# PROTECT Study - Background information interview: All information will be completely confidential

**Overview**

1. Please provide us with a brief (e.g., two sentences) account of the event that led to your child visiting the emergency department (and being recruited in to this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How many days was your child in hospital as a result of this event? \_\_\_\_\_\_\_\_

**Household Details**

1. Please give details about all of the members of your household **including yourself**. If household members (e.g., mother, father) are not biologically related to your child, please add a \*.

|  |  |
| --- | --- |
| Member’s relationship to participating child (e.g. mother\*, father, step-father, sister) | **Age** |
| Participating Parent |  |
| Participating Child |  | **DOB:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

2. Which best describes your marital status?

|  |  |
| --- | --- |
| Single, never married |  |
| Married (first time) |  |
| Remarried |  |
| Divorced/separated |  |
| Living with partner |  |
| Widowed |  |

3. Please tell us about your education

|  |  |  |
| --- | --- | --- |
|  | Self | Spouse/Partner |
| School until 16-years |  |  |
| School/college until 18-years |  |  |
| Further education (e.g. college, vocational courses) |  |  |
| Higher education (undergraduate degree) |  |  |
| Postgraduate qualification |  |  |

4. Please tell us about your employment

|  |  |  |
| --- | --- | --- |
|  | Self | Spouse/Partner |
| Not employed |  |  |
| Part-time work |  |  |
| Full-time work |  |  |
| Retired |  |  |

5. Please state your occupation (even if not currently working)

|  |  |
| --- | --- |
| **Self** |  |
| **Spouse/Partner** |  |

6. Please tell us the approximate annual income (before tax) for the main household of your child, or indicate if you don’t wish to provide this information.

|  |  |
| --- | --- |
| Less than £10,000 | £80,000 – 89,999 |
| £10,000 – 19,000 | £90,000 – 99,999 |
| £ 20,000 – 29,999 | £100,000 – 119,999 |
| £30,000 – 39,999 | £120,000 – 139,999 |
| £40,000 – 49,999 | £140,000 – 159,999 |
| £50,000 – 59,999 | £160,000 – 179,999 |
| £60,000 – 69,999 | £180,000 – 199,999 |
| £70,000 – 79,999 | More than £200,000 |

Did not wish to respond

**Your child’s learning/ health needs**

1. What school year is your child in?

Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or tick if not attending school

2. Has your son/daughter ever been diagnosed with a learning difficulty? Yes/ No

If YES please provide details (e.g. dyslexia, dyspraxia, ADHD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Has your child ever been seen by the school SENCO or by Child and Adolescent Mental Health Services? Yes/ No

If YES please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Does your son/daughter have a chronic medical condition? Yes/No

If YES please provide details (e.g. asthma, diabetes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Is your son/daughter currently taking any prescribed medication? Yes/No

If YES please provide details (name of medication, what for, dosage, how long): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# *Trauma characteristics*

*Only ask if not clear from the notes*

1. Were any family members involved in the incident? If so, please specify.

2. Was anyone killed in the incident?

0 = no

1 = yes

If YES what was their relationship to your son/daughter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please answer the following questions about your child’s attendance at A&E.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | *No* | *Yes* |
| 1. | Did you see the incident which led to your child being taken to A&E? | [0 ] | [1 ] |
| 2. | Were you with your child in the car/ambulance/helicopter coming to the hospital? | [0 ] | [1 ] |
| 3. | Were you with your child in the hospital? | [0 ] | [1 ] |
| 4. | When your child was hurt (or when you first heard about it), did you feel really helpless? | [0 ] | [1 ] |
| 5. | Did you hear your child crying or asking for help? | [0 ] | [1 ] |

4. Are you involved in any legal matters regarding this trauma (circle all that apply)?

0 = No

1 = Yes (Compensation)

2 = Yes (Criminal)

3 = Yes (Both compensation AND criminal)

