

SOUTHERN CALIFORNIA INTERNATIONAL ADOPTION CLINIC

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PRE-ADOPTION CONSULTATION QUESTIONNAIRE

Thank you for choosing the Stramski International Adoption Program to assist you at this important time in your life. With your permission, we would like to gather some information about you, your family, and the process that has led you to adopt internationally. This will help us to individualize your planned consultation with us. If you find any of the following questions too personal, please feel free to select the "choose not to reply" (CNTR) option. Simply type your answers in the gray areas and/or click on the appropriate box to make a check-mark or selection.

Thank you for taking the time to complete this questionnaire. We hope you will find the consultation informative and helpful.

FEES FOR PRE-ADOPTION CONSULTATIONS:

Pre-adoption consults are not reimbursable by insurance.

My fee (Monday – Fridays) is \$150 per half hour or part thereof. This includes review of medical information and the subsequent discussion.

Each referral is different, some more complex than others. Some reviews and discussions may take 30 minutes and others 90 minutes or more.

We accept most credit cards and can take payment by phone at the end of the consultation.

Please note that I am able to do consultations by arrangement on weekends, holidays and holiday weekends, but the fee is \$175 per half hour or part thereof.

By returning this completed questionnaire, you are indicating that you understand and accept the aforementioned fees.

General Information

Today's Date: _____

Name of prospective parent #1 _____ DOB: _____

Name of prospective parent #2 _____ DOB: _____

Who is completing this form? Parent #1 Parent #2

Telephone numbers:

Home: _____ Work #1: _____

Work #2: _____ Other: _____

E-mail address: _____

Home address:

Street: _____

City: _____ State: _____ Zip: _____

1. If married/partnered, how long have you been together? _____ years CNTR

2. How did you hear about the Stramski International Adoption Program? *(please check all that apply)*

Agency/ attorney Adoption support group Friend/relative who adopted

Internet Newspaper Television

Doctor's office Yellow pages

Other: _____

3. What is the highest level of education that has been completed? *(click select appropriate answer)*

Parent 1: _____ Parent 2: _____

4. Does either parent have training/expertise/employment in the following fields?

(click select appropriate answer)

Parent 1: _____ Parent 2: _____

5. How many hours per week does each parent currently work outside the home?

Parent 1: _____ Parent 2: _____

6. How long will you be able to stay home after you return from adopting?

(click to select appropriate answer)

Parent 1: _____ Parent 2: _____

7 a. If the child(ren) will need care by someone other than a parent while you are working, what are your plans for this? *(please check all that apply)*

- Close friend or relative at my house
- Close friend or relative at their house
- Other caregiver at my house
- Other caregiver at their house
- Day care center
- Don't know yet
- CNTR
- Other: _____

b. How many hours per week do you anticipate the child will be in this care? _____
(click to select appropriate answer)

8 a. Do you have other children? YES NO CNTR

b.

Child	Gender	Date of birth	Biological or adopted?	Country of origin	Date of adoption
#1	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#2	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#3	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
#4	<input type="checkbox"/> Boy <input type="checkbox"/> Girl				

- c. Are all of these children still living? YES NO CNTR
- d. Do any of these children have special needs? YES NO CNTR

9. How did you come to adopt internationally? *(please select all that apply)*

- Wanted to have children and are not able to biologically
- Biological birth poses too many risks at this point
- Have adopted internationally before and have had a good experience
- Know someone who has adopted internationally and had a good experience
- Wanted an infant; international adoption has infants available
- International adoption process takes less time than domestic adoption
- Have other children and thought it was the right thing to do at this point in our lives
- Am single and want to be a parent to a child that needs one
- Wanted a healthy child; international adoption has healthy children available
- Other *(please describe)* _____
- CNTR

10 a. **Single** prospective parents please answer:

1. Did you consider artificial insemination? YES NO CNTR

2. If yes, what brought you to adopt internationally?

b. **Married/partnered** prospective parents please answer:

1. Did you undergo fertility treatment prior to deciding to adopt? YES NO CNTR

2. If yes, how long was this treatment?

3. If yes and you have other children, was fertility intervention used to facilitate previous conception? YES NO CNTR

Information specific to this adoption

1. Name of adoption agency or attorney: _____

2. How did you hear of this agency or attorney? (*please select all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Telephone book |
| <input type="checkbox"/> Local seminar | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> My physician |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Media story |
| <input type="checkbox"/> Radio advertisement | <input type="checkbox"/> CNTR |
| <input type="checkbox"/> Other: _____ | |

3. Please rate the following criteria that you used to select this agency or attorney, with "1" being the most important, and so on:

_____ They are locally operated

_____ My physician recommended them

_____ They have informed us that they have a high percentage of healthy children available

_____ They deal primarily with the country in which I/we are interested

_____ A friend or family member has used them for an adoption

_____ Know someone affiliated with the agency

_____ Attended one of their seminars

_____ Other: _____

4. How many other agencies/attorneys did you review? _____

5. Did you investigate domestic adoption? YES NO CNTR

6. Have you ever been a foster parent? YES NO CNTR

7. How long have you been in the process of adopting (choosing a country, choosing an agency, filling out paperwork, etc.)? *(click to select appropriate answer)* _____

8. What is the total number of hours that you have spent with your adoption social worker? _____

9. Have you ever attended an adoption support group meeting? YES NO CNTR

If yes...

a. Which group(s)? _____

b. How many meetings have you attended? _____

10. How did you choose this country? (please select all that apply)

The agency selected works primarily with this country

Parental ancestry in this country

Wanted a child who looked like parent(s)

Wanted a quick process

Parental age restricted choice of countries

Marital status restricted choice of countries

Always interested in this country

Other *(please describe)* _____

CNTR

11. Did you make any requests to your agency or attorney regarding the health, gender, and/or age of a prospective adoptee? YES NO CNTR

If yes...

Health Why? _____

Gender Why? _____

Age Why? _____

12. How many children have you been approved to adopt? _____

13. Prospective adoptee information:

Name	Date of birth	Country of origin	Gender	Assessed by an International Adoption Clinic?
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Have you chosen a primary care physician for this (these) child(ren)?

YES NO CNTR

If yes, whom have you selected? _____

15. Has this information been reviewed by any other medical professionals or will it be?

YES NO CNTR

If yes, who?

Primary pediatrician

Family physician

Another international adoption clinic

Other: _____

16. a. How long have you had this referral?

b. How much time have you been given to make a decision about this referral?

c. Have you already made a decision (accept/not accept) about this referral?

YES NO CNTR

18. If you choose to adopt this child (these children), when will you travel?

First trip _____

Second trip (if applicable) _____

Parental knowledge

1. About which of the following pertaining to internationally adopted children have you read or researched? *(please select all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Sensory deprivation | <input type="checkbox"/> Speech and language |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> CNTR |

2. What resources did you use to acquire this information?
(please number in order from 1-6 with "1" being the most used)

- | | | |
|-----------------------|-------------------|------------|
| ____ Newspaper | ____ Internet | ____ Books |
| ____ Journal articles | ____ Other: _____ | |

3. About which of the following concerns related to internationally adopted children would you like more information? *(please select all that apply)*

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Sensory deprivation | <input type="checkbox"/> Speech and language | |
| <input type="checkbox"/> Other: _____ | | |

Additional comments:

That's it, you're done!
Don't forget to SAVE before you email it back.
Thank you.