

State of Oklahoma  
Department of Human Services  
**FAMILY/PARENT QUESTIONNAIRE**  
**(Optional)**

All questions are of equal importance. There are no right or wrong answers. We would just like to get to know you and your family. The information on this form is considered confidential.

Date completed: \_\_\_\_\_ County: \_\_\_\_\_

**FAMILY INFORMATION**

Name of Adoptive Parent Applicant: \_\_\_\_\_

Our family became interested in becoming a adoptive family because...

Describe the type of child(ren) you feel would best fit into your home. Include number, sex, age, and any special needs you feel your family could handle:

We feel our family would make a good adoptive home because:

**BACKGROUND**

1. Tell us something about your childhood and the people who reared you.
  
2. What do you remember as significant events in your childhood, both good and bad?
  
3. What would you change about your childhood if you could?
  
4. What is your current relationship with the people who reared you?

5. List your brothers and sisters in order of age. Briefly describe your relationship with each.
  
  
  
  
  
  
  
  
  
  
6. How were you disciplined as a child?
  
  
  
  
  
  
  
  
  
  
7. Is there any way you want to be different from the people who reared you? Please explain.

**PERSONALITY**

1. The things I like most about myself are...
  
  
  
  
  
  
  
  
  
  
2. The things I like least about myself are...
  
  
  
  
  
  
  
  
  
  
3. I am happiest when...
  
  
  
  
  
  
  
  
  
  
4. My goals for the next five years are...
  
  
  
  
  
  
  
  
  
  
5. When I get mad, I show my anger by...

6. I like to spend my free time...
  
7. The best time of day at our house is...
  
8. The worst time of day at our house is...
  
9. I respond to stressful situations by...
  
10. The most stressful situation I have encountered as an adult is...

### **EDUCATION/EMPLOYMENT HISTORY**

1. My feelings about my school years are...
  
2. I would/would not like additional education or training because:
  
3. I like my current job because:

4. I dislike my current job because:
5. My employment goals for the next five years are...

**FAMILY RELIGIOUS PREFERENCE**

1. Do you attend worship services?  Yes  No  
If yes, how often? \_\_\_\_\_
2. Would it be mandatory for children to attend your church?  Yes  No
3. Could you accept a child with a religious preference different from yours?  Yes  No
4. Would you see that a child attend the church of his choice as often as the child desired?  Yes  No
5. Do you have any specific religious beliefs which might affect a child in areas such as dress code, holiday observances, medical care, daily living or social activities?  Yes  No

**MARTIAL RELATIONSHIP (Single parent applicants skip to next section)**

1. I married my spouse because...
2. I feel best about my marriage when...
3. I get angry when my spouse...

4. I know I can irritate my spouse when I...
5. I feel closest to my spouse when...
6. When my spouse and I have a disagreement, we solve it by...
7. Decisions are made in our family by...
8. My spouse thinks being a adoptive parent will...
9. Have you and your spouse ever been separated or considered divorce? If so, please describe how you resolved your problems.
10. When my spouse and I have time to spend alone we...
11. What type of child care arrangements are made when both parents are away from home?



2. To me the word discipline means...
  
  
  
  
  
  
  
  
  
  
3. When discipline is necessary I use (method)...
  
  
  
  
  
  
  
  
  
  
4. If physical forms of discipline are used, please answer the following two questions:  
I feel spanking is necessary when my child...

Do you ever use an object (belt, fly swatter, switch, paddle, etc.) to discipline your child?  Yes  No. If yes, what object is used?

5. I enjoy my child(ren) most when...
  
  
  
  
  
  
  
  
  
  
6. I get angry when my child(ren)...
  
  
  
  
  
  
  
  
  
  
7. Things that please me about my child(ren) are...
  
  
  
  
  
  
  
  
  
  
8. Things that worry me about my child(ren) are...

9. If I found my child or any child in my home masturbating I would...
10. I feel a child should be toilet trained by age...
11. I think bedwetting in an older child is best handled by...
12. If I found that my teenage child or any child in my home was sexually active I would...
13. If I found that my teenage child or any child in my home was using drugs or alcohol I would...
14. If I felt that my child or any child in my home was depressed I would...
15. What impact do you believe parenting another child(ren) will have on the child(ren) in your home?



16. I believe I could/could not work with special needs children because...  
(Special needs include physical or mental handicaps, behavior problems, emotional problems.)
17. If you have children living in your home, please tell us about them and your relationship with them.
18. If you have children living outside your home, please tell us about them and your relationship with them.
19. What do your children think about you being adoptive parent(s)?