

## Supplement 1

Follow-up questionnaire - V. 1.1 (status 01/2018)



### Follow-up checklist

Name of the child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ☐ male ☐ female

Address: \_\_\_\_\_

Patient label with address, if applicable

☐ In person visit ☐ Telephone visit by: \_\_\_\_\_

☐ One year FU ☐ Other FU Date of FU visit: \_\_\_\_\_

Reason for delay of the appointment: \_\_\_\_\_

► Child is brought to the visit by (Name, Address, Phone, Relationship to the child):

► Current legal guardian (Name, Address, Phone, Relationship to the child):

► Current residential situation / main place of residence:

► Maintained contact with suspected perpetrator:

► Maintained contact with mother / father of the child / person of trust:

► Current condition (e.g. (stress-) symptoms and developmental conspicuities)

☐ see additional documentation

Information on the current situation stated by: \_\_\_\_\_

► Development in the social environment, changes in kindergarten / school

► New incidents of maltreatment / abuse / neglect?

► New suspicious findings/injuries (→ Body diagram on page 2): F

☐ photo documentation

→ where archived: \_\_\_\_\_

☐ Persistent injuries? Description: \_\_\_\_\_

► New suspicious observations during the FU appointment ((behavioural problems, contact with the caregiver, signs of neglect):

► Measures implemented to date / others:

☐ No measures

☐ Child protection services (CPSs) involved - responsible office: \_\_\_\_\_ When?

By whom: \_\_\_\_\_ Responsible regional office / person: \_\_\_\_\_

Involvement of CPSs: ☐ still involved ☐ closed

☐ Report to law enforcement filed when?: \_\_\_\_\_ by whom: \_\_\_\_\_ File number: \_\_\_\_\_

Criminal proceedings: ☐ yes ☐ no if yes: ☐ ongoing ☐ closed; decision: \_\_\_\_\_

Process support provided ☐ yes ☐ no by whom: \_\_\_\_\_

► Further measures and resources:

☐ Therapeutic interventions have taken place? Where? \_\_\_\_\_ Since when? \_\_\_\_\_ Until \_\_\_\_\_

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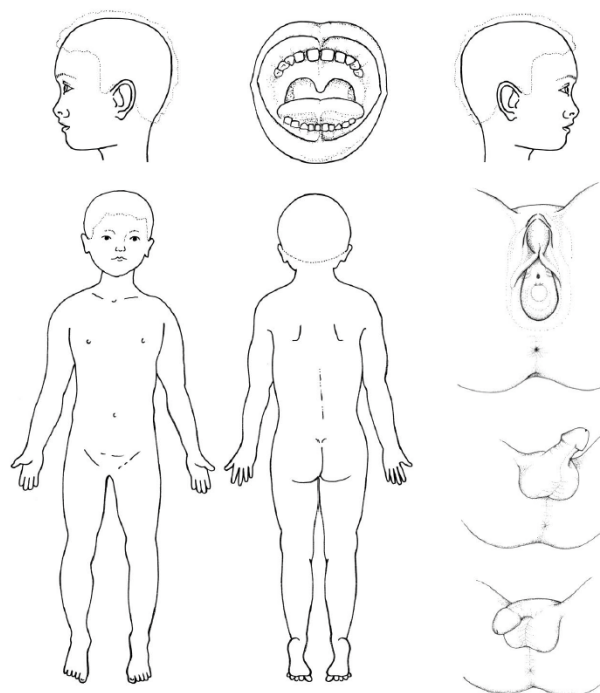
☐ Other consultations / interventions / measures taken place (e.g. psychiatry, supportive measures) \_\_\_\_\_

► Further planned measures:

► FOKUS consultation completed? ☐ Yes ☐ No

► Miscellaneous:

► Injury documentation / securing evidence (Please mark type, description, localisation):



Date: \_\_\_\_\_ Name u. signature MD: \_\_\_\_\_

Name in block letters

Contact details (office, phone, email or pager): \_\_\_\_\_

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