4 = Yes (Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

5. Over the course of the past year, has [insert child’s name] experienced any of the following events?

|  |  |  |
| --- | --- | --- |
| *Questions* | *No* | *Yes* |
| a. New child has come to live in the home that the child did not welcome | [0 ] | [1 ] |
| b. A parent has recently become pregnant | [0 ] | [1 ] |
| c. Social services have placed the child in alternative Care? | [0 ] | [1 ] |
| d. Parental separation | [0 ] | [1 ] |
| e. Parental divorce | [0 ] | [1 ] |
| f. New parental figure (e.g. step-parent) | [0 ] | [1 ] |
| g. The family has moved house recently or repeatedly | [0 ] | [1 ] |
| h. Changed schools for a reason other than passing a year level | [0 ] | [1 ] |
| i. Loss of best friend through move | [0 ] | [1 ] |
| j. The child has had a break-up with best friend | [0 ] | [1 ] |
| k. The child has had a break-up with boyfriend or girlfriend | [0 ] | [1 ] |
| l. A parent has been arrested | [0 ] | [1 ] |
| m. Serious reduction in standard of living | [0 ] | [1 ] |
| n. Forced separation from home | [0 ] | [1 ] |
| o. Other event (Please Specify) | [0 ] | [1 ] |

***Injury/illness characteristics***

1. Did your child have any time off school attending A&E? YES/NO

If YES, how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(days/weeks/months)

2. Is your child currently physically injured or otherwise physically impaired following their A&E visit?

YES/NO

If YES, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Do you expect that your child will have any permanent loss of function following their A&E visit (e.g. blindness, loss of use of limb, hearing loss)?

YES/NO/MAYBE

If YES/MAYBE, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Following the incident, is your child currently taking any medication for pain, sleep etc?

YES/NO

If YES, please specify what medication and what for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# NB: Following section must be audio or video recorded

# *Psychological History*

1a. Before the trauma, have you had concerns for your child’s emotional well-being (e.g., anxiety, depression or emotional problems)?

0 = No

1 = Yes

(Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1b) (*If answers yes to 1a*), before the trauma, did your child receive any counseling to address concern’s for his/her emotional well-being (e.g., anxiety, depression or emotional problems) from a psychiatrist, psychologist or a GP?

0 = No

1 = Yes (list all\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2 = N/A

1c) (*If answers yes to 1b*) If *so*, please specify how many counseling sessions were received?

|  |  |
| --- | --- |
| 0 = one session | 2 = five to ten sessions |
| 1 = one to five sessions | 3 = greater than ten sessions |

1d) (*If answers yes to 1a*) Before the trauma, did your child ever receive any medication for anxiety, depression, emotional problems or family problems?

0 = No

1 = Yes (list all\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2 = N/A

# *Psychological Problems since the trauma*

2a) Have you had any concerns about your child’s emotional wellbeing since the trauma?

0 = No

1 = Yes (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2b) (*If answers yes to 23a*) Since the trauma, has your child received any treatment, therapy or counselling for anxiety, depression, emotional or family problems either from a psychiatrist, psychologist or a GP?

0 = No

1 = Yes

2 = N/A

2c) *(If answers yes to 2b)* If so, please specify how many counseling sessions have been received?

|  |  |
| --- | --- |
| 0 = one session | 2 = five to ten sessions |
| 1 = one to five sessions | 3 = greater than ten sessions |

2d) (*If answers yes to 2a*) Since the (most recent) trauma, has your child received medication for anxiety, depression, emotional or family problems?

0 = No

1 = Yes (list all \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

2 = N/A

3) We’re now interested in asking you about whether your child has needed any other support from you regarding how they have been feeling since the event?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *Not at all* | *Sometimes* | | *Often* | | *A lot / Very much* |
| 1. | Do you feel that your child has needed any more emotional support than usual? | [ 0 ] | [ 1 ] | | [ 2 ] | | [ 3 ] |
| 2. | Has your child come to you for any emotional support, for example if they are feeling upset or scared about what happened? | [ 0 ] | [ 1 ] | | [ 2 ] | | [ 3 ] |
| 3. | Have you tried to make yourself more available to your child for support than normal? | [ 0 ] | [ 1 ] | | [ 2 ] | | [ 3 ] |
| 4. | If your child has asked for support do you feel you have known the best way to offer it? | [ 0 ] | [ 1 ] | | [ 2 ] | | [ 3 ] |
| 5. | If you had been offered advice on how best to support your child following the trauma, would this have been helpful? | *Yes* | | *No* | | *Not sure* | |

4) Thinking back to before the <event that caused them to attend the ED, please can you describe <CHILD NAME> for me, in your own words.

5) Please can you tell me what <CHILD NAME> is like now, after what happened? Is there anything in particular that you think has changed?