

Parenting and Childhood Stressors (PCS): Part 1

Quick Parenting Assessment (QPA)

Age of your child: _____

What is your relationship with your child? Mother Father Grandparent Other

Parents use many options to discipline their children and no parent does it right 100% of the time. To support you and your child, please let us know what YOU and OTHER CAREGIVERS *do*, not what you *think* you should do.

In the past month, what have YOU done when your child needed to be disciplined?

1. You redirected your child toward a good behavior. For example, you said something like: “Don’t bite people, use your teeth to eat food” or “Don’t kick the dog, let’s go kick a ball”.	Yes	No
2. In general, more than once per day, you used time-out or took away privilege.	Yes	No
3. In general, more than once per day, you spoke angrily or raised your voice.	Yes	No
4. You told your child that he/she is going to be spanked, smacked, popped, or slapped.	Yes	No
5. You gave your child a spanking, smack, pop, or slap.	Yes	No
6. You told your child something like “You are a bad boy” or “You are a naughty girl”.	Yes	No
7. You spent more time with your child to talk about or show them how to improve behavior.	Yes	No

In the past month, what have your child’s OTHER CAREGIVERS done when your child needed to be disciplined? SKIP questions 8-12 if you are the only caregiver.

8. In general, more than once per day, they used time-out or took away privilege.	Yes	No
9. In general, more than once per day, they spoke angrily or raised their voice.	Yes	No
10. They told your child that they are going to be spanked, smacked, popped, or slapped.	Yes	No
11. They gave your child a spanking, smack, pop, or slap.	Yes	No
12. They told your child something like “You are a bad boy” or “You are a naughty girl”.	Yes	No

Your health care provider wants to support you.

13. I would like to discuss healthy ways to respond to my child’s behavior.	Yes	No
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Parenting and Childhood Stressors (PCS): Part 2

Other Childhood Stressors (OCS)

Other childhood stressors: Please answer “Yes” or “No” to these statements.

1. In general, all household members support each other and have warm relationships.	Yes	No
2. In general, household members bully or fight each other.	Yes	No
3. In general, your family members are treated badly because of your race.	Yes	No
4. There is a lot of violence in your neighborhood.	Yes	No
5. Since your child was born, a household member has served time in jail.	Yes	No
6. Since your child was born, a household member was depressed, mentally ill, or attempted suicide.	Yes	No
7. Since your child was born, a household member has had a problem with using drugs or alcohol.	Yes	No
8. Since your child was born, someone touched your child’s private parts or asked your child to touch their private parts in a sexual way.	Yes	No
9. Since your child was born, you have been homeless.	Yes	No
10. Since your child was born, there has been a divorce or separation in your household.	Yes	No
11. Since your child was born, your child has been separated from his/her caregivers through deportation or immigration.	Yes	No
12. Since you child was born, your child has been in foster care.	Yes	No
13. Within the past 12 months, you worried whether your food would run out before you got money to buy more.	Yes	No
14. Your child has been exposed to other concerning stressors. For example, your child has been bullied at school or your child has witnessed real-life violence.	Yes	No

Sometimes stress can cause physical or behavioral health problems.

15. I feel that my child may be having physical or behavioral health problems related to stress.	Yes	No
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Parent's Needs Assessment

Children can tell how their parents are coping.

I am having a hard time coping with stressors in my life. Circle all that apply.

Finding childcare	Paying the bills	My physical or mental health
Having a place to live	Getting a job	My relationship with others
Having enough food to eat	Transportation	Drug or alcohol use
Other Stressors		

I might be interested in getting help with these stressors:

 Yes please

 No thank you

 Maybe later

Parent's ACE Score

Adverse Childhood Experiences are types of childhood trauma that can affect your health and your child's health. **Please think about how many of these events apply to you? Do not mark each statement. Just add up the total number that apply to you and write that number in the box below.**

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did anyone... Touch or fondle you or have you touch their body in a sexual way without your consent? or Attempt or actually have oral, anal, or vaginal intercourse with you without your consent?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Were any of your parents: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Parent's ACE score:

Mother

Father

Grandparent

Other