Appendix 1 to Trygve Sølberg Ellingsen, Frida Faaland, Espen Bjertness, Kjærsti Thorsteinsen, Johanna Laue. Assessment of mental health symptoms in new refugees. Tidsskr Nor Legeforen 2025; 145. doi: 10.4045/tidsskr.24.0631. This appendix is a supplement to the article and has not been subject to editorial processing.

Helsedirektoratet

Health Examination for Asylum Seekers, Refugees and Reunited Family Members

IS-1022, form updated in collaboration with The Norwegian Institute of Public Health

Assessed individuals are to be given a copy of the form

PERSONAL DETAILS

Surname	First name	
Date of birth	Personal ID number/D no./DUF no.	Sex
First language/other languages		Need for interpreter ◯ Yes ◯ No
Address		Tel. no.
Contact person in municipality	Doctor/GP	

BACKGROUND INFORMATION

Migration date	Country of origin
Date of arrival in Norway	Place of residence in Norway
Transit country if applicable/stay in refugee camp	
Stressors before, during and after migration	
Residence status	

FAMILY/SOCIAL

Marital status	Children (sex, year of birth)
Family in Norway/homeland/other countries (and contact details of family in Norway where applicable)	
Education/no. of years of schooling/employment	

PREGNANCY

Are you pregnant?

◯ Yes Due date:..... ◯ No ◯ Don't know

Are you using contraception? If so, what type?	Do you need contraception? If so, what type?

ILLNESSES/HEALTH PROBLEMS/MEDICATION

Do you have a diagnosed illness (somatic/mental/contagious infectious disease)?

Have you previously had any illnesses (somatic/mental/contagious infectious disease)?

Are you taking, or are you supposed to be taking, any regular medications? If so, what are these?

Do you have problems with your sight or hearing? (Further details can be given on the next page)

Do you have issues with your teeth or mouth?

Do you have any of the following?

☐ diarrhoea	☐ persistent cough	☐ large weight loss/emaciation	☐ difficulty concentrating
☐ fever or night sweats	☐ poor appetite/nutrition	☐ sleep problems	☐ low mood/general sadness

Other:.....

ALLERGIES

Have you ever had a serious allergic reaction?

INTOXICATING SUBSTANCES

Do you use intoxicating substances? If so, what type?

DESEMBER 2017

Health Examination

A basic examination is performed to assess general health. Sight and hearing may also be tested.
The most relevant tests: haemoglobin, ferritin, urine dipstick (blood, white cells, protein), pregnancy test, blood sugar and vitamin D.
Individuals showing signs of illness must be examined by a doctor.

INFECTIOUS DISEASES

Check that tuberculosis screening upon arrival has been carried out where this is mandatory and that the results have been followed up. If not, issue a referral.

TEST IS OFFERED:

1) where there are symptoms or suspected illness
2) to persons from countries with a high prevalence (see country lists from the Norwegian Institute of Public Health)
3) to the following risk categories:

Tuberculosis (see referral form)
- close contact with someone with infectious pulmonary tuberculosis in the past 2 years
- weakened immune system due to illness or medical treatment

HIV, syphilis and hepatitis
- men who have sex with men
- people who inject drugs
- sex workers
- recipients of blood products
- people who have been subjected to sexual abuse/rape

Most relevant tests: IGRA/Mantoux, chest X-ray, HIV, hepatitis B (HBsAg, anti-HBs and anti-HBc), hepatitis C (HCV antibody test + HCV RNA where applicable), syphilis (TPPA, TPHA and EIA IgG/IgM) (not for children).
If there are signs or reports of relevant symptoms, referral to a doctor is recommended for additional tests such as intestinal parasites, pathogenic intestinal bacteria, MRSA, malaria, schistosomiasis, and others.

