

Don't be surprised
when we ask you about
stress in your family-

Understanding this
is part of giving
good care.



WE ASK EVERYONE

(Yearly ages 1-5)

Dear Parent,

As your child's pediatrician, I am committed to maintaining both the physical and emotional well-being of your child.

Enclosed is a questionnaire that asks families about childhood stress. We know that children can experience stressful events and these may increase the risk of health problems later in life. However, we are also learning that strong parenting skills and resilience can protect your children from these stressors.

If you want to learn more, use a qr code reader to scan this:



Your answers will be kept private in your child's medical record. Thank you for sharing with me.

Your Family's Pediatrician

PLEASE COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE

CONFIDENTIAL

 KAISER PERMANENTE®

Today's Date:

Your Name:

Child's Name:

Relationship to child:

MRN:

Confidential. To be completed by parent or caregiver

- **If you feel comfortable**, please read each item and indicate if the statement applies to your child. Then count the total number of "yes" responses and write that number in the space provided.
- **If you don't want to be specific**, please add the number of statements in your mind that apply to your child and write only the total number in the box provided. No other marks needed.

Section 1. At any point since birth, has your child lived with ...

Yes No

- Parents or guardians who separated or divorced
- A parent or guardian who died
- Someone who served time in prison
- Someone who was depressed, mentally ill or attempted suicide
- Someone who had a problem with drinking or using drugs
- Household members who have threatened or hurt each other

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

Number of 'yes' answers for Sec. 1

Section 2. At any point since birth, has your child...

- Been hit, grabbed, or shaken in a way that injured your child or left marks (not including spanking)?
- Been insulted, humiliated, or put down in a way that upset your child?
- Been touched in a sexual way or been asked to touch someone else in a sexual way?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Number of 'yes' answers for Sec. 2

Section 3. At any point since birth, has your child...

- Ever been in foster care?
- Gone without food, clothing, a place to live?
- Been separated from parents/caregivers (e.g., deportation or immigration issues)?
- Experienced a life-threatening illness?
- Seen or heard violence in the neighborhood?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Number of 'yes' answers for Sec. 3

Total number of 'yes' responses for all three

Resilience: In the past 6 months, has your child...

- Been affectionate with you, smiled and laughed a lot, showed interest in learning new things?
- Bounced back quickly when things don't go your child's way?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

• My child's strengths are