Kansas Department of Health and Environment

DAISEY

Parental Health Screener

Which Caregiver Was Involved (Client Name)?

____

Date of Activity:______/______/______

Over the last 2 weeks, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

- No
- Yes

Over the last 2 weeks, have you been feeling bad about yourself, or have you been feeling that you are a failure or have let yourself or your family down?

- No
- Yes

Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

- No
- Yes

Are you afraid of your partner or someone else who is important to you?

- No
- Yes

In the past, have you had difficulties in your life due to substance use?

- No
- Yes, please indicate which substances:
  - Alcohol
  - Drugs
  - Prescription medication

Since becoming pregnant, have you had difficulties in your life due to substance use?

- No
- Yes, please indicate which substances:
  - Alcohol
  - Drugs
  - Prescription medication

When you discipline your child, do you lose control?

- No
- Yes

Do you have a reliable source of income?

- No
- Yes

Can you afford your monthly bills?

- No
- Yes

In the last 6 months, did you ever have trouble affording food?

- No
- Yes

Is there someone in your household who will soon be deployed or coming home from deployment?

- No
- Deployed
- Coming home from deployment
- Soon to be deployed

Are there children in your home with medical/special needs?

- No
- Yes

Have you had a baby born 3 weeks or more before the due date?

- No
- Yes

Have you had a baby that weighed less than 5 pounds, 8 ounces?

- No
- Yes

Have you smoked at least one cigarette in the past week?

- No
- Yes

Is there someone living with you who currently smokes?

- No
- Yes

Are you behind in your rent/mortgage?

- No
- Yes

Is your home in bad condition (i.e., no running water; no electricity; broken appliances)?

- No
- Yes

Do you have a safe, stable place to live?

- No
- Yes

Have you had a baby that was not born alive?

- No
- Yes

Have you had a baby who passed away during its first year of life?

- No
- Yes

Do you have reliable transportation?

- No
- Yes

If you have a child or children, how often do you or an adult family member read to/with your child(ren) during the week?

- Less than once a week
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- Everyday
- N/A (I don't have a child)