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|   | **Tennessee Department of Children’s Services****Foster Parent Applicant Questionnaire** |

***Please Print****.* ***Answer each question as completely as possible. Attach additional pages if necessary****.*

**Each foster parent applicant is to complete their own questionnaire.**

**Date:** **/****/**

| First Name: |  | Last Name: |  | Date of Birth: | **/****/** |
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| Address: |  | Telephone Number: | ()**-** |
| Alternate Telephone Number: | ()**-** | E-Mail Address: |  |
| **MOTIVATION** Tell us why you became interested in fostering and/or adopting:

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| **CHILDHOOD & ADOLESCENCE** |
| 1. Who raised you?  |  |
| Please provide the individual(s) first and last name and your relationship. |  |
| 2. Were you adopted? **[ ]**  YES **[ ]**  NO | If yes, at what age? |  |  |
| Was your mother married at the time of adoption? **[ ]**  YES **[ ]**  NO |
| 3. Were there any extended separations from your primary caregivers?  | **[ ]**  YES **[ ]**  NO |
| 4. How often did you move or relocate as a child? [ ]  1-2 times [ ]  3-6 times [ ]  7-10 times [ ]  10 or more times |
| 5. List any siblings (biological, adopted, half or step):  |
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| 6. Describe the relationship with your mother/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).

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| 7. Mother/primary caretaker’s ability to manage her life was (check one):  [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor |
| 8. Describe the relationship with your father/primary caretaker. Include the level of closeness and involvement (e.g., loving, distant, overprotective, and abusive/neglectful).

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| 9. Father/primary caretaker’s ability to manage his life was (check one):  [ ]  Excellent [ ]  Good [ ]  Fair [ ]  Poor |
| 10. Please rate how strongly you agree with the below statements by choosing from 1 being Not at All to 5 being Completely. |
|  a. As a child I found it easy to be close to my parent/caregiver. I trusted my parents/caregivers and was comfortable depending on them. I did not worry about being abandoned by my parents/caregivers or about them getting too close.  |
| [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
|  b. As a child I was uncomfortable being close to my parents/caregivers. I found it difficult to trust my parents/caregivers completely or to depend on them. I got nervous when my parents/caregivers wanted to become too close. My parents/caregivers often wanted to be closer than I wanted them to be.  |
| [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
|  c. As a child I often found my parents/caregivers did not want to get as close as I would have liked. I often worried that my parents/caregivers didn’t really like me and wanted to distance the relationship. I preferred to do a lot with my parents/caregivers and this desire sometimes overwhelmed them.  |
| [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
|  d. Please provide additional comments to support or clarify your answers above

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| 11. Describe your parents or primary caregiver’s relationship with each other:

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| 12. Have your parents/primary caregivers had any addictions? **[ ]**  YES **[ ]**  NO |
| 13. Who disciplined you as a child?

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| 14. Do you feel the discipline you received growing up was appropriate? **[ ]**  YES **[ ]**  NO |
| 15. Tell us about the values that your parents or primary caregivers held as they raised you:

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|  | 1. Have some or all your values changed since you were raised as a child? **[ ]**  YES **[ ]**  NO
 |
|  | 1. If yes, list some of your values:

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| 16. Tell us about your parents’ or primary caregiver’s view towards sexuality when you were a child or teen:

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| 17. Describe your life as a child/teen including comments about your personality, activities in which you participated and family life.

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| 18. Have you ever been abused (physically, emotionally, or sexually), assaulted or molested as a child or teen?  **[ ]**  YES **[ ]**  NO |
|  If yes, what was the relationship to the person that abused you?  |       |
| 19. Have you ever received counseling or mental health treatment as a child or teen?  **[ ]**  YES **[ ]**  NO |
| 20. Have you ever experienced any problems in your childhood that currently cause stress? **[ ]**  YES **[ ]**  NO |
| **ADULTHOOD** |
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| 1. Describe your early dating experiences including sexual experiences. How did these experiences impact your life?

