

## Questionnaire and assessment for the early detection of psychological distress in child and adolescent refugees

### 1. What is the aim of this questionnaire?

- The questionnaire is intended to enable early detection of traumatic experiences and psychological distress among child and adolescent refugees through the assessments made by parents or caregivers.
- Children and adolescents suffering from psychological distress should be identified as soon as possible and referred to appropriate health professionals to prevent health problems from deteriorating or becoming chronic.
- Special protection needs are to be taken into account in a more structured manner in the asylum procedure and the conditions of reception.

### 2. When should the questionnaire be used?

- As soon as possible after arrival in Germany, ideally after a period of rest.
- If a period of rest is not possible, the questionnaire should still be used – it is better than not conducting any assessment at all.
- The questionnaire can also be used later if it helps clarify whether a child is in psychological distress.

### 3. How should the questionnaire be applied?

- The interview should take place in a protected space with appropriate language mediation.
- Please read the following short introduction to the assessment to the parents or caregivers. It is intended to clarify the purpose of the questions and to create a basis of trust for the interview.
- The questionnaire allows an **initial assessment** of the current distress in the categories "Low", "Medium", or "High probability".
- The parents/caregivers should be given the completed questionnaire. They should be advised that it may be helpful to present the questionnaire when consulting health care professionals, lawyers or employees of authorities.
- It is necessary to agree with the parents/caregivers on who should receive a copy of the questionnaire.

### Text to be read out as an introduction and preparation for the assessment:

*Dear Sir or Madam*

*Many people we meet here – including children and young people – have experienced violence or had other bad experiences. The effects can show in different ways in children and young people. In some cases, therapeutic or medical help is necessary.*

*Below are several questions about your child's health. The questions were developed by specialists. The purpose of the questionnaire is to find out about your child's specific needs so that you can be offered appropriate support.*

*There are no right or wrong (good or bad) answers to the questions. It is important that you answer as freely as possible.*

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		Yes	No	
1.	Does your child have difficulty falling asleep or sleeping through the night?			
2.	Is your child often ill or does he/she have physical complaints? (e.g. stomach ache, headache)			
3.	Has your child lost or gained a lot of weight?			
4.	Do you often experience that your child has negative feelings (e.g. fear, sadness, anger)?			
5.	Do you have the impression that your child suffers from bad memories or often thinks about bad experiences?			
6.	Does your child often have difficulty concentrating according to his/her age?			
7.	Do you experience your child as joyless? (e.g. Has your child lost the joy in doing things he or she used to enjoy?)			
8.	Do you have the impression that your child gets scared easily or frequently?			
9.	Does your child show regression in behaviour, skills? (e.g. reoccurring enuresis or defecation, loss of language skills)			
10.	Are there three things that your child enjoys? (e.g. meeting other children, playing, rough-and-tumble play, snacking)			
<b>How long have the complaints persisted?</b> (please tick; please state number of months if known)		For less than 4 weeks	For several months	For more than 1 year
<b>Number of grey boxes ticked (total)</b>		Total		

**Classification**  
Please mark the appropriate category to indicate the likelihood of psychological distress



1-3	4-7	8-10
Low probability	Medium probability	High Probability

Date \_\_\_\_\_ Child's name \_\_\_\_\_

Name of the interviewed caregiver \_\_\_\_\_

Nature of the relationship \_\_\_\_\_ Child's age \_\_\_\_\_

Country of origin \_\_\_\_\_ Language \_\_\_\_\_

**Other observations** (Is there anything else you have noticed?):

- Notes:**
- If the probability is medium or high, a more in-depth diagnostic assessment is recommended.
  - If individual forms of distress are very pronounced, further clarification may be urgently required even in the case of "Low probability".
  - It is helpful if the family presents this document when visiting doctors, psychologists or employees of authorities.

**Organisation (stamp/address/contact person)**

Signature \_\_\_\_\_

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*Below you will find in-depth questions matching the 10 screening questions. In some cases, it may be helpful to ask these questions in addition to get a more detailed picture and to be able to answer the screening questions more precisely.*

**1. Does your child have difficulty falling asleep or sleeping through the night?**

Does your child often have nightmares?

Has the sleeping behaviour changed?

Does your child need a certain sleeping environment to fall asleep?  
(e.g. does he or she only sleep when a light is on?)

**2. Is your child often ill or does he/she have physical complaints? (e.g. stomach ache, headache)**

Is your child in any physical pain?

**3. Has your child lost or gained a lot of weight?**

Has the eating behaviour changed in a problematic way?

Does your child eat far too much or not enough?

**4. Do you often experience that your child has negative feelings? (e.g. fear, sadness, anger)**

Does your child hurt himself/herself and/or others?

Does your child react more angrily than in the past?

Does your child argue unusually often and/or insult or abuse others?

Does your child cry a lot?

Does your child often seem withdrawn?

Is your child often afraid?

**5. Do you have the impression that your child suffers from bad memories or often thinks about bad experiences?**

Does he or she act out or paint bad situations?

**6. Does your child often have difficulty concentrating according to his/her age?**

Is your child often forgetful?

Are there behavioural problems when it comes to learning?

Does your child often daydream, seem unfocused or preoccupied?

**7. Do you experience your child as joyless? (e.g. Has your child lost the joy of doing things he or she used to enjoy?)**

**8. Do you have the impression that your child gets scared easily or frequently?**

Does he or she flinch easily, e.g. when there are loud noises?

**9. Does your child show regressive behaviour? (e.g. reoccurring enuresis or defecation, loss of language skills)**

Does your child, for example, wet the bed although it has learned not to?

Has the child lost skills in the language that he/she has already acquired?

**10. Are there three things that your child enjoys? (e.g. meeting other children, playing, rough-and-tumble play, snacking)**