

### Dear parent or guardian,

Being a parent is not always easy. One of our most important tasks at the child health centre (BVC) is to help families so that children have a safe home environment. For this reason, we offer all the families who visit us to answer the questions below. The questions are about things that can affect many families. The questions concern you and the child visiting the health centre today. Filling in the form is voluntary, and you can choose to answer all, some or none of the questions.

Child's gender: \_\_\_\_\_ Child's age: \_\_\_\_ years \_\_\_\_\_ months Parent's gender: \_\_\_\_\_

- Yes  No Do you know what number to call if your child has swallowed something poisonous?
- Yes  No Do you have smoke alarms installed in your home?
- Yes  No Does anyone who lives in your home smoke?
- Yes  No During the past year, have you been worried that your money will not last for the whole month?
- Yes  No During the past year, have you not been able to afford to buy food or clothes that the child needs?
- Yes  No Have you felt down, depressed or had feelings of hopelessness in recent months?
- Yes  No In recent months, have you felt less interest in or enjoyment about things that you otherwise usually enjoy or are interested in?
- Yes  No Do you often feel extremely stressed?
- Yes  No Do you feel that your child is particularly difficult to handle?
- Yes  No Do you need more help with your child?
- Yes  No Are you worried that you may lose control towards your child?
- Yes  No Has your current or a former partner ever put you down, insulted or exercised control over you, for example decided who you can meet, how much money you can have, which clothes you are allowed to wear?
- Yes  No Has your current or a former partner ever threatened, pushed, hit, kicked or subjected you to any other type of bodily harm?
- Yes  No Have you ever been afraid of your partner or another person in your close circle?

How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

How many drinks containing alcohol (see example below) do you have on a typical day when you are drinking?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more

How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily



- Yes  No Are there any other problems for which you would like to receive help today?

**Many Thanks!**