



# Abdominal Trauma Questionnaire

## **Part 1: Examination of the Parents and Home Environment**

### *Parent/Guardian Details*

- May I have your full legal name as it appears on your driver's license or ID card?
- What is your current age and date of birth?
- Can you clarify your relationship to the child (e.g., biological parent, step-parent, legal guardian)?
- What is your current occupation, and if employed, the name and address of your workplace?
- Could you detail your educational background, including the highest level of education completed and the name of the last institution attended?
- What are your primary and alternative contact numbers?
- Who is your mobile phone service provider, and do you have any social media accounts or email addresses you could provide?
- What is your current home address and how long have you been living there? Did the injury occur at this address, or elsewhere?
- Do you own or regularly use a vehicle? If so, could you provide its details?

### *Parent's Background*

- Can you describe your earliest childhood memories and family dynamic during your childhood and adolescence?
- How would you describe your relationship with your parents and caregivers growing up?
- Were there any significant events or experiences in your childhood that you think impacted you?
- Did you face any particular challenges or difficulties during your childhood or adolescence?
- Who did you turn to for support during tough times in your childhood?
- How do you think your childhood experiences have influenced your approach to parenting?
- Was there any history of abuse, neglect, or other issues in your family when you were growing up?
- What coping mechanisms did you develop during your childhood and adolescence?
- Looking back, how do you feel about your childhood and adolescent experiences?

### *Family History and Composition*

- Is there a history of genetic or neurological conditions in your family that could be relevant to your child's health?
- Are there any other medical conditions in your family history that we should be aware of?
- Could you list all the people who currently live in your household, including their names, ages, and relationship to you and the child, and how long have these individuals been living together?
- Have there been any recent additions to or changes in your household, such as a new partner, child, roommate, or visitor?
- Are there extended family members or friends who frequently visit or stay at your home?
- Who else has been around the child during the timeframe for the incident?



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- Does anyone in the household have any significant health issues or disabilities that we should be aware of?
- Are there any cultural, religious, or traditional practices observed in your household? What languages are spoken?

## *Home Atmosphere and Environment*

- Could you walk me through a typical day in your household from morning to night, including weekdays and weekends?
- What are the usual activities and responsibilities of your child within the household?
- How does the family spend leisure time together?
- Can you describe your family's typical meal routines and the sleeping arrangements, particularly for the child?
- What are the general rules and expectations for behavior in your household?
- Who currently lives in your household and what are their daily schedules?
- Can you describe the living arrangements and sleeping arrangements within your home?
- How would you describe the general atmosphere of your home?
- Have there been any recent changes in your household, such as someone moving in or out?
- Does your child have a personal space or room? How is it set up for their needs and safety?
- How do the members of your household typically interact with each other?

## *Siblings and Other Family Members*

- How does your child interact with their siblings, and are there instances of rivalry or conflict?
- How often does your child interact with extended family members?
- How do other family members contribute to your child's upbringing and care?
- Is there a particular family member your child is especially close to?
- Are there family traditions or gatherings that your child particularly enjoys?
- How do you think your family dynamics affect your child?
- Have you noticed any changes in your child's behavior when they are with different family members?
- How well do other family members understand and respond to your child's needs?
- Do you think any family member has a particularly strong influence on your child? In what way?
- How involved is your child in family decisions and discussions?
- How would you describe the overall communication style within your family?

## *Discipline, Parenting Styles, and Behavior Management*

- Can you describe how you typically approach discipline with your child and provide an example of a recent situation where you had to discipline your child?
- How consistent are the disciplinary approaches between different caregivers in the household?
- How do you typically respond when your child misbehaves or does not follow the rules?
- Do you use any forms of positive reinforcement or rewards? Can you give an example?



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- How do you communicate with your child about their behavior and the consequences of their actions?
- What are some challenges you face in parenting, and how do you address them?
- Do you seek any resources or support for parenting, such as books, classes, or online forums?
- What are the key values or goals you try to instill in your child through your parenting?
- How are conflicts typically resolved in your family?
- Do you use physical discipline? If so, can you describe how and under what circumstances?
- Do you use a system of rewards or consequences for your child's behavior?

## *Response to Child's Crying or Distress*

- How do you typically react when your child cries or shows signs of distress?
- What methods do you use to soothe or calm your child?
- How often does your child experience periods of crying or distress?
- Have you ever sought help or advice on how to handle your child's crying or distress?
- How do you manage your own stress during your child's episodes of crying or distress?
- Have you noticed any patterns or triggers that lead to your child's distress?

