



Date: \_\_\_\_\_

## Client Questionnaire

If you need more space to answer any of the following questions, feel free to attach additional pages. These questions are not intended to be in any way judgmental; we are simply gathering information to help us offer you the services which would best meet your individual needs. Perhaps most important to remember is that your completed questionnaire should provide us with what *you* feel is an accurate picture of yourself.

### A. BASIC INFORMATION

1. Name: \_\_\_\_\_  
Maiden name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
City/State Zip: \_\_\_\_\_
3. Mailing address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
4. Home phone: (\_\_\_\_\_) \_\_\_\_\_ May we call? \_\_\_ Yes \_\_\_ No
5. Work phone: (\_\_\_\_\_) \_\_\_\_\_ May we call? \_\_\_ Yes \_\_\_ No
6. Email address: \_\_\_\_\_
7. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
8. Religion: \_\_\_\_\_ Race: \_\_\_\_\_
9. Marital status:  

___ Single	___ Married
___ Divorced	___ Separated
___ Remarried	___ Widowed
10. In the event of an emergency, who should be contacted?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**B. THE NURTURING NETWORK AND YOU**

1. In order that we can best serve you, it would be helpful for us to know why you have come to the Network. There are no right or more correct answers to this; what matters most is that you respond as candidly as possible and in your own words.

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2. How did you first learn of The Nurturing Network?

<input type="checkbox"/> School	<input type="checkbox"/> Agency: DDS	<input type="checkbox"/> Counselor
<input type="checkbox"/> Media	<input type="checkbox"/> Telephone book	<input type="checkbox"/> Clergy
<input type="checkbox"/> Physician	<input type="checkbox"/> Family member	<input type="checkbox"/> Friend
<input type="checkbox"/> Other	<input type="checkbox"/> Please specify: _____	

May we have your permission to advise this person that you've made contact with us?  Yes  No

3. Have you read the brochures of The Nurturing Network describing our services and the services of our referral Members?  Yes  No

4. What services offered by the Network or its members do you feel you need? Please do not hesitate to check more than one service.

<input type="checkbox"/> Counseling	
<input type="checkbox"/> Alternative college	For how long? _____
<input type="checkbox"/> Nurturing home	For how long? _____
<input type="checkbox"/> Alternative employment	For how long? _____
<input type="checkbox"/> Medical care	
<input type="checkbox"/> Financial help	
<input type="checkbox"/> Adoption placement	
<input type="checkbox"/> Parenthood preparation	

5. The Network can offer career and educational opportunities throughout the United States. Do you believe you might wish to relocate to another part of the state or the country?  Yes  No

6. The varied geographic locations of our Members enable us to offer our clients confidentiality in relocating to another part of the country. Is there any geographic location which you would prefer in order to protect your confidentiality? Any locations which you would like us to rule out for you? Please briefly explain. \_\_\_\_\_

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7. If you were to relocate, is there any climate in which you would prefer to live? Any climate in which you would be uncomfortable?

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**C. CONFIDENTIALITY CONSIDERATIONS**

1. Have you discussed your pregnancy with others? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who? \_\_\_\_\_

2. Are you concerned that your pregnancy remain confidential? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are there any others with whom you plan to discuss your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide their names and relationship to you:

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**This may be a time in your life characterized by confusion and doubt. To help us better understand where you are in your decision-making process, we ask that you answer the following as honestly as you can.**

4. What is most important to you in life? \_\_\_\_\_

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5. Who are the most important people in your life? \_\_\_\_\_

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6. If you were asked to describe yourself, what would you say? \_\_\_\_\_

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7. How do you feel about being pregnant? \_\_\_\_\_

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8. Do you feel that you are free to make your own decision regarding the outcome of your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Is there anyone currently pressuring you regarding the outcome of your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Is there anyone whom you feel should know of your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you made a decision to give life to your child? How do you feel about this decision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. In reaching your decision about the outcome of your pregnancy, did you consider other alternatives? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. As you plan for your child's future, are you considering raising your child yourself or are you thinking of adoption?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Would you be interested in receiving information on adoption or talking to someone about this alternative?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

**As you make plans for the future, it is important to consider how involved your baby's father will want to be.**

15. Please briefly explain the relationship which existed between you and the father of your baby before and at the start of your pregnancy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Is the father of your baby aware of your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If he is not aware, do you intend to inform him? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What do you expect his reaction to be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please briefly explain what degree of support and involvement the father of your baby has demonstrated since your pregnancy began.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Will he be visiting you? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

