

Post-Adoption Relationship Enhancement (PACE) Demographics Questionnaire

For Adoption Professionals

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.

1. Which category best describes your gender?
 1. Male
 2. Female

2. How old are you? _____ Years

3. How would you best describe your current relationship status?
 1. Single
 2. Married
 3. Involved in a long-term relationship

4. How would you best describe the area(s) where you work?
 1. Rural
 2. Urban
 3. Suburban

5. Which of the following best describe your race?
[circle all that apply]
 1. Black or African-American
 2. American Indian or Alaskan Native
 3. White or Caucasian
 4. Hispanic
 5. Asian or Pacific Islander
 6. Other (specify) _____

6. What is your current professional status?
 1. Adoption Services Worker
 2. Adoption Services Supervisor
 3. Private Therapist
 4. Medical Professional
 5. Clergy
 6. Other (specify) _____

7. How many years have you worked with adoptive families? _____ Years

8. What is your highest degree?

- 1. High school diploma / GED
- 2. Some college
- 3. Associates degree
- 4. BA / BS in _____
- 5. BASW /BSW
- 6. MSW
- 7. MA / MS in _____
- 8. MDiv
- 9. PhD / PsyD / EdD / MD / DO / JD
- 0. Other degree or credential _____

9. Are you required to receive continuing education for licensure or certification in your profession?

- 1. Yes
- 2. No

10. Are you an adoptive parent?

- 1. Yes
- 2. No

11. Are you now or have you ever been a foster parent?

- 1. Yes
- 2. No

12. How long have you been working with couples?

13. Estimate the number of adoptive couples you have worked with.

14. Estimate the number of parents with special needs children you have worked with.

15. Is there anything else you want us to know about your professional work, training, interests, or other background information?
