

The SEEK Primary Care Professional Questionnaire

Practice Name: _____

State: _____

Number of months implementing SEEK: _____ (0 if you've not yet started)

Please respond forthrightly and choose the response that best reflects your level of agreement or disagreement with each statement. Your responses will be kept confidential.

Vignette 1. Ms. B is in with her 3-year-old son for a checkup. She feels he's doing well, but he "cries a lot and sometimes that makes my partner angry. And we fight about that!" No other problems are noted.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I usually ask parents like Ms. B about how family members get along.	1	2	3	4
b. There's no clear basis for asking Ms. B about intimate partner (or domestic) violence (IPV).	1	2	3	4
c. I'm uncomfortable asking Ms. B about possible IPV.	1	2	3	4
d. I don't have time to probe possible problems like IPV.	1	2	3	4
e. I don't really know how to talk with Ms. B about IPV.	1	2	3	4
f. I'm concerned that asking Ms. B about IPV will jeopardize our relationship.	1	2	3	4
g. I know what to do if IPV turns out to be a problem.	1	2	3	4
h. Parents often think their children are unaware of conflict between adults in the home.	1	2	3	4
i. I think IPV is rare in middle- and high-income families.	1	2	3	4
j. If offered, most parents readily engage in IPV services.	1	2	3	4
k. I need more training on addressing IPV.	1	2	3	4
l. We should have a parent handout on IPV with local resources.	1	2	3	4
m. My practice really values addressing IPV.	1	2	3	4
n. My practice has a protocol or approach for addressing IPV.	1	2	3	4
o. I lack support for helping address IPV.	1	2	3	4

Vignette 2. You're seeing ZD for her 2-year checkup. Her mother, Ms. D, says all is "fine." No problems are detected although you notice Ms. D seems more quiet than usual. There's been a moderate decline in ZD's weight/age since her visit 6 months ago.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I know how to assess depression in a parent.	1	2	3	4
b. I usually talk with new mothers about post-partum depression.	1	2	3	4
c. I'm comfortable talking with Ms. D about possible depression.	1	2	3	4
d. Ms. D will probably be upset if I ask about her mental health.	1	2	3	4
e. Screening for depression is unnecessary; I can usually detect this.	1	2	3	4
f. I routinely screen parents formally for depression.	1	2	3	4
g. A few questions can effectively screen for depression.	1	2	3	4
h. I would assess if Ms. D may be depressed.	1	2	3	4
i. Maternal depression is often related to child neglect.	1	2	3	4
j. Depression is a very difficult problem to treat.	1	2	3	4
k. My practice has a protocol or approach for addressing parental depression.	1	2	3	4
l. My practice really values addressing parental depression.	1	2	3	4
m. We should have a parent handout on depression.	1	2	3	4
n. Food insecurity is not really problem in our practice.	1	2	3	4
o. Monitoring growth obviates the need to screen for food insecurity.	1	2	3	4
p. Most families eligible for food programs are enrolled in them.	1	2	3	4
q. I usually screen formally for food insecurity.	1	2	3	4
r. I'm not comfortable assessing food insecurity.	1	2	3	4
s. It's difficult to encourage families to accept food assistance.	1	2	3	4
t. I know of food resources for families in my practice.	1	2	3	4
u. We should have a parent handout on community food programs.	1	2	3	4

Vignette 3. You walk into an exam room to find Ms. G asleep with her head on the desk and her baby crying. When you wake Ms. G, she is somewhat cranky. She tells you she's tired from working night shifts, and "I've been drinking more".

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I usually inquire about family stressors during well child visits.	1	2	3	4
b. It's understandable why she's tired, so I wouldn't probe further.	1	2	3	4
c. I need to learn how to assess issues like stress and social support.	1	2	3	4
d. I don't know how to help Ms. G if she needs social support.	1	2	3	4
e. I know how to find resources for parents in my community.	1	2	3	4
f. I don't usually ask parents about drug or alcohol use.	1	2	3	4
g. There isn't time in a routine visit to ask Ms. G about her problems.	1	2	3	4
h. Substance use is not much of a problem in middle- and high-income families.	1	2	3	4
i. I'm concerned that asking Ms. G about stressors in her life might jeopardize our relationship.	1	2	3	4
j. I'd feel comfortable asking Ms. G if she used drugs or alcohol.	1	2	3	4
k. I don't know how to briefly assess alcohol or drug use.	1	2	3	4
l. It's important to ascertain how Ms. G perceives her substance use.	1	2	3	4
m. Treatment of substance use is seldom effective.	1	2	3	4
n. If Ms. G discloses a problem with drugs, I know resources to help her.	1	2	3	4
o. We should have a parent handout on substance use with local resources.	1	2	3	4
p. I'd like to have more training on addressing substance use.	1	2	3	4
q. My practice has a protocol or approach for addressing substance use by a parent.	1	2	3	4
r. My practice really values addressing parental substance use.	1	2	3	4
s. We have adequate resources to help address substance use.	1	2	3	4

Vignette 4. Mr. K is in with his 4-year old son for a checkup. He describes his son “getting more and more out of hand!” When you ask how he responds, he describes beating him, sometimes with a belt.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I think it's ok for him to hit his son as long as he doesn't leave a mark.	1	2	3	4
b. It's important to give parents alternatives to hitting.	1	2	3	4
c. It's very clear that he thinks hitting is OK, so I wouldn't interfere.	1	2	3	4
d. I think discipline is mostly a private personal matter.	1	2	3	4
e. I feel comfortable discussing discipline with parents.	1	2	3	4
f. I usually discuss discipline with parents.	1	2	3	4
g. My office should have a parent handout on discipline.	1	2	3	4
h. I know how to engage Mr. K if he's resistant to alternatives to hitting.	1	2	3	4
i. If I pursue this with Mr. K, I'm worried I'd need to report this to protective services.	1	2	3	4
j. I think Mr. K would benefit from parenting classes or a parent support group.	1	2	3	4
k. My practice really values addressing discipline issues.	1	2	3	4
l. We have good resources to help address discipline issues.	1	2	3	4

6. In the past 2 years, how many hours of training/education did you get on these problems?

- a. Domestic violence _____
- b. Parental substance abuse _____
- c. Parental depression _____
- d. Major parental stress _____
- e. Food insecurity _____
- f. Harsh discipline _____
- g. Child abuse and neglect _____
- h. Social determinants of health _____

7. In the past year, how many times did you help address these problems?

- a. Domestic violence _____
- b. Parental substance abuse _____
- c. Parental depression _____
- d. Major parental stress _____

- e. Food insecurity _____
- f. Harsh discipline _____
- g. Child abuse and neglect _____