Boston Center for Refugee Health and Human Rights
Boston Medical Center
Boston University School of Medicine

Addressograph stamp

Today's Date (mm/dd/yy)

Last Name

A.K.A: ______________________________

First Name

Middle

Interviewer

1.1. Demographics

1.1.1 Referred By

1. Self
2. Attorney
3. Physicians for Human Rights
4. Non-Governmental Organization
5. Religious Organization
6. Primary Care Physician
7. Mental Health Provider
8. Other Healthcare Provider
9. International Clinic
10. BU Legal Aid/ BMC Family Advocacy Program
11. Other: ______________________

Referral Source Contact Information:

1. Organization:
2. Person's Name:
3. Phone: (_ _ _) _ _ _ – _ _ _ _
4. Fax: (_ _ _) _ _ _ – _ _ _ _
5. E-mail: @

1.1.2 Health Insurance:

1. Free Care 2. B HealthNet 3. BC/BS 4. MassHealth
5. Medicare 6. Private Ins 7. Pro-bono 8. Other: _______

1.1.3 Gender:

1. Male
2. Female

1.1.4 D.O.B (mm/dd/yy):_ _ / _ _ / _ _

1.1.5 Country of Origin: ____________

1.1.6 Geographical Area of Origin:

1. Asia 2. Australia 3. C. America 4. Caribbean
5. Europe 6. Middle East 7. N. Africa 8. N. America
9. S. America 10. Sub-Saharan Africa

Patient's Contact Information:

1. Address:
2. Telephone
   Home: (_ _ _) _ _ _ – _ _ _ _
   Work: (_ _ _) _ _ _ – _ _ _ _

1.1.7 Marital Status

1. Married	2. Living with Partner	3. Never Married	4. Divorced/ Separate	5. Widow

1.1.8 Number of Children: total: _ _ natural: _ _ adopted: _ _

1.1.9 Date of Arrival to US (mm/dd/yy): _ _ / _ _ / _ _

1.1.10 Port of Entry:______________________________

1.1.11 Immigration Status:

	Upon Arrival	During Interview	Date of Change (mm/dd/yy)
1. No Visa	☐	☐	☐☐☐☐☐☐
2. Refugee	☐	☐	☐☐☐☐☐☐
3. Asylee	☐	☐	☐☐☐☐☐☐
4. Asylum Seeker	☐	☐	☐☐☐☐☐☐
5. US. Citizen/Perm. Res.	☐	☐	☐☐☐☐☐☐
6. Student	☐	☐	☐☐☐☐☐☐
7. Tourist Visa	☐	☐	☐☐☐☐☐☐
8. Other: ___________	☐	☐	☐☐☐☐☐☐

1.1.12 Work Authorization: 1. No 2. Yes

1.1.13 Total Years of Education: _ _ years

1.1.14 Highest level of Education Completed:

1. Primary School	2. High School	3. College	4. Post-graduate	5. None

1.1.15 Occupation:

1. In Country of Origin: __________________________
2. In the United States: ___________________________

1.1.16 First Language: __________________________

1.1.17 Dominion of English Language: Interpreter Needed During Interview ☐

	Country of Origin				Upon Arrival				During Interview			
	0	1	2	3	0	1	2	3	0	1	2	3
1. Speaks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Reads	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Writes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

0= None
1= Great Difficulty (Single Words)
2= Some Difficulty (Construct Sentences)
3= Fluent

1.1.18 Other Languages: Read Write Speak

1. ____________ ☐ ☐ ☐

2. ____________ ☐ ☐ ☐

3. ____________ ☐ ☐ ☐

1.1.19 Religious Preferences:

1. Protestant	2. Catholic	3. Orthodox	4. Jewish	5. Buddhist
6. Indy	7. Muslim	8. Atheist	9. Other:	

1.1.20 Practice Religion:

Before Trauma: 1. No 2. Yes After Trauma: 1. No 2. Yes

1.1.21 Lives with (mark all those that apply):

	Country of Origin	Upon Arrival	Currently
1. Alone	☐	☐	☐
2. Spouse/Significant Other	☐	☐	☐
3. Children	☐	☐	☐
4. Siblings	☐	☐	☐
5. Aunt/Uncles/cousin	☐	☐	☐
6. Parents/Grand Parents	☐	☐	☐
7. Friends/Acquaintance	☐	☐	☐
8. Others: ______________	☐	☐	☐

