

ADULT HISTORY

Name _____ DOB _____

Place of birth _____ AGE _____

SS# _____

Driver's license # _____ State _____

Father's full name _____

Is he still living? y _____ n _____ If deceased, age at death _____

Cause of death _____

If still living, health of father _____

Father's occupation/prior occupation _____

Check as many of the following that best characterize your childhood relationship with your father:

<input type="checkbox"/> no relationship	<input type="checkbox"/> friendly	<input type="checkbox"/> affectionate	<input type="checkbox"/> took care of father
<input type="checkbox"/> abusive	<input type="checkbox"/> warm	<input type="checkbox"/> anxious	<input type="checkbox"/> afraid of father
<input type="checkbox"/> idolized	<input type="checkbox"/> gentle	<input type="checkbox"/> consistent	<input type="checkbox"/> unpredictable
<input type="checkbox"/> neglectful	<input type="checkbox"/> smothering	<input type="checkbox"/> distant	<input type="checkbox"/> full of conflict
<input type="checkbox"/> caring	<input type="checkbox"/> demonstrative	<input type="checkbox"/> superficial	<input type="checkbox"/> relaxed
<input type="checkbox"/> supportive	<input type="checkbox"/> over protective	<input type="checkbox"/> strained	<input type="checkbox"/> loving
<input type="checkbox"/> fun	<input type="checkbox"/> respectful	<input type="checkbox"/> close	<input type="checkbox"/> uninvolved
<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____		

How would you rate your father's ability to manage his life:

 very good good fair poor unknown

Check as many of the following that best describe the personal characteristics of your father when you were a child:

<input type="checkbox"/> not applicable	<input type="checkbox"/> active	<input type="checkbox"/> moody	<input type="checkbox"/> easy going
<input type="checkbox"/> worrier	<input type="checkbox"/> outgoing	<input type="checkbox"/> overly critical	<input type="checkbox"/> kind
<input type="checkbox"/> perfectionist	<input type="checkbox"/> generous	<input type="checkbox"/> hardworking	<input type="checkbox"/> self-centered
<input type="checkbox"/> domineering	<input type="checkbox"/> aggressive	<input type="checkbox"/> flexible	<input type="checkbox"/> unforgiving
<input type="checkbox"/> isolated	<input type="checkbox"/> shy	<input type="checkbox"/> content	<input type="checkbox"/> stubborn
<input type="checkbox"/> happy	<input type="checkbox"/> irresponsible	<input type="checkbox"/> serious	<input type="checkbox"/> irrational
<input type="checkbox"/> optimistic	<input type="checkbox"/> pessimistic	<input type="checkbox"/> compassionate	<input type="checkbox"/> manipulative
<input type="checkbox"/> calm	<input type="checkbox"/> temperamental	<input type="checkbox"/> friendly/social	<input type="checkbox"/> passive
<input type="checkbox"/> violent	<input type="checkbox"/> understanding	<input type="checkbox"/> warm	<input type="checkbox"/> prejudiced
<input type="checkbox"/> substance abuser	<input type="checkbox"/> nervous/anxious	<input type="checkbox"/> supportive	<input type="checkbox"/> emotional
<input type="checkbox"/> preoccupied	<input type="checkbox"/> fun/playful	<input type="checkbox"/> dramatic	<input type="checkbox"/> reassuring
<input type="checkbox"/> self-confident	<input type="checkbox"/> rigid	<input type="checkbox"/> irritable	<input type="checkbox"/> controlling
<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____		

Mother's full name _____

Is she still living? y _____ n _____ If deceased, age at death _____

Cause of death _____

If still living, health of mother _____

Mother's occupation /prior occupation _____

Check as many of the following that best characterize your childhood relationship with your mother:

