

USER GUIDE¹

Psychological screening tool for young children aged 3 to 6 years old

PSYCa 3-6

¹ French version also available

Table of contents

Introduction	3
The tool	3
How to translate the PSYCa 3-6 into another language	4
Interviewers	4
<i>Recruitment</i>	4
<i>Training</i>	4
Part 1: General overview	4
Part 2: Administration of PSYCa 3-6	5
Part 3: Rating of the PSYCa 6-36, score calculation and possible referral	5
Contact information	6
Appendices	7
PSYCa 3-6 (English)	8
Guide PSYCa 3-6 (English).....	10
PSYCa 3-6 (french)	13
Guide de passation PSYCa 3-6 (French).....	15
PSYCa 3-6 (Spanish)	18
PSYCa 3-6 (Swahili)	20
PSYCa 3-6 (Hausa).....	22

This document provides information on how to use the PSYCa 3-6. The validated versions (Hausa², Swahili³, Spanish⁴, English)⁵ are in the appendices.

Introduction

The mental health needs of young children in humanitarian contexts often remain unaddressed. During the acute phase of a humanitarian emergency, and in humanitarian contexts in general, psychological care of children may be far down on the list of priorities. The limited number of both local and international medical professionals combined with the relative lack of mental health professionals in these settings also hinders the implementation of mental health activities.

Psychological distress in young children is particularly difficult to evaluate by non-specialists requiring knowledge of normal child development as many behaviors are normal at certain ages but not at others. Young children, between 3 and 6 years old, are in a vulnerable psychological period, which can have consequences on the quality of their emotional, cognitive, and physical capacities. Although the psychological response of children depends on their individual, family, and social environments among many other factors, recognizing the diversity of potential psychological responses is essential to provide appropriate interventions.

Although addressing training and infrastructure needs to respond to children's mental health remain the ideal, in their absence, tools that help identify children who require further assessment may help to rationalize scarce resources and orient children to care in humanitarian contexts.

The lack of cross-culturally valid instruments, and data about child psychological difficulties, is a public health concern in humanitarian contexts. Although scales exist for general psychological difficulties, none concern children aged 3 to 6 years.

Although recent research has shown the importance of tools able to detect and orient children in need, most research has focused on children older than 6 years with an emphasis on post-traumatic stress disorder (PTSD). In addition to PTSD, recent studies have also shown the importance of addressing depression and anxiety disorders.

The aim of this tool was to respond to one of the gaps in addressing the mental health needs of young children in humanitarian contexts. Although there are many valid models of screening, evaluation and care, the need for a simple, rapid screening scale administered by non-specialists would fill one of the many gaps in responding to the mental health needs of young children in humanitarian contexts.

The tool

The PSYCa3-6 is a scale for assessing psychological difficulties (through the principal registers of expression: depression, phobia, anxiety, regression, psychosomatic complaints and psycho-traumatic disorder) in young children aged 3 to 6 years old. It is a questionnaire designed to uncover empirical observable information. **It is a tool for screening and orientation, and not a diagnostic tool.** It is a

² Niger

³ Kenya

⁴ Colombia

⁵ Depending on the country of use, the version may have to be adapted. For example, Swahili of Tanzania is different from Kenya.

scaled hetero assessment, filled in by the parent or caregiver, through the intermediary of a non-specialist interviewer

How to translate the PSYCa 3-6 into another language

The process of translation is easy but must be rigorous to optimize the tracking ability of children in need.

- 1- Translate the PSYCa 3-6 and its guidelines into the targeted language (from French or English version) by a professional translator (or a fluent bilingual person)
- 2- Pilot the translated version within a small number of persons (10 person for example) to check the understanding and adjust the translation. Sometimes, spoken language can differ from written language.
 - a. In two groups of 5 or 6 persons (preferably caregivers of young children), item by item, ask what it means or what they understand. Read the example and ask if this illustrates the item correctly.
 - b. Write the comments, differences, proposals⁶
- 3- If modifications are done, the version of the tool obtained should be checked by the translator for validation⁷.
- 4- Please also remember to translate the examples (guidelines). These examples are used by the interviewers during the administration and ensure standardization.

Interviewers

Recruitment

Interviewers should be experienced in questionnaire administration, if possible. They do not need any knowledge or training in psychology, psychiatry, mental health, psychosocial support, or other similar field.

Training

The aim of the training is to ensure that the PSYCa 3-6 is administered in a standardized way to ensure data quality. There are three parts to the training:

Part 1: General overview

- Each interviewer needs to respect and follow the same process
- All interviewers should introduce themselves to the person to who they will administer the tool. This should be standardized.
- Privacy should be respected before, during and after administration.
 - o For example, be sure that the caregiver feels comfortable (the interviewer will need to ensure privacy considering the environment and whether the person can speak freely)
 - o Interviewers need to ensure that they are not distracted by something else while administrating the tool
- Trust
 - o The respondent (caregiver) must feel comfortable and ensured that all information shared will remain confidential.

⁶ For example, item 15, « to make eye contact with you » might be replaced by « to look at you” in culture where children are educated not to look to adults in the eyes.

⁷ Epicentre (see contacts) would appreciate to receive a copy of any newly translated tool in another language in order to centralise all existing versions.