## *Family Stressors and Recent Changes*

- Have there been any significant events recently that have caused stress in the family?
- Can you describe your current financial situation and any stresses it may be causing?
- How would you describe the relationships between family members, including any tensions or conflicts?
- Are there any ongoing health issues within the family that might be affecting your household dynamics?
- How do you and other adults in the household balance work and family responsibilities?
- Are there any external pressures or stressors affecting your family, such as community issues or broader societal factors?
- Have there been any recent changes in your family structure, such as a birth, death, marriage, divorce, or new members moving in or out?
- Have you or anyone in your household recently experienced any significant changes in employment, such as starting a new job, losing a job, or changing work hours?
- Have there been any recent changes in your family's financial situation that have been particularly stressful?
- Have there been any recent health issues or medical diagnoses within your family?
- Have you noticed any significant emotional or behavioral changes in your child or other family members recently?
- Has there been a recent change in your or your child's daily routine or lifestyle?
- Has your family moved or experienced a significant change in living conditions lately?
- Have there been any recent conflicts or significant disagreements within the family?
- Have external factors, such as community events or broader societal issues, recently impacted your family?



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- How have these changes or events affected your support system or social network?

## *Safety Measures and Emergency Contacts*

- What safety measures do you have in place at home to ensure your child's safety?
- Do you have an emergency plan at home? Can you describe it?
- Are you or anyone in the household trained in first aid or CPR?
- Who are the emergency contacts for your child? Can you provide their names and contact information?
- How would you describe the safety of your neighborhood?
- Is your child aware of what to do in case of an emergency?
- What safety measures do you use when transporting your child (e.g., car seats, booster seats)?
- How quickly can you access emergency services from your home?
- Does your child have any allergies or medical conditions that emergency responders should be aware of?
- What safety skills has your child been taught (e.g., not talking to strangers, road safety)?
- What measures do you take to ensure your child's safety when using the internet or technology?

## *Child's Supervision*

- Can you describe the typical supervision your child receives at home and elsewhere?
- Who else supervises your child, and what instructions do you provide them regarding safety?
- Are there times when your child is left unsupervised? If so, under what circumstances?
- How is your child supervised during play, especially in potentially hazardous situations?
- Have there been any recent changes in how your child is supervised?

## *Support Systems*

- Who is in your support network currently, and how often do you interact with them?
- Who do you turn to for advice or help regarding parenting?
- Are you involved in any community groups, clubs, or organizations?
- Have you sought any professional support for personal or parenting challenges?
- How involved is your extended family in your life and parenting?
- Can you tell me about your close friendships and social connections?
- How has your support system influenced your parenting?
- Have there been any recent changes in your support system?
- In case of an emergency, who would you contact first?
- Do you have any role models or mentors who influence your parenting?
- Have you ever participated in support groups, parenting classes, or workshops?

## *Emotional and Psychological Support*

- What kind of emotional or psychological support do you receive, if any?



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- Have you considered seeking emotional or psychological support for yourself or your family following this incident?
- What coping mechanisms or support systems do you currently have in place?
- How has this incident impacted the dynamics within your family?
- Access to Medical Care and Interaction with Healthcare Professionals
- How easily can you access medical care for your child?
- How often does your child go for health check-ups?
- In case of an emergency, what is your process for obtaining medical care for your child?
- Do you have health insurance for your child, and how does it affect your access to medical care?
- What have been the main topics of your recent discussions with healthcare professionals about your child?
- What follow-up actions or advice were given by healthcare professionals?
- Have you raised any concerns about your child's health or development with professionals?
- What observations or concerns have healthcare professionals shared with you about your child?

## *Parental Concerns and Observations*

- Have you observed any recent changes or concerns in your child's behavior or health?
- Are there any developmental milestones that you are particularly concerned about for your child?
- How do you assess your child's emotional well-being?

## *Parent's Perspective and Concerns*

- Are there any general concerns you have about your child's overall well-being?
- Do you have any specific worries regarding your child's physical health?
- Are there any aspects of your child's emotional or mental health that concern you?
- How do you feel about your child's interactions and relationships with peers?
- Do you have any concerns about your child's academic performance or interests in school?
- Are there any safety-related worries you have, either at home, school, or in your community?
- What are your hopes and aspirations for your child's future?
- What challenges do you face in parenting that you feel could use additional support?
- Are there any aspects of your family dynamics that you think might be impacting your child?
- Have you observed any behaviors in your child that you find puzzling or concerning?
- Do you feel you have adequate support systems in place for both yourself and your child?
- Are there any cultural or community factors that you feel are important in understanding your child's situation?