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| 2. List dates and names of your previous marriages/domestic partnerships or other significant relationships (mother or father to your child):

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| 3. Have you ever had legal or personal conflict regarding custody of your children? **[ ]**  YES **[ ]**  NO |
| 4. Share about your relationship with your spouse/partner before you were married or started your relationship:

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|  | 1. Describe your role in your relationship (Manager, Planner, Peacemaker, Money Manager, *etc*.):

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|  | 1. How would you describe your spouse/partner’s personality? (Nice, Cold, Affectionate, Shy, *etc*.):

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|  | 1. What do you and your spouse/partner argue most about?

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|  | 1. Have you ever been physically injured (pushing, striking, kicking, biting, *etc*.) by your spouse/partner?

**[ ]**  YES **[ ]**  NO |
|  | 1. Have you ever separated or threatened to separate from your spouse/partner?  **[ ]**  YES **[ ]**  NO
2. Is your marriage/partnership cooperative?

Rate by choosing from 1 being Not at All to 5 being Completely[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A1. My marriage/partnership is…

Rate by choosing from 1 being Terrible to 10 being Terrific [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  N/A  |
| 5. Have you ever received counseling or mental health treatment as an adult? **[ ]**  YES **[ ]**  NO1. Do you have others who could provide you sound advice regarding conflicts in your marriage/partnership?

 **[ ]**  YES **[ ]**  NO [ ]  N/A |
| 1. Have you ever been physically, emotionally, or sexually abused, assaulted, or molested as an adult? **[ ]**  YES **[ ]** NO
 |
|  If yes, what was the relationship to the person that abused you? |       |
| 1. Have you ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse? **[ ]**  YES **[ ]**  NO
 |
| 1. Have you ever been arrested, charged, or convicted for any crimes? **[ ]**  YES **[ ]**  NO
 |
|  | If yes, explain: |  |
|  |  |
| 1. Have you experienced any problems as an adult that currently cause stress?
 |
| [ ]  Addiction | [ ]  Family/Spouse Relationships | [ ]  Financial/Work |
| [ ]  Death/Other Loss | [ ]  Health | [ ]  Domestic Violence/Other Abuse |
| [ ]  Other (Please describe):

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| 1. Check one or more races to indicate what you consider yourself to be:
 |
| [ ]  American Indian or Alaskan Native | [ ]  Native Hawaiian | [ ]  Other Asian |
| [ ]  Other Pacific Islander | [ ]  Chinese | [ ]  Filipino |
| [ ]  Black or African American | [ ]  White | [ ]  Japanese |
| [ ]  Asian Indian | [ ]  Guamanian or Chamorro | [ ]  Samoan |
| [ ]  Vietnamese | [ ]  Korean | [ ]  Other Race |
| 1. Are you Spanish/Hispanic/Latino?
 |
| [ ]  | No, not Spanish/Hispanic/Latino |
| [ ]  | Yes, Mexican, Mexican American, Chicano |
| [ ]  | Yes, Puerto Rican |
| [ ]  | Yes, Cuban |
| [ ]  | Yes, Other Spanish/Hispanic/Latino |
| 1. Are you bi-lingual?

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| [ ]  | No, English speaking only |
| [ ]  | English- Spanish, Cuban, Dialects of Puerto Rico |
| [ ]  | English- Portuguese |
| [ ]  | English- Somali, Arabic, or other dialects |
| [ ]  | English- other: |       |

**INTERESTS**In which hobbies or interests do you participate in your leisure time?

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**FAMILY** |
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| 1. Describe your current relationship with your parents/primary caregiver since becoming an adult including comments as to why it is a positive or negative relationship?

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| 1. Describe your current relationship with your siblings including comments as to why it is a positive or negative relationship:

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| 3. Do you have family or close friends that live locally? **[ ]**  YES **[ ]**  NO |
| 1. Describe your current relationship with your children (if any) including areas of strength and areas that cause tension in your relationship:

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| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever used illegal drugs or had problems with any addictions? **[ ]**  YES **[ ]**  NO
 |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been physically, emotionally, or sexually abused, assaulted, or molested? [ ]  YES **[ ]** NO
 |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been criminally charged for, investigated for, or suspected of child neglect, child physical or child sexual abuse?