- Do not forget that the respondent is answering about one of her/his children and at the end you may refer the child for an additional evaluation. This needs a relationship of trust.
- Show interest during the administration
- Feel relaxed, confident, and safe
- Be patient (give enough time to the caregiver to think and answer)
- Sit down comfortably, and make sure the caregiver also is comfortable

Part 2: Administration of PSYCa 3-6

- Read the statement as they are written, in the same order
 - One word can change the entire meaning of the question and therefore the answer
 - Interviewers should not interpret the questions or answers
- Read the complete statement
- Read slowly and clearly
- Stay neutral and non-judgmental
 - Answers should not be suggested
 - Interviewers should not give their opinions
- In case of misunderstanding or if the respondent says that he/she doesn't understand the meaning, repeat the statement once. Then if the statement remains not understood, the interviewer should use the example (and repeat this if necessary). The answer is not scored if, after two readings, the respondent still does not understand.
- This process ensures the standardization of the administration, especially in the case of several interviewers.
- Always read the statement or the example the same way. If there are several interviewers, organize a "reading group" during the training, to make sure this process is standardized.
- The caregiver's answer is the most important, not the one the interviewer thinks that the parents would have provided. Interviewers should neither guess, nor interpret the answers.

It is important to remember that the interviewer is not asked to look for any signs or difficulties in the child evaluated. The tool and its score are what is important.

Part 3: Rating of the PSYCa 6-36, score calculation and possible referral

During the interview, the interviewer must circle the answer received from the respondent/caregiver. Circle 0 for "no or not at all", 1 for "sometimes or occasionally"⁸, 2 for "often or frequently"

Example:

0	1	2	1. The child stammers
0	1	2	2. The child refuses to eat, repeatedly and over a long period

Score calculation

At the end of administration, before leaving, calculate the global score as follows:

- 1- Calculate the number of 0, 1 and 2 per column.
Check that the sum of the 3 is equal to 22 (unless there are items without an answer).
- 2- Calculate the total (0 x number of 0) + (1 x number of 1) + (2 x number of 2) to obtain the global score (between 0 and 44).

Referral

⁸ « Rarely » is also quoted 1

If the total score is superior or equal at 8, the interviewer will need to ensure that the child is referred to a psychologist. Referral psychologists need to be identified before using the PSYCa 3-6 (ideally a clinical psychologist or psychiatrist with experience in young children).

The interviewer will explain that an additional evaluation is needed, not necessarily that there is a problem, but that it would be important to discuss with the psychologist. The interviewer will provide clear instructions as to how to refer to the psychologist.

The training should cover the sharing of the results with the caregiver and the procedures of referral. Also, as far as possible, interviewers should be trained on how to react in case of emotional reactions from the respondent.

Example:

The caregiver answered 6 times “not at all” (0), thirteen times “sometimes” (1) and once “often” (2)

0	1	2	1. The child stammers	
0	1	2	2. The child refuses to eat, repeatedly and over a long period	
0	(1)	2	22. The child runs away or avoids sounds, images or specific situations	
6	13	1	Number of answers per column	
6x0	15x1	1x2		
0	15	2	Score per column	Total score : 17

In this example, the child will be referred to the psychologist for further evaluation and care if needed. The interviewer will not provide information about the state of the child, he/she will just share that the score obtained shows that an additional evaluation is needed.

Contact information

The tool is ready to use. In case of additional information needed or questions, please contact
 Epicentre: Rebecca F. Grais (Director): rebecca.grais@epicentre.msf.org
 Caroline Marquer (clinical psychologist): caroline.marquer@epicentre.msf.org



Appendices

PSYCa 3-6 (english)

This anonymous questionnaire will help to provide a better understanding of your child's needs and difficulties. Please take your time in replying to the questionnaire and sharing your knowledge of your child. The person in charge of the study can give you more details and answer any questions you may have.

For the interviewer: You must only circle one number per question: **0 for no or never, 1 for sometimes or occasionally, 2 for often, frequently or always**. If there is no number, you have to tick the correct answer. **All the questions must be answered.**

Age (in months): / ___ / ___ /

Gender: Male Female

Child's place of residence:

For each question, circle the number that best corresponds to your perception of the answer: 0 for the answer no or not at all, 1 for sometimes or occasionally, 2 for often, frequently.