## *Parent-Child Relationship*

- How would you describe your overall relationship with your child?
- How do you and your child typically communicate with each other?
- What activities do you and your child do together, and how often do these occur?
- How does your child typically respond to your rules and decisions?



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- In what ways are you involved in your child's daily life, such as school activities, hobbies, and friendships?
- How do you provide emotional support to your child?
- How do you assess and respond to your child's needs?
- In what ways do you think you serve as a role model for your child?
- What are your hopes and aspirations for your child's future?
- How do you typically react when your child makes a mistake or fails at something?
- How aware are you of your child's worries or concerns?
- How often do you discuss values, beliefs, and life lessons with your child?

## **Part 2: Examination of the Child-Victim**

### *Child Details*

- May I have the full legal name of your child as it appears on their birth certificate or other legal identifying documents?
- What is your child's current age and date of birth?
- Where was your child born (city and hospital)?
- What is your child's gender?
- Can you describe your child's relationship with their siblings and other family members?
- Who is your child's primary medical provider, and what is the name of your child's medical insurance provider? Can you provide the policy number?
- Where does your child attend school or daycare? Can you provide the name and address?
- Does your child have any social media accounts or an online presence we should be aware of?
- Does your child have any known allergies, medical conditions, or regular medications?
- Who are the designated emergency contacts for your child, besides yourself?
- Do you happen to have a recent photograph of your child on your phone or social media that you could provide?

### *Child's Behavior and Temperament*

- How would you generally describe your child's behavior in various settings such as home, school, and social gatherings?
- Would you say your child is more outgoing or reserved? Energetic or calm?
- How does your child typically react to new situations or unfamiliar environments?
- How does your child usually express emotions like happiness, anger, or sadness?
- How does your child interact with other children, both in familiar and unfamiliar settings?
- How does your child behave around adults, such as teachers, family friends, or relatives?
- How does your child handle frustration or anger?
- Are there specific fears or anxieties that your child has? How do they typically respond to these feelings?
- What kinds of play or activities does your child enjoy most?
- What are your child's daily routines and habits, including eating, sleeping, and play?





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- How would you describe your child's attention span and ability to concentrate on tasks or play?
- How does your child react to rules and boundaries set at home or school?

## *Child's Normal Behavior and Development*

- Can you describe a typical day in your child's life, including their usual behaviors and activities?
- How does your child typically interact with others and engage in play?
- Can you describe your child's communication skills and language development?
- How does your child typically express emotions?
- What observations have you made about your child's learning and cognitive abilities?

## *Healthcare and Education*

- Who is your child's primary healthcare provider? Can you provide their contact information?
- How often does your child visit their healthcare provider for regular check-ups?
- Does your child see any specialized healthcare providers, such as a pediatrician, dentist, or therapist?
- Can you provide a brief history of your child's health, including any significant illnesses or hospitalizations?
- Is your child currently taking any medications or undergoing any treatments?
- Has your child met all their developmental milestones? Have there been any concerns in this area?
- What type of school or daycare does your child attend? Can you provide the name and address?
- How would you describe your child's experience at school or daycare?
- Does your child face any learning challenges or disabilities that impact their education?
- How is your child performing academically? Are there any areas of concern?
- How frequently do you communicate with your child's teachers or school officials?
- Is your child involved in any extracurricular activities or after-school programs?
- What are your child's homework and study habits like?

## *Previous Medical History*

- Could you provide a complete medical history of your child from birth to the present?
- Has your child ever been injured or hospitalized in the past? If so, can you provide details about these incidents?
- Does your child have any chronic medical conditions or ongoing treatments?
- Is your child up to date on vaccinations? Can you provide a record of these?
- Can you discuss the developmental milestones your child has achieved? Have there been any concerns in this area?
- Has your child ever had a neurological assessment or brain imaging done?
- Is your child currently on any medication? Does your child have any known allergies?
- Are there any genetic or hereditary conditions in your family that could affect your child's health?



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- How regularly does your child visit a pediatrician? What have been the outcomes of recent check-ups?
- Can you describe your child's diet and nutritional intake? Are there any special dietary needs or concerns?

## *Changes in Behavior or Health*

- Have you noticed any recent changes in your child's behavior or mood?
- Are there changes in how your child interacts with family, friends, or classmates?
- Have there been any noticeable changes in your child's eating habits or appetite?
- Have there been changes in your child's sleeping patterns or quality of sleep?
- Have you observed any changes in your child's performance or behavior at school?
- Have there been any recent changes in your child's physical health or any new medical concerns?
- Has your child been experiencing frequent emotional outbursts, mood swings, or periods of sadness or withdrawal?
- Has your child lost interest in activities they usually enjoy?
- Does your child communicate about their feelings, and have these communications changed recently?
- Have you noticed any regression or advancements in your child's behavior or developmental milestones?
- How does your child respond to comfort or reassurance during times of distress?
- Have teachers, caregivers, or other adults made any comments about changes in your child's behavior or health?

