

Post-Adoption Questionnaire for Couples

Privacy ID Form

Do not write your name on this form or on the following questionnaire.

In place of your name, please create a special personal identifier and a special couple's identifier to add to the questionnaire to make your response anonymous.

To create the **special personal identifier**, please answer the four questions below and fill in the eight spaces. If a question is not applicable, write NA to fill in the spaces.

What are the first two letters of your mother's [or female guardian's] maiden name? For example: Smith = SM

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What are the last two numbers of the year you graduated high school or finished a GED? For example: February 1, 1988 = 88

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How many brothers and sisters do you have?
If fewer than 10, use 0 as the first number.

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What is the day part of your birthdate?
For example: February 1, 1970 = 01

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It is important that we are able to match your survey with your spouse's or partner's survey.

To create a **special couple's identifier**, please answer the next three questions and fill in the six spaces. If a question is not applicable, write NA to fill in the spaces.

What are the last two numbers of the birth year of the spouse/partner born first? For example: February 1, 1970 = 70

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What are the last two digits of the birth year of the other spouse/partner? For example: February 1, 1974 = 74

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What is the day part of your anniversary date?
For example: February 14, 1989 = 14

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Please write all of the above 14 characters at the top of your questionnaire that starts on the next page.

If you participate in our project in the future, we will provide you with the same set of questions. The questions will help you generate the same privacy id. We are committed to your privacy. No one will be able to identify you.

Thank you. We appreciate your willingness to help!

Post-Adoption Questionnaire for Couples

Please return within 10 days if possible

Special Personal Identifier:

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Special Couple's Identifier:

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Thank you for agreeing to participate in our study. This research is about the relationships between spouses/parenting partners who have adopted one or more children. In the adoption field, professionals believe adoptive couples face unique challenges and develop strengths that are different from couples who create their families only through birth. We plan to use the survey results to assist other adoptive couples.

We want you to know that some questions are about very personal experiences. We are committed to protecting your privacy. Your answers are confidential, and no one will be able to match your survey with your name. **For research purposes, please fill out the questionnaire yourself, separately from your spouse/partner, and mail it separately in one of the enclosed self-addressed envelopes.** You indicate your consent to participate in this research by answering these questions. *We appreciate your willingness to help!*

PART A. DEMOGRAPHICS

1. What is your gender? Male Female

2. How old are you? years old

3. How would you best describe your current relationship status?

Single

If single, are you involved in a long-term relationship?

Yes No

If yes, how long? years months

If no, number of previous long-term relationships:

Married

If married, how long? years months

Is this your first marriage? Yes No

If no, number of previous marriages:

4. How would you best describe the area where you live?

- Rural
- Urban
- Suburban
- Small town

5. Which of the following best describes your race?

Check all that apply.

- African-American or Black
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Caucasian or White
- Hispanic or Latino
- Other (specify) _____

6. What is your current employment status?

- Employed full-time
- Employed part-time
- Currently unemployed – *Looking for work*
- Currently unemployed – *Not looking for work*
- Retired

7. What is your highest level of education?

- Some high school
- High school diploma/GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate

8. Approximately how much is your household income?

- Less than \$15,000
- \$15,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$100,000
- \$100,001-\$200,000
- More than \$200,000

9. How long have you been an adoptive parent?

years months

10. Using the scale provided, please rate your responses to the following questions.

	Not at all				Very
How religious would you say you are?	1	2	3	4	5
How spiritual would you say you are?	1	2	3	4	5
How important was religion in your home when you were growing up?	1	2	3	4	5
How often do you usually attend religious/worship services?	1	2	3	4	5

PART B. ISSUES IN ADOPTION

1. The following questions are about your experience with what we will call the issues in adoption and how each issue relates to your relationship with your spouse/partner. Each section has a short explanation of a specific issue. After the explanation, four questions ask you to rate your experience using a numbered scale. **Please circle only one number for each rating. In the last two boxes you are invited to write more about your particular experience.**

ISSUE #1 – ABOUT LOSS AND GRIEF

Some adoptive parents have feelings of loss and grief as part of the adoption experience. Examples may include losing the dream of the perfect child, accepting infertility, or letting go of expectations.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

ISSUE #2 – ABOUT ENTITLEMENT

Some adoptive parents question whether they have the “right” to parent their adopted child(ren) because of things like lack of support from extended family members, the child(ren)’s history with their birth families, society’s attitudes about adoption, and a lack of rituals to celebrate adoption.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