- | | | | |
|---|---|---|-----------------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. The child stammers |
| 0 | 1 | 2 | 2. The child refuses to eat, repeatedly and over a long period |
| 0 | 1 | 2 | 3. The child often wakes up, suffers from insomnia and gets up in the night |
| 0 | 1 | 2 | 4. The child is absent, seems to be somewhere else or in his/her own world, she or he has trouble connecting with you |
| 0 | 1 | 2 | 5. The child has a frequently recurring bad dream or nightmare |
| 0 | 1 | 2 | 6. The child is frightened, nervous and anxious |
| 0 | 1 | 2 | 7. The child has trouble with going to the toilet (peeing and pooing) |
| 0 | 1 | 2 | 8. The child refuses to be separated from one of his or her parents, brothers, sisters, etc. |
| 0 | 1 | 2 | 9. The child eats far too much |
| 0 | 1 | 2 | 10. The child hardly speaks or not at all, using very different language from other children of the same age |
| 0 | 1 | 2 | 11. The child refuses to eat certain foods and chooses what s/he wants to eat at every meal |
| 0 | 1 | 2 | 12. The child has trouble falling asleep |
| 0 | 1 | 2 | 13. The child jumps and has uncontrolled movements without any apparent reason |
| 0 | 1 | 2 | 14. The child is in pain or complains about his/her body without any obvious medical cause |
| 0 | 1 | 2 | 15. The child cannot keep still and moves all the time |
| 0 | 1 | 2 | 16. The child refuses to leave the concession or house |
| 0 | 1 | 2 | 17. The child is tired, disheartened |
| 0 | 1 | 2 | 18. The child behaves too aggressively, fights too much, is violent (at home and/or outside the home) |
| 0 | 1 | 2 | 19. The child keeps to him/herself and often stays away from other people |
| 0 | 1 | 2 | 20. The child is easily carried away by emotions such as anger, sadness and fraternal jealousy |
| 0 | 1 | 2 | 21. The child's games and activities are repetitive |
| 0 | 1 | 2 | 22. The child runs away from or avoids specific noises, images or situations |

Number of answers per column

Scores for each column

Overall score:

As far as you know, has the child been a victim of, witness to or directly confronted by violent events, threats, injuries, accidents, sudden death of a close relative in his/her presence, family or conjugal violence or other events that could endanger her/his live: natural catastrophes, war, fire or other events?

Yes No If yes, please specify _____

Guide PSYCa 3-6 (English)

The administration of a screening tool for young children requires a rigorous and standardized approach. This guide aims to facilitate the administration of the tool and to assure a standardized administration mandatory for the interpretation of the results.

Instructions

It is important to respect the list of items (order). The questions are administered one after the other, each question is quoted 0,1 or 2

In case of misunderstanding of the question, the interviewer will provide an example. First, the question will be repeated once to the respondent, then the example will be used. You must use this example because otherwise the answer would not follow the standard procedures.

1. The child stutters

The child has difficulty in saying a sentence continuously. The child speaks by propping up, by repeating involuntarily certain syllables as for example the child speaks like this: hhhhheIIIIIIIIlooooooo mmmmmmy naaaaaame is

2. The child refuses to eat repeatedly

For several weeks, the child does not finish his/her meal. He/she eats some small pieces with difficulties and leaves the rest, even when it is dishes, which he usually enjoys.

3. The child wakes up frequently, insomnia

Several times a week, even every day, the child complains to sleep badly. He/she falls asleep and wakes up several times during the night. You can hear him/her sometimes moving in his/her bed, while previously his/her sleep was quiet. You hear him/her to get up frequently.

4 The child is absent, seems somewhere else or in “his world”, has difficulties to interact with you
When you speak to the child, often he/she does not look at you, he/she looks like you do not exist. He/she is behaving the same with the others.

5. The child had a bad dream or a nightmare that comes often

The child wakes up in the middle of the night screaming, and being afraid. It repeats several times a week even every night. In this nightmare or bad dream, it is often the same characters who are present or the same events which are repeated.

6. The child is frightened, worried, anxious

The child seems sometimes destabilized by certain situations and/or things, even sometimes he/she seems to be afraid. He/she worries about situations which do not seem to you disturbing.

7. The child has difficulty to be clean (pee, poop)

The child is still not clean. He/she does not show when he/she wants to pee (or poo) or by saying it to you or with gestures (movements) (as for example tighten legs). On the contrary, he pees more often (or poo) in his/her pantie or in his/her bed that the other children of his/her age.

8. The child refuses to separate with one of his parents, siblings etc.

The child does not want to be separated from a specific person (you or somebody else). During the separation, he/she cries for a long time or gets angry, he can have a stomach ache also for example or nausea.

9. The child eats too much

The child finishes systematically his/her plate and asks to be served a second even a third time. If you compare plates eaten by your child, they are much more important, in quantity of food, than those of the other children.

10. The child does not speak or very little, his language is very different from children of his age

The child says only few words, without making sentences. For example when he is hungry, he says the word "food" or either points the "pot". He speaks less compared to the other children of his/her age.

11. The child refuses to eat certain foods and chooses what to eat at every meal

Since several weeks, even several months, the child chooses systematically what he wants to eat in his plate. For example, at every meal, the child sorts out the food contained in his/her plate and eat only those that he chose and not the others.

12. The child has difficulty falling asleep

It became very difficult to ask to your child to go to bed. These moments became difficult moments because your child refuses to lie down; for example he/she can cries and even get angry.

13. The child has outbursts, have uncontrolled movements for no apparent reason

By moments, the child moves brutally the arms or his/her legs as with a start, without any reason for these movements.

14. The child complains of pain or complains about his body without obvious medical reason

For example, the child has often a headache, or stomachache, even by giving him/her a treatment, he still complains to have pain. It repeated several times and maybe you notices that it occurs in particular moments.

15. The child is unable to sit still, he moves constantly

The child moves in all directions. He/she does not like to stay in place and is always agitated. At his/her age all the children move in all directions but you have the impression that it is more pronounced for him. For example, he has difficulty in remaining sat more than few minutes.

16. The child refuses to leave the household

The child refuses to go out of the house, and it is difficult to understand why. And if you try to force him/her, he/she can show very strong reactions of discord, which can even be a big panic, or tears for the child.