1.1.22 Current Living Situation:

1. Owns place	2. Rents place	3. Hotel
4. Shelter	5. Other:	

1.2 Trauma History

1.2.1 Reasons for Persecution (please marks all those that apply and mark a start to the main reason for persecution)

1. Politics	2. Religion	3. Ethnicity	4. Humanitarian Work	5. Relative of a Victim
6. Gender	7. Domestic Violence	8. Civil War	9. Refused to Cooperate	10. Other

1.2.2 Family Members Affected by Trauma:

	Harassed	Imprisoned	Tortured	Killed	Disappeared
1. Spouse/Significant Other	☐	☐	☐	☐	☐

2. Children ☐ ☐ ☐ ☐ ☐

3. Siblings ☐ ☐ ☐ ☐ ☐

4. Aunts/Uncles/Cousins ☐ ☐ ☐ ☐ ☐

5. Parents/Grand Parents ☐ ☐ ☐ ☐ ☐

6. Friends/Acquaintances ☐ ☐ ☐ ☐ ☐

1.2.3 Age of First Trauma (uprooting, torture, persecution, etc): _ _ years old

1.2.4 Number of Times Detained, Imprisoned, or Kidnapped: _ _

1.2.5 Forms of Physical Abuse that Patient Endured:

	1st Event	**2nd Event**	**3rd Event**	**4th Event**	**5th Event**	**6th Event**
Brief description						
Place where event occurred	1 Police station 2. Military Camp 3 Jail/Det. Center 4 Inside a Car 5 Home 6 Street 7 Unknown Place 8 Work 9 Healthcare Fac. 10 School 11 Other	1 Polic station 2. Milit Camp 3 Jail 4 Inside a Car 5 Home 6 Street 7 Unknown Pl 8 Other:	1 Polic station 2. Milit Camp 3 Jail 4 Inside a Car 5 Home 6 Street 7 Unknown Pl 8 Other:	1 Polic station 2. Milit Camp 3 Jail 4 Inside a Car 5 Home 6 Street 7 Unknown Pl 8 Other:	1 Polic station 2. Milit Camp 3 Jail 4 Inside a Car 5 Home 6 Street 7 Unknown Pl 8 Other:	1 Polic station 2. Milit Camp 3 Jail 4 Inside a Car 5 Home 6 Street 7 Unknown Pl 8 Other:
Length: (hours/days)						
Beaten (Object used)						
Stabbed (Object Used)						
Suspended 1. Upright						
2. Upside						
Gunshot Wound						
Electric Shocks						
Shackled						
Prolonged Restrain						
Asphyxiated 1. Dry						
2. Wet						
3. Chemical						
Handcuffs (metal/rope)						

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
Burned (How?)						
Instrumented (How?)						
Forced Experiments (How?)						
Crushing Injury (Object)						
Removal of Appendages (Which ones?)						
Stretch Body Parts (Which ones?)						
Exposure to: 1. Heat						
2. Cold						
3. Chemicals						
4. Drugs						
Walk on Knees						
Forced Labor						
Others:						

1.2.6 Forms of Psychological Abuse that Patient Endured:

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
See Dead Bodies						
See Torture						
See Rapes						
See Killings						
Forced to Accused Others						
Forced to Confess						
Forced to Torture Others						
Forced Re-education						
Threats						
Threats to Relatives						
Death Threats						
Mock Executions						
False accusations						
Constant noises						
Exposed to lights						

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
Solitary Confinement						
Have a Trial						
Hear Formal Accusations						
Forced to Sign Depositions						
Others:						

1.2.7 Forms of Sexual Abuse that Patient Endured:

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
Rape 1. Anal						
2. Vaginal						
Stay Nude						
Sexual Humiliation						
Genital Trauma						
Sexual Instrumentation						
Other						

1.2.8 Prison Conditions that Patient Endured:

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
Deprived of :						
Water						
Light						
Toilet						
Bath						
Sleep						
Medical Care						
Communication						
Able to Contact :						
Relatives						
Attorney						
Human Rights Organization						
Presence of:						
Bed						
Mattress						
Toilet						
Water						
Window						
Cellmates (Number)						
Released after:						
Will of Torturer						
Cooperation with Torturer						

	1st Event	2nd Event	3rd Event	4th Event	5th Event	6th Event
Religious Organization						
Human Rights Organization						
Attorney						
Relatives						
Friends						
Foreign Government						
Government Official						
Escaped						
Bribed guards						

