SEEK™
Safe Environment for Every Kid

Parent Questionnaire (PQ)

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. They are 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: __/___/____

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?
□ Yes	□ No	Are there any other problems you'd like help with today?

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