17. The child is tired, discouraged

Compared to other children, the child has less enthusiasm; he is often tired and sometimes even as soon as he wakes up in the morning. Some daily activities seem to not interest him/her anymore. He/she seems to lack resistance and loses courage more quickly.

18. The child's behavior is really too aggressive, he is violent (at home and / or outside)

The child tends, for example, to get angry, he can even kick in various situations where he does not obtain what he wants, or when he/she does not agree. For example, if he/she does not agree he/she is going to get angry, to hit even to bite

19. The child isolates himself or often moves away from others

While young children often tend to stay to play together or with the adults, you noticed that the child prefers to remain alone, to play alone while around there are other persons.

20. The child is easily overwhelmed by his emotions anger, sadness fraternal jealousy etc.

The reactions of the child in certain particular situations seem to you "excessive" for his/her age with regard to the other children whom you know. When he/she gets angry, the child can roll on the ground by making big gestures.

21. The child plays repetitive games or activities

The child does again and again one or several same movements. For example, he/she swings without stopping, or then he/she plays with objects always repeating the same gestures.

22. The child runs away or avoids sounds, images or specific situations

The child is avoiding precise situations, it seems to you that it is always the same situations, the events that he/she avoids. For certain noises, as for example a door which slams, the child is going to have reactions of jump (start), or he is going to cover his/her ears perseveringly.

PSYCa 3-6 (French)

Madame, ce questionnaire anonyme permettra de mieux comprendre les besoins et les difficultés des enfants. Vous répondez à ce questionnaire en prenant votre temps en fonction de votre connaissance de votre enfant. La personne chargée de recherche pourra vous donner des précisions et répondre à vos questions.

Pour l'enquêteur : Vous devez entourer **un seul chiffre** par question: **0 pour une réponse par la négative ou pas du tout, 1 parfois ou quelques fois, 2 souvent, fréquemment ou toujours**. S'il n'y a pas de chiffre, vous devez cocher la bonne réponse. Il est nécessaire de **répondre à toutes les questions**.

Age (en mois): / ___ / ___ /

Sexe : Masculin Féminin

Lieu de résidence de l'enfant :

Pour chaque question entourez le chiffre correspondant le mieux à votre perception : 0 pour une réponse par la négative ou pas du tout, 1 parfois ou quelques fois, 2 souvent, fréquemment

- | | | | |
|---|---|---|----------------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. L'enfant bégaie |
| 0 | 1 | 2 | 2. L'enfant refuse de s'alimenter, durable, répété |
| 0 | 1 | 2 | 3. L'enfant a des réveils fréquents, des insomnies, se lève la nuit |
| 0 | 1 | 2 | 4. L'enfant est absent, il semble ailleurs ou dans son monde, il a des difficultés à entrer en relation avec vous |
| 0 | 1 | 2 | 5. L'enfant fait un mauvais rêve ou un cauchemar qui revient souvent |
| 0 | 1 | 2 | 6. L'enfant est apeuré, inquiet, angoissé |
| 0 | 1 | 2 | 7. L'enfant a des difficultés pour être propre (pipi, caca) |
| 0 | 1 | 2 | 8. L'enfant refuse de se séparer d'un de ses parents, frères/soeurs etc. |
| 0 | 1 | 2 | 9. L'enfant mange beaucoup trop |
| 0 | 1 | 2 | 10. L'enfant ne parle pas ou très peu, a un langage très différent des enfants de son âge |
| 0 | 1 | 2 | 11. L'enfant refuse de manger certains aliments et choisi ce qu'il veut manger à tous les repas |
| 0 | 1 | 2 | 12. L'enfant a des difficultés pour s'endormir |
| 0 | 1 | 2 | 13. L'enfant a des sursauts, mouvements incontrôlés sans raison apparente |
| 0 | 1 | 2 | 14. L'enfant a des douleurs ou se plaint au niveau de son corps sans cause médicale évidente |
| 0 | 1 | 2 | 15. L'enfant est incapable de se poser, il bouge sans arrêt |
| 0 | 1 | 2 | 16. L'enfant refuse de sortir de la concession ou de la maison |
| 0 | 1 | 2 | 17. L'enfant est fatigué, découragé |
| 0 | 1 | 2 | 18. L'enfant a un comportement vraiment trop agressif ou bagarreur, il est violent (à la maison ou/et à l'extérieur) |
| 0 | 1 | 2 | 19. L'enfant s'isole ou se met souvent à l'écart des autres |
| 0 | 1 | 2 | 20. L'enfant se laisse facilement dépasser par ses émotions colère, tristesse, jalousie fraternelle etc. |
| 0 | 1 | 2 | 21. L'enfant a des jeux ou des activités répétitives |
| 0 | 1 | 2 | 22. L'enfant s'enfuit ou évite des bruits, des images ou des situations particulières |

Nombre de réponses par colonne

Scores pour chaque colonne

Score total:

À votre connaissance l'enfant a-t-il été victime, témoin et directement confrontés à des événements de violences, menaces, blessures, agressions, agression sexuelles, accidents, mort subite d'un proche en sa présence, violences familiales ou conjugales ou d'autres événements pouvant mettre sa vie en danger : catastrophe naturelle, guerre, incendie ou autres ?