<input type="checkbox"/> no relationship	<input type="checkbox"/> friendly	<input type="checkbox"/> affectionate	<input type="checkbox"/> took care of mother
<input type="checkbox"/> abusive	<input type="checkbox"/> warm	<input type="checkbox"/> anxious	<input type="checkbox"/> afraid of mother
<input type="checkbox"/> idolized	<input type="checkbox"/> gentle	<input type="checkbox"/> consistent	<input type="checkbox"/> unpredictable
<input type="checkbox"/> neglectful	<input type="checkbox"/> smothering	<input type="checkbox"/> distant	<input type="checkbox"/> full of conflict
<input type="checkbox"/> caring	<input type="checkbox"/> demonstrative	<input type="checkbox"/> superficial	<input type="checkbox"/> relaxed
<input type="checkbox"/> supportive	<input type="checkbox"/> over protective	<input type="checkbox"/> strained	<input type="checkbox"/> loving
<input type="checkbox"/> fun	<input type="checkbox"/> respectful	<input type="checkbox"/> close	<input type="checkbox"/> uninvolved
<input type="checkbox"/> other: _____		<input type="checkbox"/> other: _____	

How would you rate your mother's ability to manage her life:

very good good fair poor unknown

Check as many of the following that best describe the personal characteristics of your mother when you were a child:

<input type="checkbox"/> not applicable	<input type="checkbox"/> active	<input type="checkbox"/> moody	<input type="checkbox"/> easy going
<input type="checkbox"/> worrier	<input type="checkbox"/> outgoing	<input type="checkbox"/> overly critical	<input type="checkbox"/> kind
<input type="checkbox"/> perfectionist	<input type="checkbox"/> generous	<input type="checkbox"/> hardworking	<input type="checkbox"/> self-centered
<input type="checkbox"/> domineering	<input type="checkbox"/> aggressive	<input type="checkbox"/> flexible	<input type="checkbox"/> unforgiving
<input type="checkbox"/> isolated	<input type="checkbox"/> shy	<input type="checkbox"/> content	<input type="checkbox"/> stubborn
<input type="checkbox"/> happy	<input type="checkbox"/> irresponsible	<input type="checkbox"/> serious	<input type="checkbox"/> irrational
<input type="checkbox"/> optimistic	<input type="checkbox"/> pessimistic	<input type="checkbox"/> compassionate	<input type="checkbox"/> manipulative
<input type="checkbox"/> calm	<input type="checkbox"/> temperamental	<input type="checkbox"/> friendly/social	<input type="checkbox"/> passive
<input type="checkbox"/> violent	<input type="checkbox"/> understanding	<input type="checkbox"/> warm	<input type="checkbox"/> prejudiced
<input type="checkbox"/> substance abuser	<input type="checkbox"/> nervous/anxious	<input type="checkbox"/> supportive	<input type="checkbox"/> emotional
<input type="checkbox"/> preoccupied	<input type="checkbox"/> fun/playful	<input type="checkbox"/> dramatic	<input type="checkbox"/> reassuring
<input type="checkbox"/> self-confident	<input type="checkbox"/> rigid	<input type="checkbox"/> irritable	<input type="checkbox"/> controlling
<input type="checkbox"/> other: _____		<input type="checkbox"/> other: _____	

Were your parents married y _____ n _____

Are they still married y _____ n _____

Divorced y _____ n _____

If divorced, when _____ where _____

If divorced what was your age at the time of the divorce _____

Effect of the divorce on you and your siblings:

of times your Father has been married _____

of times your Mother has been married _____

Check all that apply that best describes your current relationship with your father:

- | | |
|--|---|
| <input type="checkbox"/> father deceased | <input type="checkbox"/> dependent |
| <input type="checkbox"/> no contact | <input type="checkbox"/> loving |
| <input type="checkbox"/> strained | <input type="checkbox"/> very close |
| <input type="checkbox"/> distant | <input type="checkbox"/> comfortable |
| <input type="checkbox"/> caring | <input type="checkbox"/> over involved |
| <input type="checkbox"/> emotionally intense | <input type="checkbox"/> not involved enough |
| <input type="checkbox"/> abusive | <input type="checkbox"/> on again, off again |
| <input type="checkbox"/> flexible | <input type="checkbox"/> problematic |
| <input type="checkbox"/> hostile | <input type="checkbox"/> enjoyable |
| <input type="checkbox"/> understanding | <input type="checkbox"/> improving |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> gratifying |
| <input type="checkbox"/> manipulative | <input type="checkbox"/> I am a caretaker for |
| <input type="checkbox"/> positive | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> supportive | <input type="checkbox"/> other: _____ |

Check all that apply that best describes your current relationship with your mother:

- | | |
|--|---|
| <input type="checkbox"/> mother deceased | <input type="checkbox"/> dependent |
| <input type="checkbox"/> no contact | <input type="checkbox"/> loving |
| <input type="checkbox"/> strained | <input type="checkbox"/> very close |
| <input type="checkbox"/> distant | <input type="checkbox"/> comfortable |
| <input type="checkbox"/> caring | <input type="checkbox"/> over involved |
| <input type="checkbox"/> emotionally intense | <input type="checkbox"/> not involved enough |
| <input type="checkbox"/> abusive | <input type="checkbox"/> on again, off again |
| <input type="checkbox"/> flexible | <input type="checkbox"/> problematic |
| <input type="checkbox"/> hostile | <input type="checkbox"/> enjoyable |
| <input type="checkbox"/> understanding | <input type="checkbox"/> improving |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> gratifying |
| <input type="checkbox"/> manipulative | <input type="checkbox"/> I am a caretaker for |
| <input type="checkbox"/> positive | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> supportive | <input type="checkbox"/> other: _____ |

Are your parents aware of your desire to adopt y _____ n _____

Are they supportive of you y _____ n _____

Full names and ages of all siblings (full, step, half) and where they live

Name	Age	Where they live
_____	_____	_____
_____	_____	_____
_____	_____	_____

___ happy	___ awkward	___ responsible	___ rebellious
___ shy	___ temperamental	___ self-confident	___ sad
___ disobedient	___ curious	___ stubborn	___ friendly
___ irresponsible	___ outgoing	___ compliant	___ unhappy
___ calm	___ anxious/nervous	___ sickly	___ thoughtful
___ aggressive	___ serious	___ active	___ insecure
___ quiet	___ fearful	___ hyperactive	___ funny
___ obedient	___ other: _____	___ other: _____	

Are there issues or incidents from your childhood that currently cause you distress?
If yes, please explain

During your childhood, did you just have your immediate family close by or did you have extended family near you as well?

Would you say that your father was present or absent while you were growing up?
present ___ absent ___ Was he in the military? _____

Would you say that your mother was present or absent while you were growing up?
Present ___ absent ___ Was she in the military? _____

What high school did you attend?

Did you graduate?	y_____n_____	Year you graduated	_____
Did you attend college?	y_____n_____	Years attended	_____
1) College name	_____	City/State	_____
Last grade completed	_____	Degree/Diploma	_____
2) College name	_____	City/State	_____
Last grade completed	_____	Degree/Diploma	_____
3) College name	_____	City/State	_____
Last grade completed	_____	Degree/Diploma	_____

Military Service and Status:

Branch _____ Dates of active duty _____ Discharge Status _____

Describe your health

Do you have any significant acute or chronic medical condition(s) that could affect your ability to parent a child? y_____ n_____

Please list all diagnosis of diseases or disorders

List all prescribed medications that you are currently taking, including dosages and how many per day as well as the reason why you are taking the medication.

Medication	Dosage	How many per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for taking above medications: _____

For the next few questions, “immediate family” refers to yourself, your mother, your father, and your siblings.

Have you or anyone in your immediate family ever had a severe mental illness (schizophrenia, Bi-Polar, major depression)? yes___ no___

Have you, your children (if applicable) or anyone in your immediate family ever been committed to a facility for mental or emotional disturbances? yes___ no___

Are you now receiving or have ever received psychiatric care? yes___ no___

Have you or anyone in your immediate family ever been incarcerated? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in, child abuse, as an aggressor or victim? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in child molestation as an aggressor or victim? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in child neglect as an aggressor or victim? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in assault as an aggressor or victim? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in, spouse abuse as an aggressor or victim? yes___ no___

Have you or anyone in your immediate family ever had any experience with, or involvement in, drug abuse yes ___ no ___

Have you or anyone in your immediate family ever received treatment for chemical dependency? yes ___ no ___

Have you or anyone in your immediate family ever had any experience with, or involvement in, alcohol abuse yes ___ no ___

Do you drink? yes ___ no ___ How often _____
How much _____

Do you smoke yes ___ no ___ How many packs per day _____

Have you ever been arrested, indicted or convicted of or are you currently charged with a felony or misdemeanor (other than minor traffic violations)? yes ___ no ___

Are you currently on probation or parole? yes ___ no ___

Has a protective order/restraining order ever been issued against you? yes ___ no ___

If you answered yes to any of the above, please explain below:

Current Relationship/Marriage:

Name of significant other: _____

Married? y__ n__ Date _____ Place _____

Were you engaged? y__ n__ How Long _____

Did you date? y__ n__ How Long _____

Where did you meet?

