

Psychosocial assessment after crisis for children under the age of 6 years
Interview with parent(s)

Suggestion for introduction: Your child, and perhaps you, have been involved in a dramatic [read as appropriate: event/accident/crisis/disaster/war and flight]. We know that this can affect how both you and your child feel. First, I'm going to ask you some questions about what your child has experienced and what the situation is like now. There will then be some questions about how your child is doing. If there's something you don't want to answer, that's completely OK. Let us know if you have any questions during the assessment.

BACKGROUND

Contact details:

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

FAMILY AND EVERYDAY LIFE

Who does the child live with?

Does the child have parents or siblings who are not in Norway?	Yes	No
--	-----	----

If yes, who, and where are they?

Are you in contact with them?	Yes	No
-------------------------------	-----	----

Has the child had anyone in their family, or a close friend killed in the [read as appropriate: event/accident/crisis/disaster/war or while fleeing?]	Yes	No
---	-----	----

If yes, who?

Has your child experienced anything frightening, dangerous, violent or that was very stressful in another way?	Yes	No
--	-----	----

(Let parents explain/fill in)

Is the child exposed to frightening news updates (e.g. tv/radio/tiktok)?	Yes	No
--	-----	----

(Let parents explain/fill in)

Does your child go to kindergarten or use similar services?	Yes	No
---	-----	----

If yes: Has your child been to kindergarten recently?	Yes	No
---	-----	----

If yes: Does your child enjoy kindergarten?	Yes	No
---	-----	----

If yes: Has the child's behavior changed after [read as appropriate: the event/accident/crisis/disaster/war or escape]?	Yes	No
---	-----	----

HEALTH PROBLEMS

Interviewer (read): Has your child been troubled by any of the following **in the past two weeks?**

A.	Not at all	Somewhat	A lot
Often complains of headache, stomach ache or nausea	0	1	2

Has a lot of concerns, often seems worried	0	1	2
Is often sad, feeling down or crying	0	1	2
Is nervous or clingy in new situations	0	1	2
Is afraid of a lot of things (easily frightened)	0	1	2
Total score for the 5 questions above = _____			≥6
Interviewer (read): This is a list of problems that we can sometimes have after very stressful experiences. During the last two weeks , how often has your child had:			
B.	Never	Sometimes	Often
Behaved as if past dramatic events are happening again right now?	0	1	2
Had trouble sleeping or nightmares?	0	1	2
Started behaving like they were younger again for example, wet their pants, cried often or shown fear of being alone?	0	1	2
Changed their behaviour in other ways for example, have become unusually worried, angry and/or more quiet and withdrawn than before?	0	1	2
Have you noticed any other changes that worry you? Notes:	0	1	2
Total score for the 5 questions above = _____			≥ 6
OVERALL ASSESSMENT (TICK THE APPROPRIATE MEASURE)			
No need for remedial measures now <input type="checkbox"/>	Need for remedial measures but not urgent <input type="checkbox"/>	Need for urgent assessment/treatment and follow-up <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 trauma reactions / mental illness / substance abuse problems)	Signs of a life-threatening condition, serious illness or injury. E.g. Not contactable, unable to consume food and drink, acute confusion or ongoing violence/abuse/neglect	
Advice as needed. Provide parents with good information about rights and who to contact if they need help.	Provide good information about what might help and who parents 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	Tel. no. for staff member carrying out assessment		
If the child/family has a contact person in the municipality:			
Who is the contact person?	Tel. no. for contact person:		