

Appendix 1: Suggested proforma for obtaining relevant sociodemographic data for resettling adolescent refugees during a clinic consultation.

Language details

Guardian: Interpreter not required Interpreter required Languages spoken: _____
 Patient: Interpreter not required Interpreter required Languages spoken: _____

Transport details

Transport to clinic: Health facility arranged Public transport Private car Other, specify: _____

Health service access details

Linked to a GP: Yes: _____ No Uncertain

GP uses an interpreter: Yes No Not required Uncertain

Services used for translation of documents / mail: None Case worker Family / friend Other

Refugee journey

Date arrived in host country: / / Visa type: _____

Country of origin: _____

Country of first refuge: _____

Other transit countries: _____

Ever in a refugee camp: Yes No Time in refugee camp (months/years): _____

Ever in detention: Yes No Time in detention (months/years): _____

Detention centre(s): _____

Total transit time (years): _____

Family details

Family tree:

Nuclear family separation: During transit: Yes No Currently: Yes No
 Mother: In host country Overseas Deceased Unknown
 Father: In host country Overseas Deceased Unknown
 Parents separated currently: Yes No

Relationship to guardian(s): _____

Number of siblings alive: _____ Number of siblings deceased: _____

Number of siblings in host country: _____ Number of siblings overseas: _____

Family reunification advocacy required: Yes No

Extended family in host country: Yes No

Family medical history: _____

Mother's highest level of education: _____

Father's highest level of education: _____

Mother's age of marriage: _____

Father's age of marriage: _____

Family home building type (house / apartment / townhouse / refuge): _____

Number of bedrooms: _____ Number of occupants: _____

Additional issues within the family

Financial issues: Yes No Uncertain Housing issues: Yes No Uncertain

Domestic violence: Yes No Uncertain FGM within the family: Yes No Uncertain

Underage engagement: Yes No Uncertain Other: _____

Education details

Previous schooling: None Continuous Interrupted (____ months)
 Language(s): _____

Current school details: Mainstream Non-mainstream Name: _____