 **[ ]**  YES **[ ]**  NO |
| 1. Has anyone in your immediate family (spouse/partner, children, or other household members) ever been arrested, charged, or convicted for any crimes? **[ ]**  YES **[ ]**  NO
 |
| 1. Primary Language spoken and/or written in your household:
 |  |
| 1. Do you identify with any religious practices or beliefs? **[ ]**  YES **[ ]**  NO
 |
|  | a. If yes, what religious beliefs do you identify with?  |  |
|  | b. How religious are you? Rate by choosing from 1 being Not at All to 5 being Completely [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 1. Tell us about how your family spends time together:

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| **HOME/NEIGHBORHOOD** |
| 1. My relationship with my neighbor(s) is (check all that apply):
 |
| [ ]  Close/Regular Contact | [ ]  No Contact/Distant | [ ]  Strained |
| 1. Do you have concerns about your neighbors/neighborhood that could be a problem for children in your home? **[ ]**  YES **[ ]**  NO
 |
|  | If yes, please explain:

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| 1. Describe your involvement in your local community (social, political, or religious, etc.):

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| 4. Describe your friendships (Do you have close friends? Few friends? No friends?):

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| **PARENTING CAPACITY** |
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| 1. What things do you think you do well as a parent?

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| 2. Do you have others who could give you sound advice regarding parenting? **[ ]**  YES **[ ]**  NO |
| 3. Do you have others who could support you if you needed help with childcare? **[ ]**  YES **[ ]**  NO |
| 4. List people you know who are willing to be alternative caregivers in case of emergency:

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| 5. Do you have others who could help you with money to pay bills? **[ ]**  YES **[ ]**  NO |
| 6. Do you have others to help you "burn off steam" outside the home? **[ ]**  YES **[ ]**  NO |
| 7. How do you think your friends and extended family will treat a foster/adopted child in your home?

