

# ***SEEK Parent Questionnaire***

## ***A Safe Environment for Every Kid***

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Name: \_\_\_\_\_  
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 **drinking** or **drug use**?
- 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***

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Provider's Name, PRINTED \_\_\_\_\_ Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_