

Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date:		// Child's Name:
Child's Date of Birth: _		// Relationship to Child:
PLEASE CHECK □ Yes □ No		Would you like us to give you the phone number for Poison Control?
□ Yes	□ No	Do you need to get a smoke alarm for your home?
□ Yes	□ No	Does anyone smoke at home?
□ Yes	□ No	In the past 12 months, did you worry that your food would run out before you could buy more?
□ Yes	□ No	In the past 12 months, did the food you bought just not last and you didn't have money to get more?
□ Yes	□ No	Do you often feel your child is difficult to take care of?
□ Yes	□ No	Do you sometimes find you need to slap or hit your child?
□ Yes	□ No	Do you wish you had more help with your child?
□ Yes	□ No	Do you often feel under extreme stress?
□ Yes	□ No	Over the past 2 weeks, have you often felt down, depressed, or hopeless?
□ Yes	□ No	Over the past 2 weeks, have you felt little interest or pleasure in doing things?
Thinking about the past 3 months		
□ Yes	□ No	Have you and a partner fought a lot?
□ Yes	□ No	Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
□ Yes	□ No	Have you had 4 or more drinks in one day?
□ Yes	□ No	Have you used an illegal drug or a prescription medication for nonmedical reasons?
⊓ Ves	□ No	Other things you'd like help with today:

Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with her or him. Thank you!