, frustration, sadness/depression, and stress).



Who primarily disciplined you? _____ what method _____

List your siblings:

Name	
Age	
Residence (City/State)	
Frequency of Contact	

Name	
Age	
Residence (City/State)	
Frequency of Contact	

Name	
Age	
Residence (City/State)	
Frequency of Contact	

Describe your relationship with your siblings _____

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

How did you handle it?

How old were you when you left home?

Why did you leave?

How did your family react to your leaving?

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

(Mark yes/no and explain any yes answers)

Incident	YES	NO
Sexual Abuse		
Physical Abuse		
Mental Abuse		
Drug Abuse		
Jail		
Alcoholism		
Counseling/Therapy		
Financial Problems		
Homosexuality		

If yes, for any above please explain:

Please list your strengths and areas you need to work on:

Strengths	Improvements

Have you ever been arrested? _____

If yes, explain the circumstances and outcome:

Please indicate which circumstance applies to you:

Circumstances	YES	NO	HOW OFTEN
Use of Alcoholic Beverages			
Narcotics			
Tobacco Products			
Psychotropic Drugs			

What have you achieved that you are most proud of?

What are your personal goals?

What are your career goals?

Are you a member of any social organizations? Please list below

WIFE:

I was born in (city/state) _____ on (date) _____

To (fathers full name) _____ (present age) _____ and

(Mothers full maiden & current name) _____ (present age).

Fathers Employment _____ -

Fathers Personality _____

Mothers Employment _____

Mothers Personality _____

Relationship with parents growing up _____

Date of Parents marriage: _____ Did they remain married? _____

Year of divorce: _____.

If either of your parents is deceased, please indicate which one, the cause of their death, your age at the time and how it impacted you.

If the above does not apply – where do your parents reside now?

Which parent do you feel assisted you the most in your growing years?

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Who was the most significant person in your childhood?

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Frequency of Contact	

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Age	
Residence (City/State)	
Frequency of Contact	

Name	
Residence (City/State)	
Frequency of Contact	
Age	

Describe your relationship with your siblings _____

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

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Drug Abuse		
Jail		
Alcoholism		
Counseling/Therapy		
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If yes, for any above please explain:

Please list your strengths and areas you need to work on:

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Circumstances	YES	NO	HOW OFTEN
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Narcotics			
Tobacco Products			
Psychotropic Drugs			

What have you achieved that you are most proud of?

What are your personal goals?

What are your career goals?

Are you a member of any social organizations? Please list below

HEALTH INFORMATION

Is any family member currently under the regular care of a doctor?

If yes, please explain:

Is anyone in the family taking medicine under the regular care of a Doctor?

Does anyone have any serious or chronic medical conditions?

Is anyone currently in therapy? Please explain?

Are you able to become pregnant? If not how have you coped?

Name and address of family physician:

Physician's Name	
Address	

EDUCATIONAL HISTORY

HUSBAND:

I attended: _____ high school in (city/state) and graduated in _____. (GED?)

I went to college at _____ and graduated in _____-with a degree in _____.

Please list any academic accomplishments, military experience, or technical school training.

As you think back over all of your school experiences, were they primarily good or bad experiences?

The following parts of school were most difficult for me: _____

However, I excelled in these areas: _____

How important are grades and school performance for the child you will adopt? _____

What are your school expectations for a child in your home? _____

WIFE:

I attended: _____ high school in (city/state) and graduated in _____. (GED?)

I went to college at _____ and graduated in _____-with a degree in _____.

Please list any academic accomplishments, military experience, or technical school training.

As you think back over all of your school experiences, were they primarily good or bad experiences?

Explain.

The following parts of school were most difficult for me: _____

However, I excelled in these areas: _____

How important are grades and school performance for the child you will adopt? _____

What are your school expectations for a child in your home? _____

EMPLOYMENT HISTORY/FINANCIAL SITUATION

(Complete financial statement)

HUSBAND:

Following graduation to present, I was employed with:

Company Name, Position Reason for leaving

Presently I am employed with _____ as
a _____.

Job Duties:

I have been with them for _____ years.

OR ATTACH RESUME

WIFE:

Following graduation to present, I was employed with:

Company Name, Position Reason for leaving

Presently I am employed with _____ as
a _____.

Job Duties:

I have been with them for _____ years.

OR ATTACH RESUME

COURTSHIP AND MARRIAGE

How did you meet?

I was attracted to my wife due to her?

I was attracted to my husband due to his?

We dated for _____ years and _____ months. We were married on
_____ at (courthouse, church etc.) in (city/state)_____.

What is the most positive aspect of your marriage?

What would be something you would change?

How do you spend time together?

Describe the most difficult situation in your marriage and how it affected your relationship?

Have you attended marriage counseling?

What are important goals that you, as a couple, are working toward?

What are areas of disagreement?

How do you solve disagreements?

Where have you lived as a married couple? (List all addresses)

Addresses

Previous Marriages

HUSBAND:

Name of Ex-spouse: _____ date of marriage _____

How did you meet? _____ date of divorce _____

Reason for divorce _____

Any children from that marriage? _____

How is your relationship with those children?

How is your current marriage different?

WIFE

Name of Ex-spouse: _____ date of marriage _____

How did you meet? _____ date of divorce _____

Reason for divorce _____

Any children from that marriage? _____

How is your relationship with those children?

How is your current marriage different?

FAMILY LIFE

Please describe a typical week in the life of your family:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

RELIGIOUS BACKGROUND

To what denomination/faith do you presently belong?

Do you belong to a place of worship?

How often do you attend?

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

How will you do this?

FEELINGS TOWARD ADOPTION

What is the difference for you between being biological parent vs. an adoptive parent?

What are your concerns about raising an adopted child?

Please list any concerns you may have regarding 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?

How has your family responded to your adoption plans?

PARENTING

What experience have you had with children?

What are your parenting goals?

As a parent, how will you differ from your parents? How will you be the same?

CHILD CARE PLAN:

Who will care for your child if something were to happen to you?

Describe the relationship this individual has with your family?

Have you discussed this with the above-mentioned individual/couple and they have agreed to accept the responsibility?

FAMILY STRENGTHS

1. Communicating Effectively

How do you communicate with your own children?

With each other?

How important do you feel effective communication is?

How do you plan to discuss sensitive issues such as marriage, dating, and sexuality with your children?

2. Shared parenting

How do you share the parenting of your children?

Please make an overall comment on the positive experiences you have had parenting as well as any frustrations you have experienced:

3. Developing a child's self-esteem and Identity

How will you help a child with biological ties?

Do you understand the importance of a Life Book and are you willing to contribute to it through collecting pictures, information etc.

What type of things could you do to help a child with his or her self esteem?

4. Child Management (Discipline)

What did you like about your parents approach to discipline?

What would you do different?

How do you respond to problems/conflict with your child(ren)?

What methods of discipline do you find most effective?

FAMILY SELF ASSESSMENT

Please make an overall statement regarding your family's strengths as an adoptive family. (Experience, training, etc).

Please list any needs you may have (Additional training, ongoing support, or referrals):

SIGNATURES

ADOPTIVE MOTHER _____

DATE _____

ADOPTIVE FATHER _____

DATE _____