



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. 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: ___/___/___ Relationship to 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?
- 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!