TEST RESULTS

Test	Date	Result

HEALTH ASSESSMENT

NEED FOR INVESTIGATION AND FOLLOW-UP

Interventions initiated	GP referral: ◯ Yes ◯ No	Specialist health service referral: ◯ Yes ◯ No

Vaccines

CHILDREN OF PRIMARY/LOWER SECONDARY SCHOOL AGE:

Children of primary/lower secondary school age should be offered catch-up vaccines according to the Norwegian Childhood Immunisation Programme as soon as possible, and no later than 3 months after arrival in Norway.

Consultation at health centre:	Date	Place	Signature

AFTER LOWER SECONDARY SCHOOL AGE:

The MMR vaccine should be offered to everyone who may not be fully vaccinated or who has not had the diseases, and who are not pregnant or otherwise contraindicated. This is most relevant for those under 40 years of age, as most people older than this are immune.

Adults of all ages should be offered the IPV vaccines if there is a possibility they are not fully vaccinated or there is a contraindication.

VACCINE	Date given	Place	Signature	Comments

There is a mandatory reporting requirement to the Norwegian Immunisation Register (SYSVAK) for all vaccinations given as part of the Childhood Immunisation Programme. For vaccinations given outside the Childhood Immunisation Programme, consent from the vaccinated individual is required before registration in SYSVAK.

DESEMBER 2017

Assessment of traumatic experiences and mental health symptoms

This part of the form is not intended for use with everyone. Based on information given about the individual's background, migration process, previous stressors and mental health symptoms, it must be considered on a case-by-case basis whether further assessment as outlined below is necessary. It is essential to assess the patient's current life situation and whether they have someone to talk to about any problems.
The purpose is to identify past traumatic experiences that may lead to mental health symptoms and involve a level of risk that requires prompt medical attention, and to ensure appropriate follow-up and care.
Responding is voluntary, and individuals do not need to provide details if they do not want to.

TRAUMATIC EXPERIENCES (Based on the Harvard Trauma Questionnaire and PTSS-10)

	Yes	No
1) Have you been subjected to physical violence?	○	○
2) Have you witnessed torture?	○	○
3) Have you been subjected to torture?	○	○
4) Have you witnessed murder?	○	○
5) Have you been forcibly separated from your family?	○	○
6) Have you lived in hiding?	○	○
7) Have you experienced war?	○	○
8) Have you experienced other extreme stressors?	○	○
9) Have you been in a life-threatening situation?	○	○

Ask about possible symptoms based on the responses to these questions.

MENTAL HEALTH SYMPTOMS

	Yes	No	If yes, how often
1) Do you have trouble sleeping?	○	○	
2) Do you have nightmares?	○	○	
3) Do you often feel generally sad?	○	○	
4) Are you more sensitive to sounds and sudden movements than before?	○	○	
5) Do you isolate yourself? Do you prefer being alone?	○	○	
6) Do you get irritated more easily than before?	○	○	
7) Do you feel that your emotions fluctuate a lot?	○	○	
8) Are you afraid of places or situations (sounds/smells) that remind you of a past experience?	○	○	
9) Is your body tense?	○	○	
10) Do you feel a sense of hopelessness?	○	○	
11) Do you have a poorer appetite than before?	○	○	

FUNCTION

Do the symptoms you describe affect your ability to function in daily life?

IDENTIFICATION OF AT-RISK INDIVIDUALS BASED ON RESPONSES TO 'MENTAL HEALTH SYMPTOMS'

- HIGH RISK: 6 or more YES responses + YES on function question
- MODERATE RISK: 3 to 5 YES responses + YES on function question
- LOW RISK: 0 to 2 YES responses + NO on function question

NEED FOR FURTHER FOLLOW-UP

Do you have someone to talk to when you need to?	Do you think it would help to talk to someone about this?

MENTAL HEALTH ASSESSMENT

DESEMBER 2017

Assessment of traumatic experiences and mental health symptoms

INTERVENTIONS INITIATED:	GP referral ◯ Yes ◯ No	Specialist health service referral ◯ Yes ◯ No	Requires subsequent follow-up ◯ Yes ◯ No

CLINICIAN:	Date	Place	Signature

DESEMBER 2017