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| 8.  | Select the age groups in which you feel most comfortable: |
|  | Infants (0-2) | **[ ]**  YES **[ ]**  NO |
|  | Toddlers (3-5) | **[ ]**  YES **[ ]**  NO |
|  | Middle Childhood (6-12) | **[ ]**  YES **[ ]**  NO |
|  | Teenagers (13+) | **[ ]**  YES **[ ]**  NO |
| 9.  | Are you willing to take a child that identifies as LGBTQI+? | **[ ]**  YES **[ ]**  NO |
| 10. | Are you willing to take a child who does not speak English well? | **[ ]**  YES **[ ]**  NO |
| 11.  | Are you willing to parent a child with the following needs? |  |
|  | Medically needy | **[ ]**  YES **[ ]**  NO |
|  | Needs mental health services | **[ ]**  YES **[ ]**  NO |
|  | Bedwetting | **[ ]**  YES **[ ]**  NO |
|  | Encopresis (involuntary defecation) | **[ ]**  YES **[ ]**  NO |
|  | Enuresis (involuntary urination) | **[ ]**  YES **[ ]**  NO |
|  | Special diet/dietary restrictionsPregnant | **[ ]**  YES **[ ]**  NO**[ ]**  YES **[ ]**  NO |
|  | Special accommodations for physical disability | **[ ]**  YES **[ ]**  NO |
|  | Hearing impaired or deaf | **[ ]**  YES **[ ]**  NO |
|  | Visually impaired or blind | **[ ]**  YES **[ ]**  NO |
|  | Autism | **[ ]**  YES **[ ]**  NO |
|  | Developmental or Intellectual Disability | **[ ]**  YES **[ ]**  NO |
|  | Frequent temper tantrums | **[ ]**  YES **[ ]**  NO |
|  | Impulsivity and/or hyperactivity | **[ ]**  YES **[ ]**  NO |
|  | Psychosis | **[ ]**  YES **[ ]**  NO |
|  | School difficulties (poor attendance, achievement, or behavior issues) | **[ ]**  YES **[ ]**  NO |
|  | Emotional control | **[ ]**  YES **[ ]**  NO |
|  | Stool smearing | **[ ]**  YES **[ ]**  NO |
|  | Oppositional | **[ ]**  YES **[ ]**  NO |
|  | Attachment | **[ ]**  YES **[ ]**  NO |
|  | Poor social skills | **[ ]**  YES **[ ]**  NO |
|  | Anxiety | **[ ]**  YES **[ ]**  NO |
|  | Depression | **[ ]**  YES **[ ]**  NO |
|  | Sleep problems | **[ ]**  YES **[ ]**  NO |
|  | Constant supervision required | **[ ]**  YES **[ ]**  NO |
|  | Physical aggression | **[ ]**  YES **[ ]**  NO |
|  | Vandalism or destroying property | **[ ]**  YES **[ ]**  NO |
|  | Suicide risk | **[ ]**  YES **[ ]**  NO |
|  | Self-mutilation | **[ ]**  YES **[ ]**  NO |
|  | Runaway | **[ ]**  YES **[ ]**  NO |
|  | Fire setting | **[ ]**  YES **[ ]**  NO |
|  | Sexually reactive behavior (a history of sexual abuse or reactive behaviors) | **[ ]**  YES **[ ]**  NO |
|  | Substance use (nicotine, alcohol, prescription, illegal) | **[ ]**  YES **[ ]**  NO |
|  | Sexual aggression | **[ ]**  YES **[ ]**  NO |
|  | Cruelty to animals | **[ ]**  YES **[ ]**  NO |
|  | Stealing | **[ ]**  YES **[ ]**  NO |
|  | Delinquent behavior | **[ ]**  YES **[ ]**  NO |
|  | Intense anger | **[ ]**  YES **[ ]**  NO |
|  | Habitual lying | **[ ]**  YES **[ ]**  NO |
|  | Fear of animals | **[ ]**  YES **[ ]**  NO |
|  | Self-harm | **[ ]**  YES **[ ]**  NO |
|  | Making false accusations | **[ ]**  YES **[ ]**  NO |
|  | Extreme attention seeking | **[ ]**  YES **[ ]**  NO |
|  | Negative peer association | **[ ]**  YES **[ ]**  NO |
|  | History of family criminality | **[ ]**  YES **[ ]**  NO |
|  | Danger to others | **[ ]**  YES **[ ]**  NO |
| 12.  | Are you willing to take a child who: |  |
|  | Requires a stay-at-home parent | **[ ]**  YES **[ ]**  NO |
|  | Requires frequent visitation with parents/caregivers | **[ ]**  YES **[ ]**  NO |
|  | Birth parents are incarcerated | **[ ]**  YES **[ ]**  NO |
|  | Is committed to extra-curricular activities | **[ ]**  YES **[ ]**  NO |
| 13. | Are you willing to accept sibling groups? | **[ ]**  YES **[ ]**  NO |
| 14. | Ethnicity or race of a child you are willing to accept: |  |
|  | Hispanic/Latino | **[ ]**  YES **[ ]**  NO |
|  | American Indian/Alaska Native | **[ ]**  YES **[ ]**  NO |
|  | Black or African American | **[ ]**  YES **[ ]**  NO |
|  | Native Hawaiian/Pacific Islander | **[ ]**  YES **[ ]**  NO |
|  | White | **[ ]**  YES **[ ]**  NO |
|  | No Preference | **[ ]**  YES **[ ]**  NO |
|  |  |
| 15. | Do you feel that your employment or (other activities) could interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, *etc*.)? **[ ]**  YES **[ ]**  NO |
|  | If yes, please explain:

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| 16. | Do you have others who could support you if you needed help with transportation? | **[ ]**  YES **[ ]**  NO |
| 17. | Do you have a concern that your health issues may interfere in your ability to be a foster parent (supervision needs, transporting to appointments, attending meetings, visitation, *etc*.)? **[ ]**  YES **[ ]**  NO |
|  | a) If yes, please explain:

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 |
|  | b) Do you have a primary care physician? **[ ]**  YES **[ ]**  NO |
|  | c) Do you currently have any medical conditions or are currently under a doctor’s care? **[ ]**  YES **[ ]**  NO |
|  | If yes, please explain:

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|  | d) Are you currently taking any prescription medications? **[ ]**  YES **[ ]**  NO |
|  | If yes, please explain:

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|  | 1. Are you regularly using any over the counter medications?
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|  | If yes, please explain:

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|  | f) Do you smoke? **[ ]**  YES **[ ]**  NOg) Alcohol and Drug History and Frequency: If checked explain.[ ]  Alcohol [ ]  Hallucinogens [ ]  Marijuana [ ]  Sedatives [ ]  Barbiturates [ ]  Steroids [ ]  Amphetamines [ ]  Tobacco [ ]  Huffing [ ]  Opioids [ ]  Other  |
|  | Explanation: |       |
| 18. What is the highest level of education that you have obtained? |  |
|  |
| **SELF ASSESSMENT****Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**Do you have parenting experience? [ ]  Yes [ ]  NoIf yes, skip to question 13.