Did you move in before or after your marriage/commitment? Before ___ After ___

List any children from this marriage

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____
 POB _____
 Name _____ DOB _____
 POB _____

Check any of the following that best describe the various roles you play in the relationship:

not applicable initiator wage earner caregiver
 head of household peacemaker decision maker follower
 leader comforter rational one negotiator
 emotional one risk taker organizer manager
 social planner money manager compromiser homemaker
 other: _____ other: _____

Check any of the following that best describe the various roles your spouse/partner plays in the relationship:

not applicable initiator wage earner caregiver
 head of household peacemaker decision maker follower
 leader comforter rational one negotiator
 emotional one risk taker organizer manager
 social planner money manager compromiser homemaker
 other: _____ other: _____

How often do you and your spouse/partner argue?

not applicable once or twice a year almost daily
 never once or twice a month once a day
 rarely once or twice a week several times a day

Check any of the following that best describe the major areas of disagreement between you and your spouse/partner:

not applicable personal habits sexual relations
 personal expectations discipline of children household chores
 politics friends religion
 work values leisure time
 alcohol/drugs in-laws separate activities
 shared activities emotional closeness emotional separateness
 time apart time together family involvement
 money travel other: _____

Check any of the following that best describe how you typically react when you have a major disagreement with your spouse/partner:

not applicable agree to disagree
 reach agreement through mutual give and take sometimes yell and shout
 take time to think things over before discussing leave the house to cool off
 give in and attempt to smooth things over become silent
 seek outside help such as a counselor/clergy try to outwit spouse/partner
 sometimes pound or break things change the topic
 things get physical (pushing, shoving) other: _____

Have you and your spouse/partner ever gone through a difficult period that threatened your relationship or caused you to separate?

If yes, please describe briefly _____

Previous relationships/marriages:

Name of previous significant other:

Married Date _____ Place _____

Divorced Date _____ Place _____

Where did you meet _____

Did you date y ___ n ___ How long _____

Engaged y ___ n ___ How long _____

Reason for divorce _____

List any children from this marriage

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Do you receive or pay child support for these children? receive _____ pay _____

If so, how much _____ how often _____

If you are required to pay child support, are you in arrears or current? _____

If you are in arrears, please list the reason why _____

What type of custody arrangements do you have with the child's other parent

Previous relationships/marriages:

Name of previous significant other:

Married Date _____ Place _____

Divorced Date _____ Place _____

Where did you meet _____

Did you date y ___ n ___ How long _____

Engaged y ___ n ___ How long _____

Reason for divorce _____

List any children from this marriage

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

Name _____ DOB _____

POB _____

(Use back of page if more)

Do you receive or pay child support for these children? receive _____ pay _____

If so, how much _____ how often _____

If you are required to pay child support, are you in arrears or current? _____

If you are in arrears, please list the reason why _____

What type of custody arrangements do you have with the child's other parent?

Please list any other children you are a biological parent of, including those born out of wedlock.

Name _____ DOB _____

POB _____

Name _____ DOB _____

11

POB _____
Name _____ DOB _____
POB _____

Do you expect any change in your marital status, employment, family size, or place of residence within the next year? y _____ n _____
If yes, please explain

How do you discipline the child(ren) in your home?

If you spank, for what offenses and how?

Do you discipline all the children in your home the same way? yes _____ no _____
If not, how is it different? _____

Define a good parent-child relationship

How do you express affection toward your child(ren)?

How do you handle conflicts with this child

How do you handle your child's feelings of anger, sadness, insecurity, rebellion, etc...

Why do you want to adopt this child now?

Please give a brief description of yourself as a parent, focusing on your strengths:

Give a brief description of your spouse as a parent, focusing on their strengths:

I hereby certify all answers on this Adult History to be true and correct.

Printed Name: _____ Date _____

Signature: _____