Oui Non Si oui, précisez _____

Guide de passation PSYCa 3-6 (french)

La passation d'un outil de dépistage pour des jeunes enfants requière une approche rigoureuse et standardisée. Ce guide a pour objectif de faciliter la passation et d'assurer une passation standardisée, essentielle à l'interprétation des résultats.

Instruction : Il est important de respecter l'ordre des questions. Les questions sont posées l'une après l'autre, chaque question est

quotée 0, 1 ou 2 (**0 pour une réponse par la négative ou pas du tout, 1 parfois ou quelques fois, 2 souvent, fréquemment**

ou toujours. Il est nécessaire de **répondre à toutes les questions**)

Afin de s'assurer que chaque question n'est pas mal interprétée (comprise), l'enquêteur peut donner un exemple. En cas d'incompréhension, la question sera répétée une fois au participant, si toujours pas comprise, l'exemple sera utilisé.

VOUS DEVEZ utiliser l'exemple proposé sinon la réponse ne répondrait pas aux procédures standardisées.

1. L'enfant bégaie

L'enfant a des difficultés à dire une phrase en continu. L'enfant parle en butant, en répétant de manière involontaire certaines syllabes comme par exemple l'enfant parle ainsi

bbbbbbbbbbboooooooooonnnnnnnjjjjjjjoooooooouuuuuurrrrr jjjjjjeeeeeee

mmmmm'aaaaappppppeeeIIIIIIleeeee

2. L'enfant refuse de s'alimenter, durable, répété

Depuis plusieurs semaines, l'enfant ne finit pas son plat. Il/elle mange des petits morceaux avec difficultés et laisse le reste, même quand il s'agit du plat qu'il aime habituellement

3. L'enfant a des réveils fréquents, des insomnies, se lève la nuit

Plusieurs fois par semaine, même chaque jour, l'enfant se plaint de mal dormir. Il/Elle s'endort mais se réveille plusieurs fois pendant la nuit. Vous pouvez l'entendre bouger parfois dans son lit, alors qu'avant son sommeil était tranquille. Vous l'entendez se lever fréquemment.

4. L'enfant est absent, il semble ailleurs ou dans son monde, il a des difficultés à entrer en relation avec vous

Quand vous parlez à l'enfant, souvent il/elle ne vous regarde pas, il/elle fait comme si vous n'existiez pas. Il/elle réagit de la même façon avec les autres.

5. L'enfant fait un mauvais rêve ou un cauchemar qui revient souvent

L'enfant se réveille en pleine nuit en hurlant, and en ayant peur. Cela se répète plusieurs fois par nuit. Dans ce cauchemar ou mauvais rêve, c'est souvent les mêmes caractères qui sont présents ou le même évènement qui se répète.

6. L'enfant est apeuré, inquiet, angoissé

L'enfant semble parfois destabilisé par certaines situations et/ou choses, il semble même parfois avoir peur. Il/Elle s'inquiète de situations qui ne vous semblent pas inquiétantes.

7. L'enfant a des difficultés pour être propre (pipi, caca)

L'enfant n'est toujours pas propre. Il/Elle ne montre pas quand il/elle veut faire pipi (ou caca) soit en vous le disant soit par des gestes (mouvements) (par exemple en serrant les jambes). Au contraire, il/elle fait plus souvent pipi (ou caca) dans sa culotte ou dans son lit comparé aux autres enfants de son âge.

8. L'enfant refuse de se séparer d'un de ses parents, frères/sœurs etc.

L'enfant ne veut pas être séparé d'une personne précise (vous ou quelqu'un d'autre). Pendant cette séparation, il/elle crie longtemps ou est en colère, il/elle peut avoir un mal de ventre par exemple ou de la nausée.

9. L'enfant mange beaucoup trop

L'enfant finit systématiquement son plat et demande à être servi une deuxième fois voire une troisième. Si vous comparez les assiettes mangées par votre enfant, elles sont plus importantes, en quantité de nourriture, que celles des autres enfants.

10. L'enfant ne parle pas ou très peu, a un langage très différent des enfants de son âge

L'enfant ne dit que quelques mots, sans faire de phrases. Par exemple quand il a faim, il dit le mot « nourriture » ou pointe la casserole. Il parle moins comparativement aux autres enfants de son âge.

11. L'enfant refuse de manger certains aliments et choisi ce qu'il veut manger à tous les repas

Depuis quelques semaines, même plusieurs mois, l'enfant choisit systématiquement ce qu'il veut manger dans son assiette. Par exemple, à chaque repas, l'enfant fait un tri dans son assiette et ne mange que les aliments choisis et pas les autres.

12. L'enfant a des difficultés pour s'endormir

Il est devenu très difficile de demander à votre enfant d'aller au lit. Ces moments sont devenus des moments difficiles car l'enfant refuse de s'allonger ; par exemple il/elle peut pleurer et même se mettre en colère.

13. L'enfant a des sursauts, mouvements incontrôlés sans raison apparente

Par moment, l'enfant bouge brutalement son bras ou sa jambe, sans aucune raison liée à ce geste

14. L'enfant a des douleurs ou se plaint au niveau de son corps sans cause médicale évidente

Par exemple, l'enfant a souvent des maux de tête, ou de ventre, même en lui donnant un traitement, il continue à se plaindre de la douleur. Cela se répète plusieurs fois et peut être avez-vous remarqué que cela se passe à des moments particuliers.

