

Parent Screening Questionnaire
A Safe Environment for Every Kid (**SEEK**)

Dear parent or caregiver: Being a parent is not easy. We want to help families have a safe environment for kids. We are asking everyone these questions. Please answer the questions about your child being seen today for a check-up. They are about issues that affect many families. If there's a problem, we'll try to help.

Today's Date: ___/___/200__
Child's Date of Birth: ___/___/___
Sex of Child: Male Female

PLEASE CHECK

- Yes No Do you need the telephone number for Poison Control?
- Yes No Do you need a smoke alarm for your home?
- Yes No Does anyone smoke tobacco at home?
- Yes No Is there a gun in your 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 Do you worry that your child may have been physically abused?
- Yes No Do you worry that your child may have been sexually abused?
- Yes No Lately, do you often feel down, depressed, or hopeless?
- Yes No Do you often feel lonely?
- Yes No During the past month, have you felt little interest or pleasure in the things you used to enjoy?
- Yes No Do you often feel your child is difficult to take care of?
- Yes No Do you wish you had more help with your child?
- Yes No Do you feel so stressed you can't take another day?
- Yes No Do you sometimes find you need to hit/spank your child?
- Yes No In the past year, have you or your partner had a problem with drugs or alcohol?
- Yes No In the past year, have you or your partner felt the need to cut back on alcohol?
- Yes No Have you ever been in a relationship in which you were physically hurt or threatened by a partner?
- Yes No In the past year, have you been afraid of a partner?
- Yes No In the past year have you thought of getting a court order for protection?
- Yes No Are there any problems you'd like help with today?

Please give this form to the doctor or nurse you're seeing today. Thank you.