19. Has he offered any financial support for you or your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

20. Have you had any prior supportive counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received any prior services from a social worker or a social service agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any prior contact with the court system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the above, please briefly explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### D. MEDICAL INFORMATION

**In order to protect your health and that of your unborn child, it is necessary for us to learn of your general physical condition and medical history. Should you need the services of a new doctor for your prenatal care, your complete medical records may be requested.**

**Please understand that it is only for your benefit and the benefit of our Nurturing Family members that we require the following information before a client can be placed in a Nurturing Home.**

1. Have you had a positive pregnancy test? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, where was the test taken?  
 \_\_\_\_\_ At home; self test \_\_\_\_\_ Doctor's office  
 \_\_\_\_\_ Clinic \_\_\_\_\_ Hospital  
 If so, when was your last menstrual period? \_\_\_\_\_
2. Is this your first pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If not, how many times have you been pregnant? \_\_\_\_\_
3. Have you ever had a miscarriage? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please provide approximate date(s): \_\_\_\_\_
4. Have you ever had an abortion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please provide approximate date(s): \_\_\_\_\_
5. Please tell us briefly of your experiences of pregnancy, labor and delivery. Were there any emotional or physical complications?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are you now under the care of a doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please give the doctor's name and address: \_\_\_\_\_  
 \_\_\_\_\_
7. When was your last physical examination? \_\_\_\_\_  
 Physician's name and address: \_\_\_\_\_  
 \_\_\_\_\_
8. Do you have or have you ever had:
- |                        |           |          |
|------------------------|-----------|----------|
| a. Anemia              | _____ Yes | _____ No |
| b. Arthritis           | _____ Yes | _____ No |
| c. Asthma              | _____ Yes | _____ No |
| d. Cancer              | _____ Yes | _____ No |
| e. Diabetes            | _____ Yes | _____ No |
| f. Epilepsy            | _____ Yes | _____ No |
| g. Heart defects       | _____ Yes | _____ No |
| h. Hearing defects     | _____ Yes | _____ No |
| i. High blood pressure | _____ Yes | _____ No |
| j. Kidney disease      | _____ Yes | _____ No |
| k. Mental illness      | _____ Yes | _____ No |
| l. Mental retardation  | _____ Yes | _____ No |

- m. Obesity \_\_\_\_\_ Yes \_\_\_\_\_ No
- n. Thyroid disease \_\_\_\_\_ Yes \_\_\_\_\_ No
- o. Tuberculosis \_\_\_\_\_ Yes \_\_\_\_\_ No
- p. Varicose veins \_\_\_\_\_ Yes \_\_\_\_\_ No
- q. Visual defects \_\_\_\_\_ Yes \_\_\_\_\_ No
- r. Any physical or mental disabilities or limitations which may restrict your ability to adapt to a new home, job, or college? \_\_\_\_\_ Yes \_\_\_\_\_ No
- s. Any progressive or communicable disease? \_\_\_\_\_ Yes \_\_\_\_\_ No
- t. Any other existing medical condition of which we should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the physical conditions listed in question #8, or if you have ever undergone treatment for any of them, please explain.

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9. Please provide us with as complete a medical history as possible, including surgery or serious illnesses.

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10. Please list all incidences of hospitalization:

<u>Hospital</u>	<u>Dates</u>	<u>Reason for admission</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please list any allergies you may have to the following:

- a. Drugs or medication: \_\_\_\_\_
- \_\_\_\_\_
- b. Food: \_\_\_\_\_
- \_\_\_\_\_
- c. Other: \_\_\_\_\_
- \_\_\_\_\_

12. Are you currently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide name and dosage as well as prescribing physician:

\_\_\_\_\_

13. Do you use any other drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please choose the description that best applies:

\_\_\_\_\_ Once a week                      \_\_\_\_\_ Once a day  
\_\_\_\_\_ A few times each week        \_\_\_\_\_ More than once a day

14. Do you take birth control pills? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Do you wear contact lenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Do you wear an orthopedic brace? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Have you been diagnosed as having an emotional problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

18. Do you feel that you have any serious emotional problems at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

19. Do you feel you could benefit from counseling at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

**E. FAMILY HISTORY**

1. Father's name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Address (if different from your own): \_\_\_\_\_

\_\_\_\_\_

4. How many brothers and sisters do you have? \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters

5. What is your birth order (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> . . . ) \_\_\_\_\_

6. Please describe your present household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Education</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Other family members:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Do you have any children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please give their names, ages and addresses, whether or not you are responsible for their care, and if not, who is caring for them:

\_\_\_\_\_

\_\_\_\_\_

9. Do you have any dependents other than children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. FINANCIAL AND INSURANCE INFORMATION**

1. Are you financially self-sufficient? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please tell us who supports you. \_\_\_\_\_

\_\_\_\_\_

2. Are you covered by medical or health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, does it provide maternity benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

Deductible: \_\_\_\_\_

**G. EDUCATIONAL INFORMATION**

1. Please list your educational history beginning with high school.

<u>School</u>	<u>Dates Attended</u>	<u>Date of Graduation and Degree (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are you in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

What are your current school hours? \_\_\_\_\_

Please attach your most recent transcript. If you have requested but not yet received it, please include a copy of your letter of request. As soon as you receive your transcript, please forward it to us.