## *Recent Health Concerns*

- Prior to this incident, had your child been experiencing any illnesses or unusual symptoms?
- Have you noticed any recent changes in your child's appetite or sleep patterns?
- Has your child had any recent falls, accidents, or injuries?
- Have there been any recent changes in your child's behavior that concerned you?
- Were there any physical symptoms, such as vomiting, dizziness, or seizures, observed recently?

## **Part 3: Examination of the Abdominal Injury Incident**

### *Initial Observation and Description of Symptoms*

- Along with physical signs, did you notice any changes in your child's behavior or mood that concerned you?
- What was the very first abnormal sign or symptom you noticed related to your child's abdomen?
- How did your child react when their abdomen was touched or when they moved?
- Compared to their normal condition, what differences did you observe in your child's abdominal area?
- Can you pinpoint where exactly your child seemed to experience pain or discomfort?
- Were there any visible signs such as bruising, swelling, or redness on the abdomen?





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- Did your child exhibit any non-visible symptoms like nausea, vomiting, or difficulty in eating?
- On a scale, how severe would you rate the symptoms observed?

## *Timeline of Symptom Development and Previous Similar Symptoms*

- How long did the symptoms persist before you sought medical care?
- Did the intensity of the symptoms change or escalate over time?
- Can you recall what activities your child was engaged in the day before the symptoms started?
- Did you notice any changes in your child's eating or sleeping patterns around the time the symptoms developed?
- Has your child had a history of gastrointestinal problems or abdominal pain?
- Had these symptoms prompted earlier medical consultations or hospital visits?
- Is there a family history of abdominal issues or similar symptoms?
- If your child has had similar symptoms in the past, do you notice any recurring patterns or triggers?

## *Timeline and Caregivers Present During the Incident*

- Can you describe the 24 hours leading up to when you first noticed something was wrong?
- What was your child doing in the hours before the incident? Were there any unusual behaviors?
- Where was your child during this period? Can you describe the environment and any potential hazards?
- When was the last time you observed your child appearing normal and healthy before the incident?
- Were there any recent stressors or unusual events in the household that day or the days leading up?
- Who was the primary caregiver when these symptoms were first observed?
- Were there other people present at the time, such as family members, friends, or neighbors?
- Can you provide the account of the incident from the perspective of the caregiver present?
- Who usually takes care of the child, and were they present at that time?
- Was there any visitor or new person in the household around the time of the incident?
- How did the child interact with the caregivers or others present before the symptoms appeared?
- Was the child left alone at any time during the day, and if so, for how long?

## *Recent Activities and Supervision Details*

- Was your child involved in any physical play, sports, or activities that might be considered rough or vigorous prior to the onset of symptoms?
- Did your child participate in any unusual or new activities that they aren't typically engaged in?
- Have you noticed any recent changes in your child's level of activity or energy?
- Can you provide more details about the supervision your child had when the symptoms were first noticed? Were they in sight at all times?



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- What was the immediate reaction or response of the caregiver when the child showed symptoms?
- Have there been any previous incidents or injuries while under the same supervision?
- How do you usually communicate with caregivers about your child's care and activities?

## *Changes in Caregivers or Routine and Diet and Eating Habits*

- Can you elaborate on the specific changes in caregivers, if any, and how recently these changes occurred?
- How has your child been adapting to these changes in caregivers or routines?
- Were there any alterations in your child's daily schedule that could have contributed to stress or physical strain?
- Have there been any changes in your home environment or places your child frequents that might have affected their well-being?
- Have there been any recent changes or irregularities in your child's diet?
- Does your child have any known food intolerances, allergies, or dietary restrictions?
- Have you noticed any changes in your child's behavior during meals, such as reluctance to eat or complaints of discomfort?
- Can you comment on your child's hydration? How often do they drink water or other fluids?

## *Awareness of Potential Causes and Response to Symptoms*

- Are you aware of common risks or activities that might lead to abdominal injuries in children?
- Where have you obtained your information regarding causes of abdominal injuries in children (e.g., pediatricians, literature, online resources)?
- How do you assess the severity of abdominal injuries, and what indicators are you aware of that would signal a serious issue?
- What is your understanding of non-accidental causes of abdominal injuries in children?
- What was your initial reaction and feeling when you noticed these symptoms in your child?
- How did you determine your child was in pain or discomfort? What specific behaviors or signs did you notice?
- How did you communicate with your child about their symptoms? What did they tell you?
- How did you monitor the symptoms over time before deciding on further action?