15. L'enfant est incapable de se poser, il bouge sans arrêt

L'enfant bouge dans toutes les directions. Il/elle n'aime pas rester à un endroit et est toujours agité. A son âge, tous les enfants bougent dans toutes les directions mais vous avez l'impression que c'est plus prononcé chez lui. Par exemple, il a des difficultés à rester assis plus de quelques minutes.

16. L'enfant refuse de sortir de la concession ou de la maison

L'enfant refuse de sortir de la maison, et c'est difficile de comprendre pourquoi. Si vous essayez de le/la forcer, il/elle montre de fortes réactions de mécontentement, qui peuvent même aller jusqu'à de la panique, des larmes.

17. L'enfant est fatigué, découragé

Comparé aux autres enfants du même âge, l'enfant a moins d'enthousiasme ; il est souvent fatigué et parfois même dès qu'il se réveille le matin. Quelques activités quotidiennes semblent ne plus l'intéresser. Il/Elle semble manquer de résistance et perd courage très rapidement.

18. L'enfant a un comportement vraiment trop agressif ou bagarreur, il est violent (à la maison ou/et à l'extérieur)

L'enfant a tendance, par exemple, à se mettre en colère, il peut même taper dans certaines situations où il n'obtient pas ce qu'il veut, ou quand il n'est pas d'accord. Par exemple, si il/elle n'est pas d'accord, il/elle va se mettre en colère, frapper voire mordre.

19. L'enfant s'isole ou se met souvent à l'écart des autres

Les jeunes enfants ont tendance à jouer ensemble ou avec les adultes, vous avez remarqué que l'enfant préfère rester seul, jouer seul alors qu'autour de lui il y a d'autres personnes.

20. L'enfant se laisse facilement dépasser par ses émotions colère, tristesse, jalousie fraternelle etc.

Les réactions de l'enfant dans certaines situations vous semblent excessives pour son âge, comparé aux autres enfants que vous connaissez. Quand il/elle se met en colère, l'enfant peut se rouler par terre et faire de grands gestes.

21. L'enfant a des jeux ou des activités répétitives

L'enfant répète encore et encore un ou plusieurs mouvements. Par exemple, il/elle se balance sans s'arrêter, ou joue avec des objets en répétant les mêmes gestes.

22. L'enfant s'enfuit ou évite des bruits, des images ou des situations particulières

L'enfant évite des situations précises, il vous semble que c'est toujours la même situation, événement qu'il/elle évite. Pour certains sons, comme par exemple une porte qui claque, l'enfant va sauter, ou il va se boucher les oreilles de manière continue

PSYCa 3-6 (Spanish)

Señora, este cuestionario anónimo permitirá comprender mejor las necesidades y las dificultades de los niños. Usted puede responder a este cuestionario tomándose su tiempo en función del conocimiento que tenga de su hijo. La persona encargada de la investigación podrá darle más detalles y responder a sus preguntas.

Para la encuestador: Debe marcar con un círculo **una cifra** por pregunta: **0 para una respuesta negativa o ninguna vez, 1 a veces o algunas veces, 2 a menudo, frecuentemente o siempre**. Si no hay cifras, deberá marcar la respuesta correcta. Es necesario **responder a todas las preguntas**.

Edad del niño (en meses): /___/___/

Sexo: Masculino Femenino

Lugar de residencia del niño:

Para cada pregunta marque con un círculo la cifra que mejor corresponda a su percepción: 0 para una respuesta negativa o ninguna vez, 1 “a veces” o “algunas veces”, 2 “a menudo”, “frecuentemente”

- | | | | |
|---|---|---|-------------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. El niño tartamudea |
| 0 | 1 | 2 | 2. El niño se niega a comer, de forma duradera o repetida |
| 0 | 1 | 2 | 3. El niño se despierta con frecuencia, presenta insomnia, se levanta por noche |
| 0 | 1 | 2 | 4. El niño está ausente, parece estar en otro lugar o en su mundo, tiene dificultades para relacionarse con usted |
| 0 | 1 | 2 | 5. El niño tiene malos sueños o pesadillas en forma recurrente |
| 0 | 1 | 2 | 6. El niño tiene miedo, está inquieto, angustiado |
| 0 | 1 | 2 | 7. El niño tiene dificultades para estar limpio (pis, caca) |
| 0 | 1 | 2 | 8. El niño se niega a separarse de uno de sus padres, hermanos/hermanas etc. |
| 0 | 1 | 2 | 9. El niño come demasiado |
| 0 | 1 | 2 | 10. El niño no habla o habla muy poco, tiene un lenguaje muy diferente al de los niños de su edad |
| 0 | 1 | 2 | 11. El niño se niega a comer determinados alimentos y elige lo que quiere comer en todas las comidas |
| 0 | 1 | 2 | 12. El niño tiene dificultades para dormirse |
| 0 | 1 | 2 | 13. El niño tiene sobresaltos, movimientos incontrolados sin razón aparente |
| 0 | 1 | 2 | 14. El niño tiene dolores o se queja de molestias corporales sin causa médica evidente |
| 0 | 1 | 2 | 15. El niño es incapaz de quedarse quieto, se mueve constantemente |
| 0 | 1 | 2 | 16. El niño se niega a salir del recinto o de la casa |
| 0 | 1 | 2 | 17. El niño está cansado, desanimado |
| 0 | 1 | 2 | 18. El niño tiene un comportamiento demasiado agresivo o pelea con frecuencia, es violento (en casa y/o a fuera) |
| 0 | 1 | 2 | 19. El niño se aísla o se aleja con frecuencia de los demás |
| 0 | 1 | 2 | 20. El niño se deja llevar fácilmente por sus emociones, rabia, tristeza, celos fraternales, etc. |
| 0 | 1 | 2 | 21. El niño tiene juegos o actividades repetitivos |
| 0 | 1 | 2 | 22. El niño se escapa o evita determinados sonidos, imágenes o situaciones |

