## SECTION II – NON IDENTIFYING INFORMATION ABOUT BIRTHFATHER

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

## PART I – CHARACTERISTICS OF BIRHTFATHER AT TIME OF ADOPTEE'S BIRTH

### A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:

| BIRTHPLACE (STATE ONLY) | HEIGHT | USUAL WEIGHT | EYE COLOR | SKIN COLOR | NATURAL HAIR COLOR | NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY) |
|---|---|---|---|---|---|---|
| AZ | 5'7 | 115 | Brown | Brown | Brown | ☐ FINE ☐ MEDIUM ☐ COARSE ☐ STRAIGHT ☒ WAVY ☐ CURLY ☐ BALDING |

| BIRTHDATE (YEAR ONLY) | BLOOD TYPE | RH FACTOR | BODY TYPE | ARE YOU RIGHT HANDED ☐ |
|---|---|---|---|---|
| 2001 | | | ☒ SMALL BONED ☐ MEDIUM BONED ☐ LARGE BONED | LEFT HANDED ☒ |

Race/Ethnic Group

☐ White ☒ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native ☐ Other (Specify) _____

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known) _____

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

### B. EDUCATION:

| LAST GRADE COMPLETED: | PRESENTLY IN SCHOOL | USUAL GRADES IN SCHOOL | OTHER TRAINING |
|---|---|---|---|
| High School | ☐ YES ☒ NO | Good | |

EXTRA CURRICULAR ACTIVITIES

Drawing, writing

SUBJECTS INTERESTED IN

Art

### C. OCCUPATION:

| PRESENT OCCUPATION | HOW LONG? | USUAL OCCUPATION |
|---|---|---|
| N/A | | |

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

### D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACITIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

Outgoing

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

Drawing, writing

DESCRIBE HOW YOU WERE AS A CHILD

## E. ADOPTION QUESTIONS:

Religion: N/A

What Religion do you practice: _____

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN? ☐ YES ☐ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE REARED? _____

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEES MOST OFTEN ASK ADOPTION AGENCIES.)

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

Prefer not

## F. PERSONAL HEALTH HISTORY

DESCRIBE YOUR GENERAL HEALTH: fair

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES ☐ RUBELLA (3 DAY) ☐ RUBELLA (2 WEEK) ☐ MUMPS ☐ CHICKEN POX ☐ WHOOPING COUGH ☐ HAYFEVER ☐ ROSEOLA ☒ ASTHMA ☐ EAR INFECTIONS ☐ ENCEPHALITIS ☐ MENINGITIS ☐ EAR RHEUMATIC FEVER ☐ HEART MURMUR ☐ SCARLET FEVER ☐ RHEUMATIC FEVER ☐ URINARY/BLADDER INFECTIONS ☐ OTHER (Specify)

ANY MAJOR SURGERY? ☒ YES ☐ NO IF YES, FOR WHAT CONDITIONS/and when? heart, as a baby

ARE YOU A: ☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIIRTH ARE YOU AN ☐ IDENTICAL OR ☐ FRATERNAL TWIN

DID YOU USE ALCOHOL, TOBACCO OR OTHER DRUG SUBSTANCES PRIOR TO THE CHILD'S CONCEPTION?

☒ YES ☐ NO IF YES, LIST THE TYPE OF SUBSTANCE, HOW LONG IT WAS USED AND HOW FREQUENTLY. marijuana daily

## G. FAMILY HISTORY

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☒ NO IF YES, PLEASE TELL WHO

| | YOUR BIOLOGICAL FATHER | YOUR BIOLOGICAL MOTHER |
|---|---|---|
| Current age | | |
| If deceased, age at death | | |
| Cause of death | | |
| Height & Weight | HEIGHT WEIGHT | HEIGHT WEIGHT |
| Hair color and texture | | |
| Eye color | | |
| Skin color | | |
| Left or right handed | | |
| Outstanding features | | |
| Education Completed | | |
| Occupation | | |
| Race/Ethnic Group | ☐ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (SPECIFY ☐ AMERICAN INDIAN OR ALASKAN NATIVE | ☐ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN PACIFIC ISLANDER ☐ OTHER (SPECIFY) ☐ AMERICAN INDIAN OR ALASHAN NATIVE |
| Nationality | | |
| Religion | | |
| Was this parent aware of your pregnancy? | ☐ YES ☐ NO | ☐ YES ☐ NO |
| How many brothers or sisters did she/he have? | | |
| If any of your aunts or uncles have died, give age at death and cause of death. | | |

| | YOUR FATHER'S PARENTS | | YOUR MOTHER'S PARENTS | |
|---|---|---|---|---|
| | FATHER | MOTHER | FATHER | MOTHER |
| Age | | | | |
| If deceased, age at death and cause of death | | | | |
| Describe physical appearance | | | | |
| Height & Weight | HEIGHT WEIGHT | | HEIGHT WEIGHT | |
| Outstanding Features | | | | |
| Education completed | | | | |
| Current of former occupation | | | | |
| Was he/she aware of your pregnancy? | ☐ YES ☐ NO | | ☐ YES ☐ NO | |

## G. FAMILY HISTORY: (continued)

### YOUR BROTHERS AND SISTERS

*(If you have more than 4 siblings, please use additional paper)*

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Sex (Male or Female) | male | female | male | |
| Age | 17 | 11 | 1 | |
| If deceased, age at death and cause | | | | |
| Full or half sibling to you? | ☐ FULL ☒ HALF | ☐ FULL ☒ HALF | ☐ FULL ☒ HALF | ☐ FULL ☐ HALF |
| Height & Weight | HEIGHT / WEIGHT | HEIGHT / WEIGHT | HEIGHT / WEIGHT | HEIGHT / WEIGHT |
| Hair color and texture | Brown | Brown curly | Brown | |
| Eye color | Brown | Brown | Brown | |
| Skin color | Brown | Brown | Brown | |
| Hobbies and talents | | | | |
| Last grade completed | | | | |
| Presently in school? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| Occupation | | | | |
| Aware of Pregnancy? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| Marital Status | | | | |
| Number of children they have | | | | |
| Health of their children | | | | |

### YOUR OTHER CHILDREN

*(If you have more than 4 children, please use additional paper)*

| | Child #1 | Child #2 | Child #3 | Child #4 |
|---|---|---|---|---|
| Indicate if son or daughter | son | | | |
| Birthday (mo/day/yr) or age | 11-14-18 | | | |
| Full or half sibling to you? | ☒ FULL ☐ HALF | ☐ FULL ☐ HALF | ☐ FULL ☐ HALF | ☐ FULL ☐ HALF |
| If deceased, age at death | | | | |
| Cause of death | | | | |
| Height & Weight | HEIGHT / WEIGHT | HEIGHT / WEIGHT | HEIGHT / WEIGHT | HEIGHT / WEIGHT |
| Hair color and texture | Brown | | | |
| Eye color | Brown | | | |
| Skin color | | | | |
| Left or right handed | | | | |
| Grade completed | | | | |
| Does this child live with you | ☒ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| Hobbies and talents | | | | |
| General health | | | | |
| Major surgery | | | | |
| Health problems | | | | |
| Was this child aware of the pregnancy? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |

## H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

| MEDICAL CONDITION | NO | Not Known | YES Self | YES – RELATIVE *(Specify relationship)* | COMMENTS |
|---|---|---|---|---|---|
| A CONGENITAL IMPAIRMENTS | | | | | |
| 1. Clubfoot or any orthopedic problem (i.e., flat footed, etc.) | X | | | | |
| 2. Harelip (cleft lip or cleft palate) | X | | | | |
| 3. Down's Syndrome | X | | | | |
| 4. Other Chromosome abnormality | X | | | | |
| 5. Hydrocephalus | X | | | | |
| 6. Muscular dystrophy | X | | | | Parts of body involved? Age at onset? |
| 7. Dwarfism | X | | | | |
| 8. Spina bifida | X | | | | |
| 9. Congenital heart defect | X | | | | |
| 10. Sickle Cell Anemia | X | | | | |
| 11. Tay-Sachs disease | X | | | | |
| B ALLERGIES | | | | | |
| 1. Eczema or other skin condition | X | | | | To what allergies? What treatment or medication? |
| 2. Hay fever or other allergy | X | | | | |
| 3. Drug allergy | X | | | | To what drugs? |
| 4. Food allergy | X | | | | To what foods? |
| C EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS | | | | | |
| 1. Blindness, glaucoma, color blindness or other visual problems | X | | | | |
| 2. Corrective glasses or contact lenses | X | | | | At what age were prescription lenses necessary? |
| Nearsighted ☐ / Farsighted ☐ | X | | | | |
| Astigmatism ☐ (Inability to focus) | X | | | | |
| Strabismus ☐ (Cross-eyed) | X | | | | |
| Other (explain) ☐ | X | | | | |
| 3. Braces on teeth or other orthodontia work | X | | | | If so, what orthodontic work and for how long? |

## H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

| MEDICAL CONDITION | NO | Not Known | YES Self | YES – RELATIVE *(Specify relationship)* | COMMENTS |
|---|---|---|---|---|---|
| 4. Deafness or other ear problems | X | | | | Special education? If "Yes", indicate age at onset. |
| 5. Speech problems | X | | | | |
| 6. Learning disability | X | | | | Any diagnosis? Hospitalization? |
| 7. Retardation: mental or physical | X | | | | |
| D CIRCULATORY DISORDERS | | | | | |
| 1. Hemophilia | X | | | | |
| 2. Sickle cell anemia or trait | X | | | | |
| 3. Hypertension (high blood pressure) | X | | | | Age at onset? What treatment? Hospitalization? |
| 4. Stroke | X | | | | |
| 5. Heart attack (coronary) | X | | | | |
| 6. Arthritis | X | | | | What kind? Age at onset? What part of body? |
| 7. Kidney disease | X | | | | Age at onset? What treatment? |
| E HORMONAL DISORDERS | | | | | Age at onset? What treatment? |
| 1. Diabetes | X | | | | |
| 2. Thyroid disorder | X | | | | |
| 3. Obesity (overweight) | X | | | | |
| F RESPIRATORY DISORDERS | | | | | Any (known) cause? What treatment? |
| 1. Asthma | | | X | | Pectus Excavatum |
| 2. Emphysema | X | | | | Age at onset? |
| 3. Tuberculosis | X | | | | Age at onset? What kind? What part of body? |
| G MENTAL AND BEHAVIORAL DISORDERS | | | | | Age at onset? What treatment? Hospitalization? |
| 1. Diagnosed schizophrenia | X | | | | |
| 2. Diagnosed manic depressive | X | | | | |
| 3. Other mental illness. Describe, using additional page, if necessary | X | | | | |
| 4. Alcoholism or heavy drinking | X | | | | |
| 5. Drug usage | X | | | | Kind, amount, and when taken? |

## H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

| MEDICAL CONDITION | NO | Not Known | YES Self | YES – RELATIVE *(Specify relationship)* | COMMENTS |
|---|---|---|---|---|---|
| H LYMPHATIC DISORDERS | | | | | What kind? Age of onset? What part of body? |
| 1. Cancer | X | | | | |
| 2. Tumors | X | | | | |
| 3. Cystic fibrosis | X | | | | |
| 4. Hodgkin's disease | X | | | | |
| I NERVOUS SYSTEM DISORDERS | | | | | Parts of body involved? Age at onset? |
| 1. Multiple sclerosis | X | | | | |
| 2. Huntington's disease | X | | | | |
| 3. Cerebral palsy | X | | | | |
| 4. Seizures or convulsions | X | | | | Age at onset? What treatment? Frequency? |
| 5. Epilepsy | X | | | | |
| J INFECTION, HOSPITALIZATION | | | | | Diagnosis? |
| 1. Repeated attacks of fever with known infection | X | | | | |
| 2. Repeated severe infection necessitating hospitalization | X | | | | |
| 3. Hospitalization, operation, or injury | | | X | | What for? When? Heart surgery due to Pectus Excavatum |
| K OTHER MEDICAL OR HEALTH PROBLEMS | | | | | |