1.2.9 Patient Travel with the Help of:

1. No one	2. Relative	3. Friend	4. Religious Org.	5. NGO
6. Gov. Agency	7. Political group	8. Foreign Country	9. Other:	

1.2.10 Did patient received threats by :

1. Phone	2. Letters	3. E-mail	4. In Person	5. Other:

1.2.11 Where did patient received the threats:

1. At home	2. On the Street	3. At work	4. While detained	5. Other:

1.2.12 Did Survivor Experience any of the following:

		1. No	2. Yes
1.	Living in Hiding, Clandestinity, or Underground?	☐	☐
2.	Loss of Socioeconomic status?	☐	☐
3.	Witnessing Torture/Rape/Murder of family members?	☐	☐
4.	Destruction of Property?	☐	☐
5.	A Health Care Professional Participating in his/her Torture?	☐	☐
6.	Loss of School?	☐	☐
7.	Loss of Job?	☐	☐
8.	Other ______________________________________?	☐	☐

1.2.13 Means of Survival:

1. Religious Belief	2. Family	3. Political Belief	4. Will of Survive	5. Luck, Chance
6. Desire of Revenge	7. Humor, Irony	8. Emotional distancing	9. Cooperation with Torturers	10. Deception of Torturers
11. Cellmates	12. Physical Exercise	13. Other:		

1.2.14 Chronology of Travel to the US:

	Country	Length of Time (days)	In this Country, Person Stayed with: (Describe)
1st.	______________	☐☐☐☐	____________________________________
2nd.	______________	☐☐☐☐	____________________________________
3rd.	______________	☐☐☐☐	____________________________________
4th.	______________	☐☐☐☐	____________________________________

2.1 Medical and Mental Health History

2.1.1 Past Medical History: None ☐
(List problems)
a. ________________________________
b. ________________________________
c. ________________________________
d. ________________________________
e. ________________________________
f. ________________________________

2.1.2 Past OB/GYN History None ☐
(List problems)
a. Menarche: ☐☐ Menopause: ☐☐
b. G: ☐☐ P: ☐☐ A: ☐☐ M: ☐☐
c. ________________________________
d. ________________________________
e. ________________________________

2.1.3 Past Surgical History None ☐
(List problems)
a. ________________________________
b. ________________________________
c. ________________________________
d. ________________________________

2.1.4 Past Mental Health History: None ☐
(List problems)
a. ________________________________
b. ________________________________
c. ________________________________

2.1.5 Family History: None ☐
a. ________________________________
b. ________________________________
c. ________________________________
d. ________________________________

2.1.6 Current Medications: None ☐
a. ________________________________
b. ________________________________
c. ________________________________
d. ________________________________
e. ________________________________

2.1.7 Allergies (Drug/Food) None ☐
a. _______________ c. ______________
b. _______________ d. ______________

2.1.8 Immunizations and PPD(dd/mm/yy)
a. MMR __/ __/ __ ; __/ __/ __
b. TD __/ __/ __ ; __/ __/ __
c. Polio __/ __/ __ ; __/ __/ __
d. BCG __/ __/ __
e. Hep B __/ __/ __
f. Hep A __/ __/ __

2.1.9 PPD: Results: mm Date: __/ __/ __
Chest X ray: __/ __/ __ Results: ______

2.1.10. CAGE:

1. Have you ever felt you should cut down on you own drinking?
   1. No 2. Yes
2. Have people ever annoyed you by criticizing your drinking?
   1. No 2. Yes
3. Have you ever felt bad or guilty about your drinking?
   1. No 2. Yes
4. Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?
   1. No 2. Yes

2.1.11 Tobacco Use:
1. No 2. Yes
1. Present (_ _/PPD) 2. Past (Quit _ _/_ _)

2.1.12 Drug Use:
1. No 2. Yes
1. Cocaine 2. Heroin 3. Marihuana
4. Other

2.1.13 HIV:
1. Negative 2. Positive 3. Unknown
Date of Testing: _ _ / _ _ / _ _

2.1.14 Review of Systems: (Mark all those that apply)

a. General
- ❑ Fevers
- ❑ Chills
- ❑ Weight Loss: ____lbs./___ months
- ❑ Other: ______________________

b. Skin
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

c. ENT/Eye
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

d. Respiratory
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

e. Cardiac
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

f. Gastrointestinal
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

g. Genitourinary
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

h. Endocrine
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

g. Neurologic
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

h. Substance Use
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

i. Musculoskeletal
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

j. Mental
- ❑ ______________________
- ❑ ______________________
- ❑ ______________________

