

Psychosocial assessment for refugees in reception phase – child and adolescent ages 6 to 18 (PAIR-CA) – Interview edition

Interviewer (read): You have experienced a big transition in life, and perhaps many dramatic incidents. We know that this can influence how you are doing. I'm going to ask you some questions so that together we can find out how you're doing and if you need help with anything now. There are no right or wrong answers, just answer the best you can. If there's something that you don't want to answer, then that's also completely OK. Let us know if you have any questions during the interview. First, I'm going to ask you a few questions about what you've experienced.
Would you like us to talk about this alone or with (the caregiver)?

BACKGROUND

Contact details:

Last name/First name:	Age (years)	Gender:
Date of Birth/ID number:		
Today's date:	Telephone number for child/caregiver	

FAMILY

Did you come to Norway with anyone?		Yes	No
If yes, who?	If no, who is responsible for you?		
Do you have parents or brothers and sisters who are not with you in Norway?		Yes	No
If yes, who are they?			
Are you in contact with them?		Yes	No
Have you had anyone in your family, or a close friend killed in the war or while fleeing?		Yes	No
If yes, who was that?			
Have you (your child) experienced anything else frightening, dangerous, violent or that was very stressful in another way?		Yes	No

(Let the child (possibly caregiver) explain/fill in)

ABOUT EVERYDAY LIFE

Do you/your family have a permanent place or somewhere to live?		Yes	No
Have you started going to school here in Norway?		Yes	No
Do you follow digital teaching lessons from the school that you went to before you fled?		Yes	No

FUNCTION

	Full	Partial	Limited
Do you get along with the people you live with ?			
Can you keep up/concentrate at school?			
Do you have someone to talk to or play with who doesn't live with you?			

HEALTH PROBLEMS

Interviewer (read): Below is a list of some problems or troubles. Have you been bothered by any of these in the **last 2 weeks**? **Instructions for interviewer: Check whether the child has understood the time frame or help them with it.**

	Not bothered	A bit bothered	Quite bothered	Very bothered
Headache	1	2	3	4
Pain in other places on your body	1	2	3	4
Sleep problems	1	2	3	4
Tired/exhaustion/lack of strength (not after exercise)	1	2	3	4
Total for all responses	≤7		>8	
*Feeling constantly scared or anxious	1	2	3	4
*Feeling tense or uneasy	1	2	3	4
*Feeling hopeless when you think about the future	1	2	3	4
*Feeling down or sad	1	2	3	4

*Worried a lot about different things	1	2	3	4
Total for all responses	≤9		>10	
POST-TRAUMATIC REACTIONS**				
Interviewer (read): Now, we will talk about list of problems that we can sometimes experience after we have had very stressful experiences. In the last 2 weeks how often have you been bothered by:				
	Never	Sometimes	Often	Almost all the time
Bad dreams reminding me of what happened	0	1	2	3
Pictures in my head of what happened. Feels like it's happening right now.	0	1	2	3
Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3
Being overly careful (checking to see who is around me).	0	1	2	3
Being jumpy	0	1	2	3
Total for all responses				>7
SUBSTANCE ABUSE				
How often:	Never	Monthly	Weekly	Daily
do you drink alcohol?		<16 years		
smoke hashish or use other drugs?		<16 years		
take sleeping pills or something to help you sleep?		<16 years		
If yes, have either you or someone else (a relative, friend, healthcare professional) been concerned about your drug use or told you that you should reduce/stop using drugs?			No	Yes
SERIOUS SYMPTOMS				
Instructions: If the child scores yellow in the above and has functional impairment, ask the following questions:				
Do you sometimes hear a voice that speaks to you clearly like I'm doing now, that other people can't hear?			No	Yes
If yes: Does it bother you?			No	Yes
Have you had thoughts about hurting yourself or others?			No	Yes
Have you hurt yourself or others in the last 14 days?			No	Yes
Have you had thoughts about taking your life in the last 14 days?			No	Yes
OVERALL ASSESSMENT (TICK THE APPROPRIATE MEASURE)				
No need for remedial measures now	Need for remedial measures but not urgent	Need for urgent assessment/treatment and follow-up		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate psychological condition and functional level	Unaccompanied minors. Significant mental health problems, loss of function or family difficulties (e.g. caregiver with mental illness / substance abuse problems)	Signs of serious symptoms, life-threatening condition, serious illness, injury or ongoing violence/abuse/neglect.		
Advice as needed. Provide good information about rights and who to contact if they need help.	Provide good information about what might help and who they should contact if needed. Book a new appointment within 1 – 2 weeks or earlier if needed. Refer to the relevant agency if necessary.	Urgent referral to a doctor/hospital or other relevant emergency agency		
CONTACT DETAILS OF ASSESSOR				
Name and place of work of staff member carrying out assessment		Telephone number for staff member carrying out assessment		
If the child/family has a contact person in the municipality:				
Who is the contact person?		Telephone for contact person:		