

Sustainability, Strength and Permanency Questionnaire (SSP-Q)

Name:

Complete this by:

1. List all of the places that you have lived in the past 10 years with date/years of residency.

Family History

2. Where were you born? Who raised you?
3. List the name, age and location of your parents/step parents/caregiver. If your parents are deceased, please list their names, when they passed away and their cause of death.
4. Have your parents ever separated or divorced? If so, when and what were the reasons/circumstances for their separation/divorce?
5. Check the boxes that best describe your parents/primary caretakers' relationship with each other when you were a child:

<input type="checkbox"/> No relationship	<input type="checkbox"/> Cold	<input type="checkbox"/> Committed
<input type="checkbox"/> Divorced	<input type="checkbox"/> Loving	<input type="checkbox"/> Hostile
<input type="checkbox"/> Separated	<input type="checkbox"/> Violent	<input type="checkbox"/> On again / Off again
<input type="checkbox"/> Close	<input type="checkbox"/> Fulfilling	<input type="checkbox"/> Supportive
<input type="checkbox"/> Happy	<input type="checkbox"/> Full of conflict	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Fun and Playful	<input type="checkbox"/> Domineering/Submissive	<input type="checkbox"/> Affected by Substance
<input type="checkbox"/> Distrustful and Suspicious	<input type="checkbox"/> Tense	<input type="checkbox"/> Other:
6. How many brothers and sisters do you have? Name your siblings by order of birth and where you land.

7. List your siblings according to how close or distant your relationship is with them:

- I don't have any brothers or sisters.
- I am very close to:
- I am somewhat close to:
- I am distant from:
- I am in conflict with:

8. Describe your childhood. What are some of the best and worst memories of your childhood?

9. Have you ever witnessed any domestic violence within your family? Explain.

10. Have you ever witnessed or been the victim of emotional, physical, sexual abuse or neglect? Yes No
Please explain.

Work History

11. Give an overview of your work/education/military experience. Did you complete high school/GED and if so, when? Did you attend college/vocational training/other? What type of degree did you obtain if applicable?

12. Who is your current employer and your dates of employment?

13. Please describe your work history.

Relationships

14. List any previous marriages(s) or significant relationship(s), when and how long you were involved with this person and the reasons for the relationship's termination.

15. Describe your current relationship/marriage. How and when did you meet?

16. How long did you know your current spouse/partner before you were married or established a domestic partner relationship?

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 to 4 years | <input type="checkbox"/> 13 or more years |
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 5 to 7 years | |
| <input type="checkbox"/> 1 to 2 years | <input type="checkbox"/> 8 to 12 years | |

17. Check the boxes that best describe the characteristics of your current spouse/partner:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Playful | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Smart |
| <input type="checkbox"/> Uncaring | <input type="checkbox"/> Distant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Social |
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Competitive | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Athletic | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> Dogmatic | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Careful | <input type="checkbox"/> Abusive | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Moody | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Quick Tempered | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Rigid | <input type="checkbox"/> Worrier | <input type="checkbox"/> Depressed | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Self-centered | <input type="checkbox"/> Domineering | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Good Sense of Humor |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Supportive | <input type="checkbox"/> Communicative | <input type="checkbox"/> Kind |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Predictable | <input type="checkbox"/> Clear Thinking | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Considerate | <input type="checkbox"/> Anxious | <input type="checkbox"/> Other: | |

18. Check the boxes that best describe the various roles you and your partner/spouse play in the relationship:

You		Your Spouse	
<input type="checkbox"/> Head of household	<input type="checkbox"/> Wage earner	<input type="checkbox"/> Head of household	<input type="checkbox"/> Wage earner
<input type="checkbox"/> Leader	<input type="checkbox"/> Decision maker	<input type="checkbox"/> Leader	<input type="checkbox"/> Decision maker
<input type="checkbox"/> Emotional one	<input type="checkbox"/> Rational one	<input type="checkbox"/> Emotional one	<input type="checkbox"/> Rational one
<input type="checkbox"/> Social Planner	<input type="checkbox"/> Organizer	<input type="checkbox"/> Social Planner	<input type="checkbox"/> Organizer
<input type="checkbox"/> Initiator	<input type="checkbox"/> Compromiser	<input type="checkbox"/> Initiator	<input type="checkbox"/> Compromiser
<input type="checkbox"/> Peacemaker	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Peacemaker	<input type="checkbox"/> Caregiver
<input type="checkbox"/> Comforter	<input type="checkbox"/> Follower	<input type="checkbox"/> Comforter	<input type="checkbox"/> Follower
<input type="checkbox"/> Risktaker	<input type="checkbox"/> Negotiator	<input type="checkbox"/> Risktaker	<input type="checkbox"/> Negotiator
<input type="checkbox"/> Money manager	<input type="checkbox"/> Manager	<input type="checkbox"/> Money manager	<input type="checkbox"/> Manager
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other:	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other:

