



BECAN WP4: Case-Based Surveillance Study

PART 1: Inter-Agency Extraction Form

To be completed ONCE per participating Organization/Agency

a. AGENCY	
a1: Agency ID: ▶	_____
a2: Legal Status ▼	
<input type="radio"/> 01	Not-for-profit NGO
<input type="radio"/> 02	Semi-public agency
<input type="radio"/> 03	Public Regional Organization
<input type="radio"/> 04	Central Government Organization
<input type="radio"/> 05	Independent Authority
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a3: Operating Status ▼	
<input type="radio"/> 01	Independent Agency- National level
<input type="radio"/> 02	Independent Agency- Local level
<input type="radio"/> 03	Central Governmental Agency-National level
<input type="radio"/> 04	Regional Governmental Agency-Regional level
<input type="radio"/> 05	Local Agency-Part of Central Governmental Agency
<input type="radio"/> 06	Local Agency-Part of Regional Governmental Agency
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a4: Sector ▼	
<input type="checkbox"/> 01	Health sector
<input type="checkbox"/> 02	Social welfare
<input type="checkbox"/> 03	Judicial sector
<input type="checkbox"/> 04	Order/ Police
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
a5: Mission ▼	
<input type="checkbox"/> 01	Primary prevention
<input type="checkbox"/> 02	Secondary prevention/ support
<input type="checkbox"/> 03	Tertiary prevention/treatment
<input type="checkbox"/> 04	Legal support
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
a6: Human Resources ▼	
▶	_____
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a7: Personnel working with CAN ▼	
▶	_____
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a8: Number of CAN cases turnover ▼	
▶	_____
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a9: Area ▼	
<input type="checkbox"/> 01	Urban
<input type="checkbox"/> 02	Suburban
<input type="checkbox"/> 03	Rural
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
a10: Referral sources ▼	
<input type="checkbox"/> 01	Social Services
<input type="checkbox"/> 02	Medical/ Health personnel
<input type="checkbox"/> 03	Mental Health Professionals/ Services
<input type="checkbox"/> 04	Legal personnel
<input type="checkbox"/> 05	Police
<input type="checkbox"/> 06	Community agency
<input type="checkbox"/> 07	School personnel
<input type="checkbox"/> 08	Child-Alleged victim
<input type="checkbox"/> 09	Parent /foster parent/ care provider
<input type="checkbox"/> 10	Relative
<input type="checkbox"/> 11	Friend/ Neighbour
<input type="checkbox"/> 12	Alleged perpetrator
<input type="checkbox"/> 13	Anonymous reporter
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified

a. AGENCY (continue)	
a11: Screening Policy ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 02	Not applicable
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a12: Trained staff for recording cases ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 02	Yes, but not formally
<input type="radio"/> 99	Unspecified
a13: Training on CAN issues ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 02	Yes, but not formal
<input type="radio"/> 99	Unspecified
a14: Staff trained at the Agency ▶a13=1 OR 2 ▼	
<input type="radio"/> 00	None
<input type="radio"/> 01	Some
<input type="radio"/> 02	All
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
a15: Statistics ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 88	Other: _____
<input type="radio"/> 99	Unspecified
b. ARCHIVE/DATABASE	
b1: Time Period From ▶	
_____	_____
Until ▶	
_____	_____
<input type="radio"/> 88	Other
<input type="radio"/> 99	Unspecified
b2: Type of Record ▼	
<input type="checkbox"/> 01	Paper archive
<input type="checkbox"/> 02	Electronic archive
<input type="checkbox"/> 03	Electronic database
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
b3: Existence of Recording Form ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 99	Unspecified
b4: Content of archive/database ▼	
<input type="checkbox"/> 01	Reported CAN cases
<input type="checkbox"/> 02	Detected CAN cases
<input type="checkbox"/> 03	Mixed (CAN & non-CAN cases)
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
b5: Personnel who record the cases ▼	
<input type="checkbox"/> 01	Social worker
<input type="checkbox"/> 02	Health professional
<input type="checkbox"/> 03	Mental health professional
<input type="checkbox"/> 04	Education-related professional
<input type="checkbox"/> 05	Police officer
<input type="checkbox"/> 06	Judicial officer
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
b6: Available documentation ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 99	Unspecified
b7: Text Description ▼	
<input type="radio"/> 00	No
<input type="radio"/> 01	Yes
<input type="radio"/> 99	Unspecified

▼ Contact Details ▼	
Name of Organization ▼	

Post address ▼	

Country ▼	

City /Prefecture ▼	

Phone Number(s) ▼	

Email(s) ▼	

Website ▼	

Comments ▼	

Color Coding	
 	Specific CATEGORY to which a number of variables is related
 	Mandatory completion
 	Conditional completion (see "filter" in red fonts)
Symbol Coding	
<input type="radio"/>	= SINGLE selection (exclusively ONLY one check per variable)
<input type="checkbox"/>	= MULTIPLE selection (one or more checks)