

THE "SENSITIVE QUESTIONS" FORM



Have you ever had a period of separation from your spouse? Yes No If so, explain the circumstances and resolution.

Do you feel any pressure from your spouse to adopt? Yes No If so, would you want to discuss this more privately? Yes No

Were you sexually abused by anyone as a child? Yes No If so, what happened?

Were you physically abused by anyone as a child? Yes No If so, what happened?

Do you have any history of mental health hospitalizations? Yes No If so, when did it occur and what was the diagnosis and treatment for each of these hospitalizations?

Has the use of alcohol ever been a problem for you or anyone else in your household? Yes No If so, describe the circumstances and any treatment received.

Have you used any illegal drugs or any prescription drugs not prescribed to you to feel better? Yes No If so, describe the circumstances and any treatment received.

Do you have any history of domestic violence even if it did not result in an arrest or conviction? Yes No If so, describe.

Signature

Name (Please Print)

Date