2.2 Physical and Mental Exam:

2.2.1 Physical Exam:

a. Vitals: Weight: ☐☐☐ Height: ☐☐☐ BP: ☐☐☐ / ☐☐☐

Pulse: ☐☐☐ RR: ☐☐ Temp: ☐☐☐. ☐

b. General Appearance: 1. Abnormal ☐ 2. Normal ☐ ____________________

c. Skin: Normal 1. Abnormal ☐ 2. Normal ☐ ____________________

(Mark scars in body diagrams accordingly)

#	**Location**	**Size** (cm. x cm.)	**Appearance** (edges, color, surface)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

a. Head: 1. Abnormal ☐ 2. Normal ☐ ____________________

Facial Deformity ☐ ______________________________

b. Eyes: 1. Abnormal ☐ 2. Normal ☐ ____________________

c. Ears: 1. Abnormal ☐ 2. Normal ☐ ____________________

d. Nose: 1. Abnormal ☐ 2. Normal ☐ ____________________

d. Oral: 1. Abnormal ☐ 2. Normal ☐ ____________________

e. Neck: 1. Abnormal ☐ 2. Normal ☐ ____________________

f. Chest: 1. Abnormal ☐ 2. Normal ☐ ____________________

g. Lungs: 1. Abnormal ☐ 2. Normal ☐ ____________________

h. Heart: 1. Abnormal ☐ 2. Normal ☐ ____________________

i. Abdomen: 1. Abnormal ☐ 2. Normal ☐ ____________________

j. Extremities: 1. Abnormal ☐ 2. Normal ☐ ____________________

Limb Deformity ☐ ______________________________

k. Genitals 1. Abnormal ☐ 2. Normal ☐ ____________________

l. Rectal: 1. Abnormal ☐ 2. Normal ☐ ____________________

m. Pelvic Exam: 1. Abnormal ☐ 2. Normal ☐ ____________________

n. Neurologic:

Cranial Nerves: 1. Abnormal ☐ 2. Normal ☐ ____________________

Gait/Coordination: 1. Abnormal ☐ 2. Normal ☐ ____________________

Muscle Strength 1. Abnormal ☐ 2. Normal ☐ ____________________

DTR: 1. Abnormal ☐ 2. Normal ☐ ____________________

Muscular Atrophy: 1. Abnormal ☐ 2. Normal ☐ ____________________

Tremors: 1. Abnormal ☐ 2. Normal ☐ ____________________

Sensory Exam: 1. Abnormal ☐ 2. Normal ☐ ____________________

Musculoskeletal 1. Abnormal ☐ 2. Normal ☐ ____________________

2.2.2 Lab and X-Ray Reports:

2.2.3. Mental Evaluation

HOPKINS SYMPTOM CHECKLIST 25

A. ANXIETY SYMPTOMS	**Not at all** **1**	**A little** **2**	**Quite a Bit** **3**	**Extremely** **4**
1. Suddenly scared for no reason				
2. Feeling fearful				
3. Faintness, dizziness, or weakness				
4. Nervousness or shakiness inside				
5. Heart pounding or racing				
6. Trembling				
7. Feeling tense or keyed up				
8. Headaches				
9. Spells of terror or panic				
10. Feeling restless, cannot sit still				
B. DEPRESSION SYMPTOMS				
1. Felling low in energy, slowed down				
2. Blaming yourself for things				
3. Crying easily				
4. Loss of sexual interest or pleasure				
5. Poor appetite				
6. Difficulty falling sleep, staying asleep				
7. Feeling hopeless about the future				
8. Feeling blue				
9. Feeling lonely				
10. Thoughts of ending your life				
11. Thoughts of being trapped or caught				
12. Worrying too much about things				
13. Feeling no interest in things				
14. Feeling everything is an effort				
15. Feeling of worthlessness				

Scoring: Individuals with scores on anxiety and/or depression and/or total greater than 1.75 are considered symptomatic.