Número de respuestas marcadas por columna

Puntaje/producto total por columna **Puntaje total:**

À votre connaissance l'enfant a-t-il été victime, témoin et directement confrontés à des événements de violences, menaces, blessures, agressions, agression sexuelles, accidents, mort subite d'un proche en sa présence, violences familiales ou conjugales ou d'autres événements pouvant mettre sa vie en danger : catastrophe naturelle, guerre, incendie ou autres ?

Oui Non Si oui, précisez _____

PSYCa 3-6 (Swahili)

Mama, haya maswali na majibu yako yatakayowekwa kama siri yatatuwezesha kuelewa vyema mahitaji na shida za mtoto. Tafadhali jibu maswali haya kwa utaratibu na kulingana unavyojua mtoto wako. Aliyepewa jukumu la kukusanya kazi hii atawapatia maelezo ya ziada yatakapohitajika na kujibu maswali yenu.

Kwa anayejibu haya maswali: Tafadhali chagua **jibu moja pekee** katika kila swali : **0 kwa chaguo la La ama la hasha , 1 kwa chaguo la Wakati Mwingine, 2 kwa chaguo la Kila Wakati ama Mara Nyingi.** Kama hakuna jibu, chagua jibu linaloonekana bora zaidi kuliko mengine. **Tafadhali jibu maswali yote.**

Umri (miezi) kulingana na kalenda ya matukio : / _ / _ /

Jinsia : Mume Mke

Mahala anapoishi mtoto :

Chagua, kulingana na mtazamo wako : 0 kwa chaguo la La ama La hasha na 2 kwa chaguo la Ndio ama Kila Wakati

Katika kila swali, chagua jibu bora zaidi kulingana na mtazamo wako, 0 kwa chaguo la La ama la hasha, 1 kwa chaguo la Wakati Mwingine, na 2 kwa Kila Wakati

- | | | | |
|---|---|---|-------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. Mtoto ana kigugumizi |
| 0 | 1 | 2 | 2. Mtoto hukataa kula mara nyingi na kwa munda mrefu |
| 0 | 1 | 2 | 3. Mtoto mara nyingi huamka usiku, huishiwa na usingizi usiku |
| 0 | 1 | 2 | 4. Mtoto anaonekana amezubaa, ni kama yumo katika dunia yake pekee, ana matatizo kuhusiana na wewe |
| 0 | 1 | 2 | 5. Mtoto halali vizuri na huwa na ndoto mbaya ama za kutisha mara Nyingi |
| 0 | 1 | 2 | 6. Mtoto hutishika kirahisi, ana wasiwasi |
| 0 | 1 | 2 | 7. Mtoto ana matatizo ya kuenda choo (kukojoa ama haja kubwa) |
| 0 | 1 | 2 | 8. Mtoto hukataa kutengwa na wazazi ama dada au kaka zake |
| 0 | 1 | 2 | 9. Mtoto hula sana kupita kiwango chake |
| 0 | 1 | 2 | 10. Mtoto hazungumzi ama huzungumza kidogo, au kiwango chake cha lugha hakilingani na rika yake |
| 0 | 1 | 2 | 11 Mtoto hukataa kula vyakula vingine na husistiza kula vyakula maalum |
| 0 | 1 | 2 | 12. Mtoto huwa na shida wakati wa kulala (halali kwa haraka) |
| 0 | 1 | 2 | 13. Mtoto hugutuka ama ana migutuko yasioeleweka |
| 0 | 1 | 2 | 14. Mtoto ana maumivu ama hunung'unika kuhusu maumivu ya mwili yasiyo na ushahidi unaoonekana kwa madaktari |
| 0 | 1 | 2 | 15. Mtoto hawezi kutulia pahali pamoja |
| 0 | 1 | 2 | 16. Mtoto hukataa kutoka kwa nyumba |
| 0 | 1 | 2 | 17. Mtoto hukaa amechoka na hana tamaa ya kufanya lolote |
| 0 | 1 | 2 | 18. . Mtoto ni mchokozi na hupigana na wenzake (nyumbani ama nje) |
| 0 | 1 | 2 | 19. Mtoto hujitenga na wenzake |
| 0 | 1 | 2 | 20. Mtoto kupitwa na hisia zake ; hasira, huzuni, Wivu |
| 0 | 1 | 2 | 21. Mtoto hukaa akicheza michezo ama shughuli zile zile kwa muda mrefu |
| 0 | 1 | 2 | 22. Mtoto huepuka au hapendi kelele , picha ama hali hasa |

Nambari ya majibu katika kila safu

Alama katika kila safu

Alama Jumla :

Kulingana na mtazamo wako, mtoto ameshawahi kuathirika, katika njia moja ama nyingine, na vurugu, vitisho, majeruhi, kushambuliwa, ajali, kifo kilichotendeka karibu naye, vurugu za kifamilia ama kingono ama visa vingine vilivyoweka maisha yake hatarini : maafa asilia kama mtetemeko wa ardhi, mafuriko, au vita au moto au visa vingine ?