ISSUE #3 – ABOUT THE CLAIMING PROCESS

Claiming is the process by which adoptive parents accept the adopted child(ren) as their own, consider them to be full-fledged members of the family, and begin to identify similarities between the child(ren), and themselves, or other family members.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

PART B. ISSUES IN ADOPTION — CONTINUED

ISSUE #4 – ABOUT UNMATCHED EXPECTATIONS

Most parents have expectations about the adoption process and their adopted child(ren). Some parents find their experience is different from what they expected.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

ISSUE #5 – ABOUT FAMILY INTEGRATION

Blending an adopted child(ren) into an existing family can be challenging and may upset the family balance.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

ISSUE #6 – ABOUT BONDING AND ATTACHMENT

Some parents face challenges in connecting and bonding with an adopted child(ren).

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

PART B. ISSUES IN ADOPTION — CONTINUED

ISSUE #7 – ABOUT IDENTITY

Some adoptive parents question their identity as “real” parents of their adopted child(ren) because of society’s belief that birth parents are the “real” parents.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

ISSUE #8 – ABOUT MASTERY AND CONTROL

Adoptive parents sometimes have experiences that threaten their sense of mastery and control over their own lives. These experiences can include feeling a lack of control over fertility, the adoption process, and issues and problems adopted child(ren) may have.

	Not at all		Somewhat		Very
How much of an issue has this been for you individually?	1	2	3	4	5
Is this something you faced as a couple? <input type="checkbox"/> Yes <input type="checkbox"/> No [If no, go to next Issue.]					
How much has this issue challenged your relationship?	1	2	3	4	5
How much has this issue strengthened your relationship?	1	2	3	4	5
Please tell us more about how this issue has affected your relationship.					
What has helped or would help you as a couple in dealing with this issue?					

2. Are there any challenges in your relationship, specific to having adopted a child, that were not mentioned above that you would like us to know about?

3. If you were to participate in relationship/marriage training for adoptive couples, what would you like it to include? What knowledge or skills would you be most interested in learning?

PART C. YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER

1. Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement and disagreement between you and your spouse/partner for each item on the following list.

	Always disagree	Almost always disagree	Frequently disagree	Occasionally disagree	Almost always agree	Always agree
A. Philosophy of life	1	2	3	4	5	6
B. Aims, goals and things believed important	1	2	3	4	5	6
C. Amount of time spent together	1	2	3	4	5	6
D. Religious matters	1	2	3	4	5	6

2. Please answer the following questions using the scale provided.

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
How often do you discuss or have you considered divorce, separation, or terminating your relationship?	1	2	3	4	5	6

3. How often would you say the following events occur between you and your spouse/partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
A. Have a stimulating exchange of ideas	1	2	3	4	5	6
B. Laugh together	1	2	3	4	5	6
C. Calmly discuss something	1	2	3	4	5	6
D. Work together on a project	1	2	3	4	5	6

4. Please circle the number which best describes the degree of happiness—all things considered—of your relationship with your spouse/partner.

1 Extremely unhappy	2 Fairly unhappy	3 A little unhappy	4 Happy	5 Very happy	6 Extremely happy	7 Perfect
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5. Please answer the following questions using the scale provided.

	Extremely dissatisfied	Very dissatisfied	Somewhat dissatisfied	Mixed	Somewhat satisfied	Very satisfied	Extremely satisfied
A. How satisfied are you with your marriage?	1	2	3	4	5	6	7
B. How satisfied are you with your spouse/partner?	1	2	3	4	5	6	7
C. How satisfied are you with your relationship with your spouse/partner?	1	2	3	4	5	6	7

6. Overall, how would you describe your sexual relationship with your spouse/partner? For each row of words below, circle the number which best describes your sexual relationship with your spouse/partner.

Very GOOD	1	2	3	4	5	6	7	Very BAD
Very PLEASANT	1	2	3	4	5	6	7	Very UNPLEASANT
Very POSITIVE	1	2	3	4	5	6	7	Very NEGATIVE
Very SATISFYING	1	2	3	4	5	6	7	Very UNSATISFYING
Very VALUABLE	1	2	3	4	5	6	7	WORTHLESS

PART C. YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER — CONTINUED

7. About the time you and your spouse/partner feel you are close to a solution to your disagreement over an important issue, how often:

	Never	Once in a while	Sometimes	Frequently	Almost always
Are you able to completely resolve it with some sort of compromise that is OK with both of you?	1	2	3	4	5
Do you end up with very little resolved after all?	1	2	3	4	5
Do you quickly bring the matter to a conclusion that is satisfactory for both of you?	1	2	3	4	5
Do you realize that the matter will have to be re-argued in the near future?	1	2	3	4	5
Do you find that just as soon as you think you have gotten things resolved, your spouse/partner comes up with a new idea for resolving the issue?	1	2	3	4	5
Does your spouse/partner keep on trying to propose things that are not mutually acceptable ways of resolving the matter at hand?	1	2	3	4	5
Does it seem that no matter what you suggest, your spouse/partner keeps on finding new, supposedly better solutions?	1	2	3	4	5
Are you both willing to give and take in order to settle the disagreement?	1	2	3	4	5
Are you and your spouse/partner able to give up some of what you wanted in order to bring an issue to a close?	1	2	3	4	5
Are you and your spouse/partner able to keep coming closer together on a mutually acceptable solution until you reach it?	1	2	3	4	5
Are you and your spouse/partner able to reach a mutually acceptable contract for resolving the disagreement?	1	2	3	4	5

8. The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just your current relationship. Respond to each statement by circling the extent to which you agree or disagree with it.

	Disagree strongly			Neutral/mixed			Agree strongly
I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
I worry about being abandoned.	1	2	3	4	5	6	7
I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
I worry a lot about my relationships.	1	2	3	4	5	6	7
Just when my partner starts to get close to me, I find myself pulling away.	1	2	3	4	5	6	7
I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7
I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7
I worry a fair amount about losing my partner.	1	2	3	4	5	6	7
I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	6	7
I often wish that my partner's feelings for me were as strong as my feelings for him/her.	1	2	3	4	5	6	7
I want to get close to my partner, but I keep pulling back.	1	2	3	4	5	6	7

CONTINUED ON PAGE 7

PART C. YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER — CONTINUED

8. The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just your current relationship. Respond to each statement by circling the extent to which you agree or disagree with it.
CONTINUED FROM PAGE 6

	Disagree strongly			Neutral/ mixed			Agree strongly
I often want to merge completely with romantic partners, and this sometimes scares them away.	1	2	3	4	5	6	7
I am nervous when partners get too close to me.	1	2	3	4	5	6	7
I worry about being alone.	1	2	3	4	5	6	7
I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	6	7
My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
I try to avoid getting too close to my partner.	1	2	3	4	5	6	7
I need a lot of reassurance that I am loved by my partner.	1	2	3	4	5	6	7
I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
Sometimes I feel that I force my partners to show more feeling, more commitment.	1	2	3	4	5	6	7
I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7
I do not often worry about being abandoned.	1	2	3	4	5	6	7
I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7
If I can't get my partner to show interest in me, I get upset or angry.	1	2	3	4	5	6	7
I tell my partner just about everything.	1	2	3	4	5	6	7
I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7
I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7
When I'm not involved in a relationship, I feel somewhat anxious and insecure.	1	2	3	4	5	6	7
I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
I get frustrated when my partner is not around as much as I would like.	1	2	3	4	5	6	7
I don't mind asking romantic partners for comfort, advice, or help.	1	2	3	4	5	6	7
I get frustrated if romantic partners are not available when I need them.	1	2	3	4	5	6	7
It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7
When romantic partners disapprove of me, I feel really bad about myself.	1	2	3	4	5	6	7
I turn to my partner for many things, including comfort and reassurance.	1	2	3	4	5	6	7
I resent it when my partner spends time away from me.	1	2	3	4	5	6	7

PART C. YOUR RELATIONSHIP WITH YOUR SPOUSE/PARTNER — CONTINUED

9. This section is about what you and your spouse/partner do when you are both feeling stressed. How often do you do each of the following?

	Very rarely	Rarely	Sometimes	Often	Very often
We try to cope with the problem together and search for solutions.	1	2	3	4	5
We engage in a serious discussion about the problem and think through what has to be done.	1	2	3	4	5
We help one another to put the problem in perspective and see it in a new light.	1	2	3	4	5
We help each other relax with such things like massage, taking a bath together, or listening to music together.	1	2	3	4	5
We are affectionate to each other, make love and try that way to cope with stress.	1	2	3	4	5
I am <u>satisfied</u> with the support I receive from my spouse/partner and the way we deal with stress together.	1	2	3	4	5
I am satisfied with the support I receive from my spouse/partner, and I find as a couple, the way we deal with stress together is <u>effective</u> .	1	2	3	4	5

10. This section asks for information concerning your parenting experiences and about how you and your spouse/partner work together as parents.

