A SAMPLE FAMILY PSYCHOSOCIAL SCREEN: THE ST. ALBANS QUESTIONNAIRE

The following tool was developed by a pediatric practice in Vermont to identify psychosocial concerns and guide physician conversation with parents. Nurses used the following questions to interview families during in-take and then again once per year. Results were attached to the chart to inform the physician of the results in advance of the clinical visit.

General

Please tell me any concerns you may have about the way your child is behaving, learning, and developing.

Compared with other children, how old would you say your child now acts?

Appropriate Age	A Little Bit Behind	Very Much Behind
Ahead	Very Much Ahead	

1. Do you feel that knowing more about your child(ren)'s development and behavior is helpful to you? re

D	□ Yes	🖵 Unsu

Violence

Domestic

Violence is common in the lives of many parents. We now ask questions about violence in their homes.

- 2. Has your current or perhaps a past partner ever hurt, insulted, threatened, or screamed at vou?
- □ Yes
- 3. Do you ever not feel safe at home? □ Yes
- 4. Are your children violent toward each other? □ Yes
- 5. Were you neglected or exposed to physical or sexual violence as a child? **No** □ Yes

Discipline

6. Raising children can be very challenging. All parents have moments when their children make them very upset or angry. What do you do when this happens to you?

Time out/walk away	Seek help	Soothe child
□ Yell	Nothing	🗅 N/A

7. How often do you say no to your child? Sometimes Never □ Rarely

 Most of the time 8. How often do you spank y Never Occasionally 	your child when your child n	nisbehaves?		
 9. How often do you redirect Always Often S 		lom 🛛 Never	□ N/A	
10. How often do you use tim ☐ Always ☐ Often ☐ S		lom 🛛 Never	□ N/A	
 11. In a typical week, how often do you or other family members read a book with your child? □ No days (O days) □ 1-2 days □ 3-4 days □ 5-6 days □ Everyday (7 days) 				
12. How much TV does your child watch during a typical day?In No TV (0 hours)In Less than 2 hoursIn Comparison of the state of the				
 13. Does your child watch TV at mealtime? □ Always □ Usually □ Sometimes □ Never 				

Parental Depression

14. In the past 12 months, have you had times when you felt overwhelmed, sad, helpless, depressed, or lost pleasure in the things you usually care for?
Often Occasionally Never

Smoking, alcohol, substance abuse

15. Are you concerned that you or any member of your family drinks in excess or uses drugs? □ Yes □ No