

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

Self-report version

You have experienced a big transition in life and perhaps many dramatic events. We know this can affect how you feel. Here are some questions about how you are doing and if you need help with anything. 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 while you are filling out the assessment. First, there will be a few questions about what you've experienced.

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 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?		
Have you experienced anything else frightening, dangerous, violent or that was very stressful in another way?	Yes	No

Please describe here:

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

Below is a list of some problems or troubles. Have you been bothered by any of these in the **last 2 weeks**?

	Not bothered	A bit bothered	Quite bothered	Very bothered
1. Headache	1	2	3	4
2. Pain in other places on your body	1	2	3	4
3. Sleep problems	1	2	3	4
4. Tired/exhaustion/lack of strength (not after exercise)	1	2	3	4
5. Feeling constantly scared or anxious *	1	2	3	4
6. Feeling tense or uneasy*	1	2	3	4

7. Feeling hopeless when you think about the future*	1	2	3	4
8. Feeling down or sad *	1	2	3	4
9. Worried a lot about different things*	1	2	3	4
POST-TRAUMATIC REACTIONS**				
Now, we will talk about a 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
10. Bad dreams that remind me of what happened	0	1	2	3
11. Pictures of what happened in my head. It feels like it's happening again right now.	0	1	2	3
12. I try not to think about what happened. Or to feel anything.	0	1	2	3
13. I stay away from anything that reminds me of what happened (people, places, things, situations or talking about it).	0	1	2	3
14. I am more careful than usual (checking who's around me)	0	1	2	3
15. I'm more shy	0	1	2	3
SUBSTANCE USE				
How often:	Never	Monthly	Weekly	Daily
16. do you drink alcohol?				
17. smoke hashish or use other drugs?				
18. take sleeping pills or something to help you sleep?				
19. 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
OTHER PROBLEMS				
20. Do you sometimes hear a voice that speaks to you clearly like I'm doing now, that other people can't hear?			No	Yes
20a. If yes: Does it bother you?			No	Yes
21. Have you had thoughts about hurting yourself or others?			No	Yes
22. Have you hurt yourself or others in the last 14 days?			No	Yes
23. Have you had thoughts about taking your life in the last 14 days?			No	Yes

* Goodman R 1997 ** Sachser et al. 2017