	Disagree strongly			Neutral/mixed			Agree strongly
My spouse/partner helps out with the parenting whenever possible.	1	2	3	4	5	6	7
I do not feel that parenting is as much of a sharing experience with my spouse/partner as I had hoped it would be.	1	2	3	4	5	6	7
My spouse/partner sees parenting as <u>my</u> responsibility.	1	2	3	4	5	6	7
When I feel at my wits end as a parent, my spouse/partner gives me the extra support I need.	1	2	3	4	5	6	7
My spouse/partner makes me look like the “bad person” in the eyes of our children.	1	2	3	4	5	6	7
As a parent, I cannot seem to do anything right in my spouse’s/partner’s eyes.	1	2	3	4	5	6	7
My spouse/partner and I do not agree on when to punish and how to punish.	1	2	3	4	5	6	7
My spouse/partner expects too much from the children.	1	2	3	4	5	6	7
After my spouse/partner or I have handled a difficult situation with the children, we discuss it and try to figure out what we could have done better.	1	2	3	4	5	6	7
My spouse/partner and I agree on our ideas, guidelines and rules for raising our children.	1	2	3	4	5	6	7
Having children has helped me to see positive qualities in my spouse/partner that I never noticed before.	1	2	3	4	5	6	7
When I make a mistake with the kids, I can talk it over with my spouse/partner.	1	2	3	4	5	6	7
My spouse/partner makes me feel I am the best possible parent for our children.	1	2	3	4	5	6	7
My spouse/partner does not trust my abilities as a parent.	1	2	3	4	5	6	7
My spouse/partner is willing to make some personal sacrifices in order to help with the parenting.	1	2	3	4	5	6	7
I feel overburdened as a parent because my spouse/partner is often too involved with other things to carry a fair share of the load.	1	2	3	4	5	6	7
My spouse/partner tries to make sure I get some time for myself away from the children.	1	2	3	4	5	6	7
My spouse/partner and I have conflicts about how much we should do for our children.	1	2	3	4	5	6	7
My spouse/partner and I get on each others’ nerves when the children are difficult or act up.	1	2	3	4	5	6	7
My spouse/partner has a lot of patience with the children.	1	2	3	4	5	6	7
Parenting has brought my spouse/partner and me closer together.	1	2	3	4	5	6	7
My spouse/partner and I often talk together about what is best for our children.	1	2	3	4	5	6	7

PART D. ABOUT ALL YOUR CHILDREN — CONTINUED

Complete the following information for each of your children. If you have more than 10 children, please include additional sheets.