## *Seeking Medical Attention and Home Care and Remedies*

- Can you describe your decision-making process in deciding to seek medical attention?
- If there was any delay in seeking medical care, can you explain the reason for this?
- Did you consult with anyone (family, friends, online forums) before deciding to seek medical attention?
- What first aid or immediate care measures did you take at home?
- Did you use any over-the-counter medications or home remedies? If so, what were they?
- How did you monitor the effectiveness of the home care or remedies you provided?



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- Did you seek any advice (online, books, calling a healthcare provider) for home care before deciding to go to a medical facility?

## *Previous Medical History*

- Could you provide a complete medical history of your child from birth to the present, particularly focusing on any abdominal or gastrointestinal issues?
- Has your child ever been hospitalized or undergone any medical procedures or surgeries related to abdominal health?
- Has your child met all their developmental milestones according to their age, especially those related to digestive and abdominal health?
- Have there been any concerns or issues regarding your child's growth and development, particularly concerning their digestive system?

## *Recent Illnesses or Health Changes*

- Can you describe any symptoms of recent illnesses that affected your child's abdominal area, and how long they lasted?
- Did these recent illnesses or health changes lead to any medical consultations specifically regarding abdominal health? What were the outcomes?
- How have these recent health changes, particularly those affecting the abdomen, impacted your child's daily activities and routines?
- Did your child fully recover from these recent illnesses, or are they still undergoing treatment for any abdominal issues?

## *Regular Medications or Supplements*

- Can you provide details about any prescription medications your child is taking, including dosages and the reasons for taking them, especially if they are related to abdominal health?
- Are there any over-the-counter medications or supplements your child regularly takes for abdominal comfort or digestive health?
- Does your child take any dietary supplements, vitamins, or herbal remedies that are intended to aid in digestive or abdominal health?
- Who is responsible for administering these medications or supplements to your child, and how do you ensure they are given correctly?

## *Allergies or Known Conditions*

- Can you specify what allergies your child has, particularly those that affect the abdominal area, such as food allergies, and how they manifest?
- How do you manage your child's allergies, especially those related to food, and do you have any emergency medications for them?
- Are there any dietary restrictions or special diets your child follows due to medical conditions or allergies affecting their abdominal health?



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- Has your child ever had a severe allergic reaction or anaphylaxis related to something that affects their digestive system?
- What specific instructions or recommendations has your child's doctor given regarding their allergies or medical conditions that affect their abdominal health?
- Investigative and Follow-Up Questions
- Can you describe your interactions with your child during the time leading up to noticing the symptoms?
- Have other caregivers or individuals made any observations or comments about your child's condition or behavior?
- Is there a history of abdominal issues or similar injuries in your family?
- How has this situation affected you and your family emotionally and psychologically?
- Have you noticed any recent changes in your child's behavior or temperament?

## *Interaction with Child During Incident and Observations by Others*

- How would you describe your child's mood and behavior in the hours before you noticed the symptoms?
- Was your child involved in any physical play, activities, or exercises before the symptoms were observed?
- Were you or another caregiver directly supervising your child when the symptoms appeared, or did you learn about it afterward?
- Did your child communicate any discomfort or pain to you? How did they express it?
- Have teachers or caregivers at your child's school or daycare reported any recent concerns about your child's health or behavior?
- Have extended family members made any observations or comments about your child that might be relevant?
- Have neighbors, friends, or other parents noted anything unusual about your child's condition or behavior?
- Are these observations consistent with what you have noticed yourself?

## *Family History of Abdominal Issues and Emotional and Psychological Impact*

- Are there any known genetic disorders or conditions in your family that could be related to abdominal issues?
- Have either you or the other parent experienced similar abdominal issues or symptoms in your past?
- Is there a history of chronic diseases in the family that might affect the abdomen?
- How have you been coping with this situation? What kind of stress has it put on you?
- If there are other children in the home, how has this situation affected them?
- Have you or any family members sought counseling or psychological support in light of this situation?



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## *Child's Behavioral Changes*

- Compared to their usual behavior, what specific changes have you noticed in your child?
- Have there been any changes in your child's behavior at school or in social settings?
- Have you observed any changes in your child's sleeping patterns or appetite?
- Has your child's response to physical touch or comfort changed recently?