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| 1. Overall I will be very satisfied at becoming a parent. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 2. I can rely on my spouse/partner when parenting gets tough. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A  |
| 4. I expect my partner to bond with the child. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A  |
| 5. My partner and I will meet every parenting challenge together. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A  |
| 6. A child in my home will bond with me. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 7. A child will transition easily into my home. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 8. I will find parenting gratifying. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
|  9. I expect a child will follow the reasonable rules I set. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 10. I will know what to do as a parent | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 11. I expect I will be able to manage my emotions, even when a child is challenging.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 12. My love for a child will be immediate and strong.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |

**Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.****If faced with a problem…**

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| 13. I take action to try and get rid of the problem.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 14, I try to come up with a strategy about what to do. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 15. I put aside other activities to concentrate on this. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 16. I force myself to wait for the right time to do something. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 17. I ask people who have had similar experiences what they did. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 18. I talk to someone about how I feel. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 19. I look for something good in what is happening. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 20. I learn to live with it. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 21. I seek God’s help. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 22. I get upset and let my emotions out. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 23. I refuse to believe that this has happened. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 24. I give up and attempt to get what I want. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 25. I turn to work on other substitute activities to take my mind off things. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 26. I drink alcohol or take drugs, to think about it less. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 27. When I want to feel less negative emotion, I change the way I’m thinking about the situation. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 28. When I want to feel more positive emotion, I change the way I feel about the situation. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 29. I control my emotions by not expressing them. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 30. I keep my emotions to myself.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |

 **Rate your level of agreement by choosing from 1 being Not at All to 5 being Completely.**

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| 31. Extroverted/enthusiastic?  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 32. Critical/quarrelsome? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 33. Dependable/self-disciplined? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 34. Anxious/easily upset? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 35. Open to new experiences/complex? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 36. Reserved/quiet? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 37. Sympathetic/warm? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 38. Disorganized/careless? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 39. Calm/emotionally stable? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 40. Conventional/uncreative? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 41. I want to be close and connected to foster children/parents. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |

**How much does each of the statements describe you? Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

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| 42. I think of myself as emotionally expressive. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 43. I keep my feelings to myself. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 44. I display my emotions to other people. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 45. I hold my feelings in. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 46. I hardly ever expect things to go my way. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 47. I rarely count on good things happening to me. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 48. I expect more good things to happen to me than bad. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 49. I expect a child in our family would adopt our heritage and culture over their own.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 50. I value educational success in children above all else. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |

**How often do you feel? Rate your level of agreement by choosing from 1 being Very Slightly to 5 being Extremely.**

|  |  |
| --- | --- |
| 51. Interested? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 52. Upset? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 53. Scared? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 54. Enthusiastic? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 55. Determined? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 56. Afraid? | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |

 **For applicants who are parents or who have fostered a child. Rate your level of agreement by choosing from 1 being Disagree Completely to 5 being Agree Completely.**

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| --- | --- |
| 57. I value obedience. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 58. I discourage negotiation with children. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 59. I explain my rules as I set them. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 60. I am open to reasonable input from my child. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 61. I am warm. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 62. I am responsive to my child’s needs. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 63. I am very accepting of my child’s behavior. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 64. I offer unconditional support. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 65. If a child fears me but still obeys, it’s OK. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 66. I believe in corporal punishment for misbehavior. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 67. Giving children choices helps them learn responsibility. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 68. If I set limits, my child will dislike me. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 69. I allow freedom with little responsibility.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 70. I find parenting/fostering satisfying. | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
| 71. I am confident in my parenting abilities.  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5  |
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|  | *Print Name* |  | *Signature* |  |