List all children (from oldest to youngest)	Current legal status of children (check only one per child)	Special needs of children (check as many as apply)
<p>CHILD #6</p> <p>Current age: <input type="text"/> years</p> <p>Gender of child: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race of child: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Use race key at bottom of page. List all that apply. If other, describe _____</i></p> <p>Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, child lives with you:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p><input type="checkbox"/> Biological</p> <p><input type="checkbox"/> Foster</p> <p><input type="checkbox"/> Step</p> <p><input type="checkbox"/> Legal guardianship</p> <p><input type="checkbox"/> Adopted. If so, at what age? <input type="text"/> years</p> <p>If adopted, check all that apply:</p> <p><input type="checkbox"/> Adopted as part of a sibling group</p> <p><input type="checkbox"/> Related to you before adoption</p> <p><input type="checkbox"/> Domestic voluntary adoption</p> <p><input type="checkbox"/> Domestic direct consent adoption</p> <p><input type="checkbox"/> Special needs adoption (from child welfare system)</p> <p><input type="checkbox"/> International adoption</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: right;">Mild Moderate Severe</p> <p><input type="checkbox"/> Physical or health issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Emotional or behavioral issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Learning or educational issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Other, describe: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>
<p>CHILD #7</p> <p>Current age: <input type="text"/> years</p> <p>Gender of child: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race of child: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Use race key at bottom of page. List all that apply. If other, describe _____</i></p> <p>Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, child lives with you:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p><input type="checkbox"/> Biological</p> <p><input type="checkbox"/> Foster</p> <p><input type="checkbox"/> Step</p> <p><input type="checkbox"/> Legal guardianship</p> <p><input type="checkbox"/> Adopted. If so, at what age? <input type="text"/> years</p> <p>If adopted, check all that apply:</p> <p><input type="checkbox"/> Adopted as part of a sibling group</p> <p><input type="checkbox"/> Related to you before adoption</p> <p><input type="checkbox"/> Domestic voluntary adoption</p> <p><input type="checkbox"/> Domestic direct consent adoption</p> <p><input type="checkbox"/> Special needs adoption (from child welfare system)</p> <p><input type="checkbox"/> International adoption</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: right;">Mild Moderate Severe</p> <p><input type="checkbox"/> Physical or health issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Emotional or behavioral issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Learning or educational issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Other, describe: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>
<p>CHILD #8</p> <p>Current age: <input type="text"/> years</p> <p>Gender of child: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race of child: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Use race key at bottom of page. List all that apply. If other, describe _____</i></p> <p>Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, child lives with you:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p><input type="checkbox"/> Biological</p> <p><input type="checkbox"/> Foster</p> <p><input type="checkbox"/> Step</p> <p><input type="checkbox"/> Legal guardianship</p> <p><input type="checkbox"/> Adopted. If so, at what age? <input type="text"/> years</p> <p>If adopted, check all that apply:</p> <p><input type="checkbox"/> Adopted as part of a sibling group</p> <p><input type="checkbox"/> Related to you before adoption</p> <p><input type="checkbox"/> Domestic voluntary adoption</p> <p><input type="checkbox"/> Domestic direct consent adoption</p> <p><input type="checkbox"/> Special needs adoption (from child welfare system)</p> <p><input type="checkbox"/> International adoption</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: right;">Mild Moderate Severe</p> <p><input type="checkbox"/> Physical or health issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Emotional or behavioral issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Learning or educational issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Other, describe: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>
<p>CHILD #9</p> <p>Current age: <input type="text"/> years</p> <p>Gender of child: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race of child: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Use race key at bottom of page. List all that apply. If other, describe _____</i></p> <p>Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, child lives with you:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p><input type="checkbox"/> Biological</p> <p><input type="checkbox"/> Foster</p> <p><input type="checkbox"/> Step</p> <p><input type="checkbox"/> Legal guardianship</p> <p><input type="checkbox"/> Adopted. If so, at what age? <input type="text"/> years</p> <p>If adopted, check all that apply:</p> <p><input type="checkbox"/> Adopted as part of a sibling group</p> <p><input type="checkbox"/> Related to you before adoption</p> <p><input type="checkbox"/> Domestic voluntary adoption</p> <p><input type="checkbox"/> Domestic direct consent adoption</p> <p><input type="checkbox"/> Special needs adoption (from child welfare system)</p> <p><input type="checkbox"/> International adoption</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: right;">Mild Moderate Severe</p> <p><input type="checkbox"/> Physical or health issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Emotional or behavioral issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Learning or educational issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Other, describe: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>
<p>CHILD #10</p> <p>Current age: <input type="text"/> years</p> <p>Gender of child: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Race of child: <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Use race key at bottom of page. List all that apply. If other, describe _____</i></p> <p>Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, child lives with you:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p>	<p><input type="checkbox"/> Biological</p> <p><input type="checkbox"/> Foster</p> <p><input type="checkbox"/> Step</p> <p><input type="checkbox"/> Legal guardianship</p> <p><input type="checkbox"/> Adopted. If so, at what age? <input type="text"/> years</p> <p>If adopted, check all that apply:</p> <p><input type="checkbox"/> Adopted as part of a sibling group</p> <p><input type="checkbox"/> Related to you before adoption</p> <p><input type="checkbox"/> Domestic voluntary adoption</p> <p><input type="checkbox"/> Domestic direct consent adoption</p> <p><input type="checkbox"/> Special needs adoption (from child welfare system)</p> <p><input type="checkbox"/> International adoption</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: right;">Mild Moderate Severe</p> <p><input type="checkbox"/> Physical or health issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Emotional or behavioral issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Learning or educational issues <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Other, describe: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p>

RACE KEY: 1 – African-American or Black
2 – American Indian or Alaskan Native

3 – Asian or Pacific Islander
4 – Caucasian or White

5 – Hispanic or Latino
6 – Other

PART E. ADDITIONAL COMMENTS

We are aware that the questionnaire does not cover the wide range of issues and challenges adoptive couples face. Please use the space below if there is anything else you would like us to know.

Thank you for participating in this study.

Please mail your survey separately from your spouse/partner, using one of the enclosed self-addressed return envelopes, to the address below. **DO NOT RETURN BOTH SURVEYS IN ONE ENVELOPE.**

Social Work Research Office
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254 Baker Hall
East Lansing, MI 48824-1118

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