**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?
   - [ ] No
   - [ ] Yes
   - [ ] Unsure

**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 you?
   - [ ] No
   - [ ] Yes

3. Do you ever not feel safe at home?
   - [ ] No
   - [ ] Yes

4. Are your children violent toward each other?
   - [ ] No
   - [ ] 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?
   - [ ] Never
   - [ ] Rarely
   - [ ] Sometimes
8. How often do you spank your child when your child misbehaves?
- Never
- Only once
- Occasionally
- Often
- Always
- N/A

9. How often do you redirect your child?
- Always
- Often
- Sometimes
- Rarely/seldom
- Never
- N/A

10. How often do you use time out?
- Always
- Often
- Sometimes
- Rarely/seldom
- Never
- N/A

11. In a typical week, how often do you or other family members read a book with your child?
- No days (0 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?
- No TV (0 hours)
- Less than 2 hours
- 2 or more hours

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