1. Anxiety Items/10: _ _ . _
2. Depression Items/10_ _ . _
3. Total Items/2_ _ . _

PTSD SYMPTOM CHECKLIST

	1 Absent	2 Once or Twice a Month	3 Once or Twice a Week	4 More than Three Times a Week	5 Every Day
	None				**Severe**
1. Recurrent, intrusive distressing recollections of the event, including images, thoughts, or perceptions.					
2. Recurrent, distressing dreams of the event.					
3. Acting or feelings as if the traumatic event were recurring (includes sense of reliving the experience, illusions, and dissociative flashbacks including those occurring on awakening or when intoxicated).					
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.					
5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.					
6. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.					
7. Efforts to avoid activities, places, or people that arouse recollections of the trauma					
8. Inability to recall an important aspect of the trauma.					
9. Markedly diminished interest or participation in significant activities.					
10. Feelings of detachment or estrangement from others.					
11. Restricted range of affect (unable to have sad or loving feelings).					
12. Sense of foreshortened future (does not expect to have a career, marriage, children, or a normal life span).					

	1 Absent	2 Once or Twice a Month	3 Once or Twice a Week	4 More than Three Times a Week	5 Every Day
13. Difficulty falling or staying asleep.					
14. Irritability or outbursts of anger.					
15. Difficulty concentrating.					
16. Hypervigilance.					
17. Exaggerated startle response					

Scoring:

Total Items/17: _ _. _

Individuals with scores on anxiety and/or depression and/or total greater than 2.5 are considered symptomatic.

HARVARD TRAUMA QUESTIONNAIRE

	Not at All (1)	A Little (2)	Quite a Bit (3)	Extremely (4)
1. Recurrent thoughts of memories of the most hurtful or terrifying events				
2. Feeling as though the event is happening again				
3. Recurrent nightmares				
4. Feeling detached or withdrawn				
5. Unable to feel emotions				
6. Feeling Jumpy, easily startled				
7. Difficulty concentrating				
8. Trouble sleeping				
9. Feeling on guard				
10. Feeling irritable or having outburst of anger				
11. Avoiding activities that remind you of the traumatic or hurtful event				
12. Inability to remember parts of the most traumatic or hurtful events				
13. Less interest in daily activities				
14. Feeling as if you don’t have a future				
15. Avoiding thoughts or feelings associated with the traumatic or hurtful events				

	Not at All (1)	**A Little (2)**	**Quite a Bit (3)**	**Extremely (4)**
16. Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				
17. Feeling that people do not understand what happened to you				
18. Difficulty performing work or daily tasks				
19. Blaming yourself for things that have happened				
20. Feeling guilty for having survived				
21. Hopelessness				
22. Feeling ashamed of the hurtful or traumatic events that have happened to you				
23. Spending time thinking about why these things happened to you				
24. Feeling as if you are going crazy				
25. Feeling that you are the only one who suffered these events				
26. Feeling others are hostile toward you				
27. Feeling that you have no one to rely on				
28. Finding out or being told by other people that you have done something that you cannot remember				
29. Feeling as if you are split into two people and on of you is watching what the other is doing				
30. Feeling someone you trusted betrayed you				

Score:

DSM IIIR (1 – 16)/16=
Total Score (1 – 30)/30=

Individuals with total scores equal or greater than 2.5 are considered symptomatic for PTSD.

3.1 Assessment and Plan:

a. ____
____
____

b. ____
____
____

c. ____
____
____

d. ____
____
____

e. ____
____
____

3.1.1 Services Provided:

1.	Psychiatry	2. Accepted	1. Declined
2.	Primary Care	2. Accepted	1. Declined
3.	Pediatric Care	2. Accepted	1. Declined
4.	Dental care	2. Accepted	1. Declined
5.	Social Services	2. Accepted	1. Declined
6.	Interpreter Services	2. Accepted	1. Declined
7.	Physical Therapy	2. Accepted	1. Declined
8.	Affidavit		
9.	Court Testimony		
10.	Clinical Consultation		

3.1.2 Asylum Status:

1. Pending
2. Granted
3. Not Applicable
4. Denied
5. On appeal
6. Unknown

3.1.3 Number of Visits to Complete Evaluation: _ _

1st Visit: _ _ / _ _ / _ _ from _ _ : _ _ _ M
2nd Visit: _ _ / _ _ / _ _ from _ _ : _ _ _ M
3rd Visit: _ _ / _ _ / _ _ from _ _ : _ _ _ M
4th Visit: _ _ / _ _ / _ _ from _ _ : _ _ _ M
5th Visit: _ _ / _ _ / _ _ from _ _ : _ _ _ M

3.1.4 Number of Hours to Complete Evaluation: _ _

Print Name:____________________________ Signature:____________________ Date:_________