

Situational Stressors and Family Risks Assessment

Anticipatory Guidance for Families of Children with Disabilities and Chronic Conditions

Child's name _____ Person completing form _____ Today's date _____

Clinical issues and concerns	Situation and intervention
1. Right now, who is living at home with you and your child?	
2. Is everyone getting along well at home, or is there a lot of stress, arguing, or fighting?	
3. Has anybody ever been hit or hurt, pushed or shoved in a fight, or involved in arguments at your house?	
4. Is anybody in the family in trouble with the police or in jail?	
5. Is anybody worried that your children have been disciplined too harshly?	

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Child's name _____ Person completing form _____ Today's date _____

Clinical issues and concerns	Situation and intervention
6. Is anybody worried that your children have been touched inappropriately or abused sexually?	
7. Is there anybody living with you or close to you who drinks a lot or uses illicit drugs?	
8. Are there guns, knives, or weapons at your house?	
9. Has anything major (e.g., death in the family, job loss, disasters, accidents) happened recently?	
10. What is the best part and the worst part of life for you right now?	