**Parent Interview Schedule**

* Can you tell me about your son/daughter. What are they like?
	+ *Probe:* What words would you use to describe your child? Can you give me 3 words?
	+ *Probe:* What sort of things does your child enjoy doing?
	+ *Probe:* Do they go school? / Do they like school? /What do they like best at school?
	+ *Probe:* Does your child enjoy spending time with friends? What do they like to do with their friends? What kinds of friends do they have?
	+ *Probe:* What is a normal day like for your child?

**Psychological History**

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

* 1= Yes ☐ 0= No ☐

(If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

* + 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 ☐
	+ 1= one to five sessions ☐
	+ 2= five to ten sessions ☐
	+ 3= greater than 10 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 ☐
* Can you tell me about your family life?
	+ *Probe:* who looks after your son/ daughter?
	+ *Probe:* how do you spend time together as a family?
* Can you describe your community?
	+ *Probe*: what is your community like?
	+ *Probe*: Are you happy with where you live?
	+ *Probe*: What is it like for your child growing up in your community?

NOTE: Remind participant of confidentiality/voluntary participation and that the following questions may be more sensitive.

**Trauma characteristics**

* Can you tell me about the <traumatic event>?

*If not stated, ask:*

1. Were any family members involved in the incident? Yes ☐ No ☐

If so, please specify:

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

2. Was anyone killed in the incident? Yes ☐ No ☐

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

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

3. Did you see the incident? Yes ☐ No ☐

* *Probe:* If not, how did you find out?

**Injury/ Illness Characteristics**

1. Did your child go to the hospital? Who went with them?

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

2. If the child is attending school, did you child have any time off school following the incident? Yes ☐ No ☐

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

3. Is your child currently physically injured or otherwise physically impaired following the incident?

 Yes ☐ No ☐

If YES, please describe:

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

1. Do you expect that your child will have any permanent loss of function following the event (e.g. blindness/ loss of use of limb, hearing loss)?

 Yes ☐ No ☐

If YES, please describe:

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

* Were the police involved? If yes:
* *Probe:* Did your child speak to the police?
* *Probe*: What was that like?
* How did your child react at the time of the event?
	+ What did they do?
	+ What did your child think about the event?
	+ How did they feel?
* What was your reaction to the event?
	+ *Probe:* Could you tell me how you felt after the event?
	+ *Probe:* What were your thoughts after the event?
	+ *Probe:* Did anyone feel blamed or responsible? Why or why not?
* Why do you think this happened to your child?
	+ *Probe:* Do you think about why this happened to your child? Why or why not? What do you think?
	+ *Probe:* How do you make sense of this experience?
	+ *Probe:* Have you taken anything away from this experience?
	+ If parent is a member of a faith group:
		- *Probe:* What did the event mean to you with your faith?
		- *Probe:* How do you feel about your faith now?
* What were your thoughts about (son/ daughter) after the event?
* Were there any changes you noticed in (son/ daughter) after the event?
	+ *Probe:* Can you describe any changes you noticed?
	+ *Probe:* Why do you think they might have changed?
	+ *Probe:* How much have these changes affected their friendships/ usual activities/ daily routine/ how they get on at home or school?
	+ *Probe:* Have these changes had any effect on you?
* Did you notice any changes in family life after the event?
	+ *Probe:* Have you changed what you do or talk about?
	+ *Probe:* Why do you think that may be?
* Do you think other people’s thoughts or opinions of you or your family have changed since the event?
	+ Probe: How have they changed? Why do you think that?
* Is there anything about the event (son/ daughter) found difficult to cope with?
	+ Is there anything about the event that you found difficult to cope with?
* Do you feel able to support (son/ daughter) after the event?
	+ *Probe:* Have you needed to do anything to support your child since the event?
	+ *Probe:* Do you think this has helped them? How?
	+ *Probe:* Have you talked about what happened? What have you talked about?
	+ *Probe:* Looking back is there anything you or someone else would have done differently to support your child?
	+ *Probe:* What advice would you have liked to have been given at the time of the event? What would have been most helpful for you?
	+ *Probe:* Has your child used any other sources of support (could include family/ friends faith group)?
* Did you use any other sources of support? (Could include family/friends/ faith group)
* *Probe:* What sources did you use?
* *Probe:* How did you hear about them?
* *Probe:* How happy were you with the support you received?
* *Probe:* Is there anything you would change? What would be useful? (emphasis on support)
* *Probe:* If you could have had any support you wanted what would that have been?
* If parent used their faith group as a source of support:
* *Probe:* Can you describe to me how you used your faith group for support?
* Generally speaking, what have other families in your community done to support their children who have had similar experiences?
* *Probe:* Do families in your community talk about the event together? Why or why not?
* Was there somewhere you could go to get help for your child or family?
	+ *Probe*: What services were available?
	+ *Probe*: Was this something you were interested in? Why or why not?
* For parents with children who did received psychological treatment:
1. Where did you go?

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*2.* How long after the event did your child get treatment?

Please specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + *Probe:* What was the treatment like?
* *Probe:* What did you think about the treatment your child/ family received?
	+ *Probe:* Do you think the treatment was effective? Why or why not?
	+ *Probe:* Looking back is there anything that could have been done differently in terms of your child’s treatment?

**Post-event Psychological History**

*Only ask if not clear from the parent’s earlier responses:*

* 1a. Since the event, have you had concerns for your child’s emotional well-being (e.g. anxiety, depression or emotional problems)?
* 1= Yes ☐ 0= No ☐

(If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* 1b. (If answers yes to 1a), following the trauma did your child receive any counseling to address concerns for his/ her emotional well-being (e.g. anxiety, depression or emotional problems from a psychiatrist, psychologist, or doctor?)
	+ 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 ☐
	+ 1= one to five sessions ☐
	+ 2= five to ten sessions ☐
	+ 3= greater than 10 sessions ☐
* 1d. (If answers yes to 1a) Following 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 ☐

**To close the interview:**

* Ask the parent if there is anything they would like to add or tell you about?
* Ask the parent if they are happy for the interview to end?
* Thank the parent for taking part, ask them if they have any questions.
* Provide them with your contact details, please feel free to get in touch if they think of something later on that they meant to ask.