## H. EMPLOYMENT INFORMATION

1. By whom have you most recently been employed? \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
May we contact this person for a recommendation? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Please briefly describe responsibilities of your most recent position:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your current employment status?
  - a. \_\_\_\_\_ Employed by company listed in question #1.
  - b. \_\_\_\_\_ On a paid leave of absence from last employer.
  - c. \_\_\_\_\_ On an unpaid leave of absence from last employer.
  - d. \_\_\_\_\_ Unemployed.
  - e. \_\_\_\_\_ Unemployed and collecting unemployment benefits.
4. If you are employed, have you told your employer of your pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. If necessary, do you believe you could arrange a leave of absence from your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which benefits would continue?

	Salary?	_____ Yes _____ No
	Insurance?	_____ Yes _____ No
6. Have you ever been in the military service? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Service number: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

## I. LIFESTYLE

**If you choose to live with a Nurturing Family during your pregnancy it is most helpful if we know as much as possible about your lifestyle. This will help us to introduce you to a family with whom you will feel most comfortable.**

**Please complete the following questions. We welcome any additional information you can offer to help us introduce you to a family with whom you will be comfortable.**

1. Do you have any special dietary considerations of which a Nurturing Family should be aware? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

2. Are you allergic to any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which ones?: \_\_\_\_\_

3. Are you frightened by any common pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

4. Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please choose the appropriate description:

\_\_\_\_\_ Less than one cigarette a day

\_\_\_\_\_ A few cigarettes each day

\_\_\_\_\_ One to two packs a day

\_\_\_\_\_ More than two packs a day

5. Do you drink alcoholic beverages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please choose the appropriate description:

\_\_\_\_\_ One drink a week

\_\_\_\_\_ A few drinks a week

\_\_\_\_\_ One to two drinks daily

\_\_\_\_\_ More than two drinks daily

6. Now that you are pregnant, do you want to alter any of your habits listed above in questions 4 and 5? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, have you thought about how you will do this? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Do you object to living in a Nurturing Home where either of the habits listed in questions 4 and 5 occur? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. If you were to live with a Nurturing Family, approximately how often and for how long would you like to be able to use the telephone?

\_\_\_\_\_  
\_\_\_\_\_

Would you expect to be responsible for your own phone bills? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

State: \_\_\_\_\_ Number: \_\_\_\_\_

10. How would you rate your athletic activity before your pregnancy?

\_\_\_\_\_ Less than one hour

\_\_\_\_\_ Three to five hours

\_\_\_\_\_ One to three hours

\_\_\_\_\_ More than five hours

11. In particular, what sports and hobbies do you enjoy?

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12. How much time do you spend watching TV in an average day?

\_\_\_\_\_ Less than one hour

\_\_\_\_\_ Three to five hours

\_\_\_\_\_ One to three hours

\_\_\_\_\_ More than five hours

13. Please try to anticipate what personal property (clothes, books, and other personal items) you would need to bring if you were able to live for several months with a Nurturing Family. Would you be comfortable in an average size guest bedroom with one closet? Would you be comfortable sharing a bathroom with other family members or would you require a private bathroom?

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## J. QUESTIONS AND COMMENTS

1. Are there any concerns which you would like to discuss with us to ensure that your membership is as positive an experience as possible? If you would make a note of your questions below, a member of our staff would be pleased to discuss these with you at your convenience.

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2. The Nurturing Network respects the privacy of all our Members. Your completed questionnaire will remain on file at our office and will not be photocopied except for the internal use of The Nurturing Network, Inc. We will share with Clients only the information we believe might help her more comfortably join your Nurturing Family. If there is any specific information which you wish not to be revealed, please make a note in the margin beside your response or comment below.

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**I acknowledge that The Nurturing Network will be relying on my responses to this questionnaire in deciding to offer me membership in its organization and that the Clients of the Network may also rely on this information as being accurate and complete.**

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Client

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Date