

Post-Adoption Relationship Enhancement (PACE)  
Demographic Questionnaire: Focus Group

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Thank you for choosing to participate in our study. We would like you to answer the following questions. Please do not leave anything blank. Your answers are completely confidential. Circle only one answer for each question unless instructed to do otherwise.

1. Which category best describes your gender?
  1. Male
  2. Female
  
2. How old are you?  
\_\_\_\_\_ Years Old
  
3. How would you best describe your current relationship status?
  1. Single
  2. Married  
If so, how long? \_\_\_\_\_ Years \_\_\_\_\_ Months  
Is this your first marriage?      Yes      No  
If no, number of previous marriages: \_\_\_\_\_
  3. Involved in a long-term relationship  
If so, how long? \_\_\_\_\_ Years \_\_\_\_\_ Months
  
4. How would you best describe the area where you live?
  1. Rural
  2. Urban
  3. Suburban
  
5. Which of the following best describes your race?
  1. American Indian or Alaskan Native
  2. Asian or Pacific Islander
  3. Black or African-American
  4. Hispanic or Latino
  5. White
  6. Other (specify) \_\_\_\_\_
  
6. What is your current employment status?
  1. Employed Full-Time
  2. Employed Part-Time
  3. Currently Unemployed – Looking for Work
  4. Currently Unemployed – Not Looking for Work

7. What is your highest level of education?
1. Some high school
  2. High school diploma/GED
  3. Some college
  4. Associates degree
  5. Bachelors degree
  6. Masters degree
  7. Doctorate
8. Approximately how much is your household income?
1. Less than \$15,000
  2. \$15,001-\$20,000
  3. \$20,001-\$30,000
  4. \$30,001-\$40,000
  5. \$40,001-\$50,000
  6. \$50,001-\$75,000
  7. \$75,001-\$100,000
  8. \$100,000-\$200,000
  9. More than \$200,000
9. Do you consider yourself religious/spiritual?
1. No (Skip #10)
  3. Yes
10. How religious/spiritual do you consider yourself?
1. Extremely
  2. Very
  3. Moderately
  4. Somewhat
  5. Slightly
11. How long have you been an adoptive parent? \_\_\_\_\_ Years \_\_\_\_\_ Months
12. How many children do you have? \_\_\_\_\_  
(including adopted, foster, biological, step, etc.)

13. Complete the following information for each of your children. If you have more than six children, use the back of this page.

<b>List All Children (from oldest to youngest)</b>	<b>Legal Status of Child (circle only one)</b>	<b>Special Needs of Child (circle as many as applicable)</b>
<p>Child #1 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Legal Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>
<p>Child #2 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>
<p>Child #3 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>
<p>Child #4 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>
<p>Child #5 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>
<p>Child #6 Current Age: _____ Does this child live with you? Yes No If yes, a. Full-time b. Part-time</p>	<p>a. Adopted If so, at what age? _____ As part of a sibling group? Yes No b. Biological c. Foster d. Step e. Guardian f. Other _____</p>	<p>a. Physical or Health Issues b. Emotional or Behavioral Issues c. Learning or Educational Issues d. Other _____</p>