19. How often do you and your spouse/partner argue?

<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice a month	<input type="checkbox"/> Once a day
<input type="checkbox"/> Rarely	<input type="checkbox"/> once or twice a week	<input type="checkbox"/> Several times a day
<input type="checkbox"/> Once or twice a year	<input type="checkbox"/> Almost daily	

20. Check the boxes that best describe the major areas of conflict between you and your spouse/partner:

<input type="checkbox"/> Discipline	<input type="checkbox"/> Personal Habits	<input type="checkbox"/> Sexual Relations	<input type="checkbox"/> Personal expectations
<input type="checkbox"/> Religion	<input type="checkbox"/> Household Chores	<input type="checkbox"/> Politics	<input type="checkbox"/> Friends
<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Work	<input type="checkbox"/> Values	<input type="checkbox"/> Leisure time
<input type="checkbox"/> Emotional Closeness	<input type="checkbox"/> Infidelity	<input type="checkbox"/> Separate Activities	<input type="checkbox"/> Shared Activities
<input type="checkbox"/> Family involvement	<input type="checkbox"/> Emotional Separateness	<input type="checkbox"/> Time Apart	<input type="checkbox"/> Time together
<input type="checkbox"/> Money	<input type="checkbox"/> Travel	<input type="checkbox"/> Other:	

21. Have you and your spouse/partner ever gone through a difficult period that threatened your relationship:

No Yes – please explain.

22. Have you and your spouse/partner ever separated?

No Yes – please explain.

Parenting/Caregiving

23. List the name, age, gender and location of your children.

24. Do you have any biological children who are now deceased? If so, what were the circumstances of their passing?

25. Describe your relationship with your children.

26. How has your relationship with your children changed over the years?

27. What are some problem areas that you have experienced with your children? Legal, medical, physical, behavioral, school difficulties etc.

28. Have any of your children ever been placed out of the home? If yes, how long and what were the circumstances?

29. What methods of discipline do you use?

30. How do you handle when you feel frustrated with children in your home?

31. What would you have done differently or similarly than your parents in raising your children and why?

32. How are parenting responsibilities shared between you and your partner?

33. Describe your parenting style:

Personal Makeup

34. Describe yourself. Your personality, likes, dislikes, strengths.

35. What are your family traditions, religions, practices, and cultural strengths?

36. What would you like to improve about yourself?

37. What causes you stress and anxiety? How do you handle it?

38. Have you ever seen a counselor, therapist or psychiatrist? If so when, what for and for how long?

39. Have you ever experienced suicidal thoughts or taken any action to harm yourself?

40. Are you currently experiencing any emotional or personal problems? If yes, please explain.
41. What are some difficult situations you have faced within your life and how did you resolve these situations?
42. What losses have you experienced in your life and how did you deal with them?
43. Give an example of something that didn't go well.
44. What are 2-3 things that you have achieved/like about yourself and are proud of?
45. What do you like to do fun? Hobbies? Interests?
46. What brings you joy in life? Sadness?
47. Are you satisfied with where you are in life? In what ways?

Medical

48. Are you currently experiencing any physical health problems? Emotional? Personal? If yes, please explain.
49. Discuss any medical conditions for which you've sought assistance in the past or present.
50. Do you have health insurance? Who is your provider?

51. Are you currently taking any prescription medications? If yes, please list the name of the medication, dosage, what they are for and who prescribed them you.

Substance Use

52. What does your current alcohol consumption look like? Has alcohol ever been a problem for you?

53. Have you used drugs? Have drugs ever been a problem for you?

54. Do you ever use marijuana? Is this medicinal or recreational?

55. Has marijuana ever been a problem for you?

56. Have you ever had a substance abuse therapy treatment for any of the above?

57. Has anyone in your family had a significant problem with drugs or alcohol?

Criminal History

58. Have you ever had any involvement with the police of any kind, been arrested or gone to jail? If so, include date of arrest, reason for arrest and outcome of case, etc.

Motivation and Permanency

59. What is the reason for the child/children to be placed in your home? How long have you known about the concerns?

60. How do you think this placement has impacted your life and may affect the children currently living in your home?

61. What is your short-term goal for the child/children placed with you? What do you hope to see happen?

62. What factors if any may impact your ability to care for the children?

63. In the situation you are not able to provide kinship care please identify other relatives, friends or family who you would recommend? Include how they are related and contact information.

Please add any additional information you feel might be beneficial for us to know.

I affirm that the information given in this questionnaire is current to the best of my ability.

Signature:

Date: