NEW MEMBER QUESTIONNAIRE

1. Would you like to participate in an adoptive parent group?
   _____ Yes
   _____ No
   _____ Maybe. Please keep me informed of your group's activities.

   If no, why?
   __________________________________________
   __________________________________________

2. If you would like to attend parent group meetings, but can't right now, please explain why:
   __________________________________________
   __________________________________________

3. Are you a(n) (please mark all that apply):
   _____ Adoptive parent
   _____ Foster parent
   _____ Kinship parent
   _____ Prospective adoptive parent
   _____ Other (please specify):

   __________________________________________
   __________________________________________

4. If applicable, how long have you been an adoptive parent?
   __________________________________________
   __________________________________________

5. Mark all that describe your family:
   _____ Single adoptive parent
   _____ Family with multiple adoptions
   _____ Family with biological and adopted children
   _____ Transracial adoptive family
   _____ Gay/lesbian (GLBT) adoptive parent(s)
   _____ Other (please specify):

   __________________________________________
   __________________________________________

6. Please tell us if you have adopted (please mark all that apply):
   _____ A sibling group
   _____ An older child/children
   _____ A physically disabled child/children
   _____ An emotionally injured child/children
   _____ An internationally adopted child/children
   _____ An infant/infants
   _____ A relative's or friend's child/children
   _____ A child/children of a different race or ethnicity
   _____ Other (please specify):

   __________________________________________
   __________________________________________

7. List the age(s) of your child/children.
   __________________________________________
   __________________________________________

8. Place a check mark next to the topics you most would like to discuss with other parents.
   _____ Strengthening parent-child relationships
   _____ Behavior of children
   _____ Adolescent needs and behavior
   _____ Reactions of family and friends about adoption
   _____ Age-appropriate child development
   _____ Addressing child's questions about adoption/birth family
   _____ Sexual acting out
   _____ Anger/destructiveness
   _____ School-related problems
   _____ Making changes in state/provincial adoption laws
   _____ Addressing legal issues related to adoption
   _____ Adoption assistance/adoption subsidies
   _____ Post-adoption services
   _____ Special needs
   _____ Allegations
   _____ Other (please describe):

   __________________________________________
9. How often would you like to meet? (Check one.)

- Once a month
- Every other month
- Once a quarter
- Other (please specify):

-_________________________________________
-_________________________________________

10. When is the best time for you to meet?

- Daytime hours (time preferred: ____________)
- Early evenings (5:30-7:30 pm)
- Late evenings (7:30-9:30 pm)
- Saturday mornings
- Saturday afternoons
- Sunday afternoons
- Sunday evenings
- Other (please specify):

-_________________________________________
-_________________________________________

11. If a parent group were formed, would you be willing to help:

- With refreshments
- Provide transportation for another parent
- Make telephone calls
- Prepare mailings
- Greet newcomers and make them feel welcome
- Prepare the room before or after the meeting
- Plan group meetings/activities
- Find child care
- Other (please specify):

-_________________________________________
-_________________________________________

12. What special skills do you have to offer a group of this nature? (Are you skilled at word processing, graphic design, accounting, training, writing, fundraising, bargain shopping, etc.?)

-_________________________________________
-_________________________________________