



## 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. This information will be kept private, unless we're worried about your child's safety.

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?
- Yes     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!**