Ndio Hapana Kama Ndio, fafanua: _____

PSYCa 3-6 (Hausa)

Uwargida, wannan jerin tambayoyi marar ambatar suna zai taimaka a fahimci bufiatu da matsalolin yara. Sai ku bayar da amsoshinku gwalgwadon lokacinku kuma dangane da fahimtar halin da yaronku yake ciki. Matambayiya za ta iya ba ku cikakken bayani kuma ta amsa duk wata tambaya.

Zuwa ga matambayiya: Ku kewaye sifiri ɗaya kawai ga kowace tambaya: 0 idan an ce “a’a”, 1 idan an ce wani bi, 2 idan an ce lalle, sosai, ko kullun. Idan babu sifiri, sai ku kewaye amsar da ta dace. Wajibi ne a amsa illahirin tambayoyin.

Shekaru (a watanni) ta lissafi da al’amurra: /___/___/

Jinsi : Namiji Mace

Matsugunnin yaro :

Ga kowace tambaya, ku kewaye sifirin da ya dace da ra’ayinku: 0 ga amsar “a’a” ko in babu amsa, 1 wani bi, 2 lalle, sosai

- | | | | |
|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. Yaro yana i'ina |
| 0 | 1 | 2 | 2. Yaro na fiin cin abinci kai tsaye, lokaci zuwa lokaci zuma lokaci |
| 0 | 1 | 2 | 3. Yaro na yawan falkawa, bai ya barci isasshe, yana tashi cikin dare |
| 0 | 1 | 2 | 4. Yaro ba shi da natsuwa, bai aza hankalinshi wuri daya ba, ko da yausha yana cikin wani tunaninsa, uwa na da matsalar yin magana da yaro ko jinjiri |
| 0 | 1 | 2 | 5. Yaro na yin mugun mafalki lokaci zuwa lokaci |
| 0 | 1 | 2 | 6. Yaro na tsoro, rikita, firgita |
| 0 | 1 | 2 | 7. Yaro na da matsalar rifie futsari |
| 0 | 1 | 2 | 8. Yaro na sarfiuwa ga mutane, iyaye, yannai : a bada bayani |
| 0 | 1 | 2 | 9. Yaro na cin abinci so dayawa, kamar mai son cika cikinshi, ko da ba ya jin yinwa |
| 0 | 1 | 2 | 10. Yaro ba ya magana sam ko yana yin magana dan kafan, ya bambanta sosai da warinsa |
| 0 | 1 | 2 | 11 Yaro na tsananin zaɓar abincinshi |
| 0 | 1 | 2 | 12. Yaro na da matsalar shiga barci |
| 0 | 1 | 2 | 13. Yaro na firgita, yana yin motsin da ba shi da kan gado ko dalili |
| 0 | 1 | 2 | 14. Yaro na jin ciwo, yana kukan ciwon jiki, ba tare da sani dalilin hakan ba |
| 0 | 1 | 2 | 15. Yaro na yawon motsi ko da yausha, ba ya zama wuri daya a |
| 0 | 1 | 2 | 16. Yaro na fiin fita daga gida ko daki |
| 0 | 1 | 2 | 17. Yaro ya kasance gajiyayye ne, ba ya da kuzari |
| 0 | 1 | 2 | 18. Yaro na nuna fiiyayya da fitina, mai son bugu ne, yana yawan faɗa (a gida da/ ko a waje) |
| 0 | 1 | 2 | 19. Yaro na fiaurace wa jama'a ko janyewa daga cikin Mutane |
| 0 | 1 | 2 | 20. Yaro yana da motsin rai masu sha kai (fushi, bacin rai da sauransu) |
| 0 | 1 | 2 | 21. Yaro yana na da wasu wasanni ko abubbuwa da yake yawan yi ko wane lokaci |
| 0 | 1 | 2 | 22. Yaro yana da tsananin kaucewa abubuwa, da halin gudu ko makamantansa, misali gudun wasu fiara ko yanayi, ko hoto da sauransu |

Adadin amsa na kowane layin tsaye

Maki na kowane layin tsaye Jimlar maki

A saninku, wani tashin hankali ya samu yaron ko yaron kai tsaye ya ga al'murran tashin hankali kamar, razana, jimuwa, Hari fade, hatsari, mutuwar wani na kusa a kan idonsa, tashin hankali a cikin gida ko tsakanin iyaye, wasu al'amurran da suke iya saka rayuwarsa a cikin :

A'a hatsari bala'in yanayi, yafii, gobara, da sauransu?

Idan an ce "I", a bayyana