**Background Questionnaire for 6 Month Follow-up**

**Please note, the term ‘event’ refers to the accident/incident that led to your child attending the emergency department, and your subsequent recruitment in to the PROTECT study.**

Verbal consent for 6 month follow up:

**Accident Characteristics:**

1. Since we spoke with you last (3 months ago) has your child had any further time off of school because of the event?

No

Yes

If YES, how many days? \_\_\_\_\_\_\_\_\_\_\_

2. Since we spoke with you last (3 months ago) has your child spent any more days in hospital as a result of the event?

No

Yes

If YES, how many days? \_\_\_\_\_\_\_\_\_\_\_

3. Is your child currently physically injured or otherwise physically impaired as a result of the event?

No

Yes

If YES, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you expect that your child will have any permanent loss of function as a result of the event (e.g., blindness, loss of use of a limb, hearing loss)?

No

Yes

Maybe

If YES/MAYBE, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychological Concerns**

1. Do you currently have any concerns about your child’s emotional wellbeing as a result of the event?

No

Yes

If YES, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.a) Since the event, has your child received any treatment, therapy or counselling for anxiety, depression, emotional or family problems either from a psychiatrist, psychologist or GP?

No

Yes

If YES, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. b) If so, please specify how many counselling sessions have been received?

One session

One to five sessions

Five to ten sessions

Great than ten sessions

Not applicable

2.c) Since the event, has your child received medication for anxiety, depression, emotional or family problems?

No

Yes

If YES, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Since we last saw you, has your child been involved in any other event(s) that may have been particularly stressful, frightening or traumatic (e.g., parental separation, sudden illness, car accident, assault)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal**

1. Are there any legal matters involved? No Yes

Compensatory / Criminal / Both / Unsure

2. Since we last saw you, has your child been involved in any other event(s) that may have been particularly stressful, frightening or traumatic (e.g., parental separation, sudden illness, car accident, assault)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_