

Psychosocial screening for asylum seeking or refugee children under 6 years
Parents interview

Suggestion for introduction: Leaving your home country, friends, family and everyday life is a big transition, possibly involving loss and exposure to horrifying events. We know that such experiences can affect people's health and wellbeing. Therefore, we ask everyone who has recently arrived in Norway about their situation and how this affects their wellbeing today. If there is something you do not want to answer, that is fine. Just tell me if you have any questions or comments along the way.

BACKGROUND

Contact information:

Surname, First name:	Age (years):	Gender:
Date of birth/D-number:		
Place, Today's date:	Phone nr. child/caregiver:	

FAMILY AND EVERYDAY LIFE

Did the child arrive in Norway with someone?	Yes	No
If yes, who?	If no, who takes care of the child?	
Does the child have parents or siblings who did not come to Norway?	Yes	No
If yes, who?		
Are you in contact with them?	Yes	No
Has someone in your family, or any close friends, been killed in the war or during your travels from home to arrival in Norway?	Yes	No
If yes, who?		
Do you/your family have a permanent place to live here in Norway?	Yes	No
Where?		
Does your child go to daycare, school or a similar service?	Yes	No
If yes: Does your child like it there?	Yes	No

COMMON PROBLEMS

Interviewer (read): Has your child been bothered with any of the following in **the last two weeks**?

	Not true	Somewhat true	Certainly true
Often complains over headache, stomachache or nausea	0	1	2
Has many concerns, often seems worried	0	1	2
Is often sad, feels down or on the verge of crying	0	1	2
Is nervous or clingy in new situations	0	1	2
Is afraid of a lot, easily scared	0	1	2
Sum up all answers = _____			≥ 7

POSTTRAUMATIC REACTIONS

Interviewer (read): I'll now read you a list of reactions that small children may experience following exposure to very stressful events. How often during the last two weeks has your child:

	Never	Sometimes	Often
Behaved as if dramatic event(s) that happened previously are happening again right now?	0	1	2
Had difficulties sleeping, or been troubled with nightmares?	0	1	2
Behaved as if they are younger than before; for instance, started to wet themselves after being potty trained, cried more often, or been more afraid of being alone?	0	1	2
Changed behavior in another way, for instance become unusually uneasy, angry, mad and/or quieter and more withdrawn than before.	0	1	2
Have you noticed any other changes that worry you? Note:	0	1	2
Sum up all answers = _____			≥ 6
OVERALL ASSESSMENT (CHECK FOR CORRECT MEASURES)			
No need for relief measures now <input type="checkbox"/>	Need for help, but not acute <input type="checkbox"/>	Need for acute assessment/treatment and follow-up <input type="checkbox"/>	
Adequate psychosocial state and functioning	Unaccompanied minor Significant mental distress, functional decline or difficulties in the family (e.g. mental disorder/substance abuse in parents)	Signs of life-threatening condition, serious illness/injury or current violence/abuse/neglect). For instance: Not able to make contact, does not eat or drink	
Parents are provided with information about normal reactions and rights to care, symptoms to watch out for, and who to contact if needed.	In need for follow-up and assistance: Recommended follow-up within 1-2 weeks	Acute consultation with emergency services/physician on call for further assessment.	
CONTACT INFORMATION TO THE ASSESSOR			
Name and workplace of assessor:		Phone number assessor:	
If the child/family has a contact person in the municipality.			
Who is the contact person?		Phone nr contact person:	