

How Are You Doing?

American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN™
 Ohio Chapter



CAREGIVER FORM

Name: _____ Date: _____

What would you like to talk about during today's visit?

Your child's healthy growth and development are greatly affected by how you are doing. Please take a moment to let us know how things are going for you. Your answers will be kept confidential.

How often in the past week has this statement been true for you?

| | Number of days | | | |
|------------------|----------------|-----|-----|-----|
| | 0 | 1-2 | 3-4 | 5-7 |
| I felt depressed | | | | |

| | Yes | No |
|---|-----|----|
| In the past year , have you had two (2) weeks or more during which you felt sad, blue, depressed, or lost pleasure in things you usually care about or enjoy? | | |
| Have you had two or more years in your life when you felt depressed or sad most days , even if you felt okay sometimes? | | |
| Have you been hit, kicked, punched, or otherwise hurt by someone in the past year ? | | |
| Do you feel safe in your current relationship? | | |
| Is there a partner from a previous relationship who is making you feel unsafe now? | | |

Please continue on the back of this page.

| | Never | In the past 3 months | Over 3 months ago |
|---|-------|----------------------|-------------------|
| For Men | | | |
| When was the last time you had more than 5 drinks in one day ? | | | |
| For Women | | | |
| When was the last time you had more than 4 drinks in one day ? | | | |

| Please check one box for each statement. | Almost Always | Some of the time | Hardly Ever |
|--|--------------------------|------------------|-------------|
| I am satisfied with the help that I receive from my family when something is troubling me. | | | |
| I am satisfied with the way my family discusses items of common interest and shares problem solving with me. | | | |
| I find that my family accepts my wishes to take on new activities or make changes in my lifestyle. | | | |
| I am satisfied with the way my family expresses affection and responds to my feelings such as anger, sorrow, and love. | | | |
| I am satisfied with the amount of time my family and I spend together. | | | |
| How many people can you count on in times of need? | Number of people: | | |

Thank you for taking the time to fill it out. Please turn this in to the office staff when you are done.

