

Being a parent is not easy, so we are checking in with everyone about some common challenges. If you have more than one child being seen today, 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. Thanks for helping us take the best possible care of your child!

### PLEASE CHECK

- Yes  No Do you need the phone number for Poison Control?
- Yes  No Do you need a smoke detector for your home?
- Yes  No Does anyone smoke tobacco at home?
- Yes  No In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?
- Yes  No In the last year, 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 hit/spank 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 In the past month, have you often felt down, depressed, or hopeless?
- Yes  No In the past month, have you felt very little interest or pleasure in things you used to enjoy?
- Yes  No In the past year, have you been afraid of your partner?
- Yes  No In the past year, have you had a problem with drugs or alcohol?
- Yes  No In the past year, have you felt the need to cut back on drinking or drug use?

### Has your child ever

- Yes  No Been in a car accident
- Yes  No Been separated from you for prolonged time
- Yes  No Seen/heard someone else get hurt (in or outside the home)
- Yes  No Experienced major medical event or procedure (like surgery),
- Yes  No Experienced major loss of someone important (through death, moving away, incarceration)
- Yes  No Lived through a major natural disaster
- Yes  No Lived through a major family emergency (like a house fire, medical crisis, other)
- Yes  No Had other major frightening events happen? Please tell us what happened: \_\_\_\_\_