

How do I know if my child is experiencing stress?



Like adults, children can experience stress and anxiety. Your answers to the following questions will allow your health care provider to offer advice and support to your family if needed.

Yes **No** **Unsure**

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the pregnancy or birth of your child difficult? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you a single parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Has there been misuse of alcohol or other drugs in the family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Has there been depression or other mental health concerns in the family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your child have many accidents or illnesses? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Has there been recent serious illness or a death in the family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you or your child ever been exposed to violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is there a parent in prison? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you or anyone close to your child expressed concerns about your child's development, learning or behavior? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have there been recent changes in the child's living situation? (absent parent, multiple caregivers, foster home placement, separation, moving) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is housing a concern for your family? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does money cause stress in your home? |

- Child's name:
- Date:
- Name of child's health care provider:
- Name of child's parent or guardian:

Please use this space for additional concerns or questions.