

## **Appendix A**

### **Hospital service for pediatric patients with functional somatic symptoms**

The questionnaire consists of 60 items with the following six themes:

- 1) Content of the treatment program
- 2) Outcomes to evaluate treatment efficacy
- 3) Duration of the treatment program
- 4) Transitions between different health sectors
- 5) Education of staff
- 6) The staff's evaluation of the treatment program

“O” = single-answer multiple choice question

“” = multiple-answer multiple choice question

The patient group = children and adolescents with functional somatic symptoms

- 1 Which hospital do you work for?
- Sydvestjysk Sygehus
  - Regionshospitalet Herning
  - Regionshospitalet Hjørring
  - Holbæk Sygehus
  - Rigshospitalet
  - Bornholms Hospital
  - Herlev Hospital
  - Hvidovre Hospital
  - Nordsjællands Hospital
  - Sygehus Lillebælt
  - Nykøbing F. Sygehus
  - Odense Universitets Hospital
  - Regionshospitalet Randers
  - Roskilde Sygehus
  - Slagelse Sygehus
  - Sygehus Sønderjylland
  - Regionshospitalet Viborg
  - Aalborg Universitets Hospital
  - Aarhus Universitetshospital
- 2 To which region does this hospital belong?
- Region Nordjylland
  - Region Midtjylland
  - Region Syddanmark
  - Region Hovedstaden
  - Region Sjælland
- 3 What is your profession?
- Doctor
  - Nurse
  - Psychologist
  - Physiotherapist
  - Other profession

What is your title?

- Resident
- Fellow
- Consultant
- Other

Name profession (additional free text field available)

### **Content of the treatment program**

- 4 Does your department have a specific program designated this patient group?
- Yes
  - No
- 5 What is the standard procedure, when a patient within your department shows signs of functional somatic symptoms?
- Address possible cause of symptoms to patient and family and terminate patient contact without follow-up
  - Terminate patient contact with follow-up by general practitioner

- Terminate patient contact with referral to another pediatric department with a relevant program
- Terminate patient contact with referral to child and adolescent mental health services
- Terminate patient contact with follow-up within municipality health services
- Other procedure

Describe procedure (additional free text field available)

6 Which type(s) of healthcare professional(s) is/are included in your program?

- Pediatrician
- Child and adolescent psychiatrist
- Nurse
- Special educator
- Teacher
- Psychologist
- Physiotherapist
- Social worker
- Dietician
- Other healthcare professional

Name profession (additional free text field available)

7 Is there a specific coordinator responsible for organizing each patient program?

- Yes
- No
- Uncertain

Which profession does the coordinator have?

- Pediatrician
- Child and adolescent psychiatrist
- Nurse
- Special educator
- Psychologist
- Other profession

Name profession (additional free text field available)

8 Does your team manage programs for other patient groups besides children and adolescents with functional somatic symptoms?

- Yes
- No
- Uncertain

Which patient group(s)?

- Children with chronic illness(es)

- Children with both somatic and psychiatric illness
- Children with developmental disorder
- Other patient group

Name patient group (additional free text field available)

9 Which area(s) of responsibility does a pediatrician have in your program?

- Initial assessment of somatic complaint
- Scheduled conversations with patient and/or family
- Conversations with patient and/or family ad hoc
- Medical treatment of somatic illness
- Prepare notification to municipal/social authorities
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

10 Which area(s) of responsibility does a child and adolescent psychiatrist have in your program?

- Initial patient assessment
- Scheduled conversations with patient and/or family
- Conversations with patient and/or family ad hoc
- Psychiatric assessment
- Medical treatment of psychiatric illness
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

11 Which area(s) of responsibility does a nurse have in your program?

- Initial patient assessment
- Scheduled conversations with patient and/or family
- Conversations with patient and/or family ad hoc
- Observation of patient and family during hospitalization
- Sleep registration
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

12 Which area(s) of responsibility does a special educator have in your program?

- Initial patient assessment
- Scheduled conversations with patient and/or family
- Conversations with patient and/or family ad hoc
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

13 Which area(s) of responsibility does a teacher have in your program?

- Scheduled teaching
- Teaching ad hoc
- Assessment of academic skills
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

14 Which area(s) of responsibility does a psychologist have in your program?

- Initial patient assessment
- Scheduled conversations with patient and/or family
- Conversations with patient and/or family ad hoc
- Psychological testing
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

15 Which area(s) of responsibility does a physiotherapist have in your program?

- Scheduled training with patient
- Training with patient ad hoc
- Physiotherapeutic testing
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

16 Which area(s) of responsibility does a social worker have in your program?

- Prepare notification to municipality/social authorities
- Organizing MDT meeting (incl. municipality staff)
- Participation in MDT meeting (incl. municipality staff)
- Contact with patient and/or family ad hoc
- Other area of responsibility

Name area of responsibility (additional free text field available)

17 Which area(s) of responsibility does a dietician have in your program?

- Diet registration
- Scheduled nutritional guidance
- Nutritional guidance ad hoc
- Participation in MDT meeting (incl. municipality staff)
- Other area of responsibility

Name area of responsibility (additional free text field available)

Name area of responsibility for other profession (additional free text field available)

18 Which type(s) of patient contact is/are part of your program?

- Hospitalization
- Outpatient consultation
- Telephone consultation
- Other type of patient contact

Name type of patient contact (additional free text field available)

How many days is the patient hospitalized on average?

- ≤ 5 days
- 6 - 10 days
- 11 - 30 days
- > 30 days

How often does the patient come for outpatient consultation?

- Weekly
- Biweekly
- Monthly
- Other frequency

Name frequency (additional free text field available)

19 In which constellation(s) does consultation with the patient and family take place?

- Consultation with patient only
- Consultation with parents only
- Consultation with both patient and family
- Other constellation

Describe constellation (additional free text field available)

20 Do multidisciplinary team meetings take place as part of the assessment and treatment of this patient group?

- Yes
- No
- Uncertain

Who participates in multidisciplinary team conferences?

- Pediatrician
- Child and adolescent psychiatrist
- Nurse
- Special educator
- Teacher
- Psychologist
- Physiotherapist
- Social worker
- Dietician
- Other healthcare professional

Name healthcare professional (additional free text field available)

21 How often do multidisciplinary team conferences take place?

- Weekly
- Biweekly
- Monthly
- Ad hoc
- Other frequency

Name frequency (additional free text field available)

22 How is the collaboration with child and adolescent mental health services organized?

- Child and adolescent psychiatrist is employed full time as part of the multidisciplinary team
- Named contact person from child and adolescent mental health services with an established role in the multidisciplinary team
- Named contact person from child and adolescent mental health services available for consultation when needed
- No named contact person from child and adolescent mental health services, but consultation with nonspecific contact person when needed
- Other type of collaboration

Describe type of collaboration (additional free text field available)

23 How many of the patient programs include a MDT meeting with municipality staff?

- ≤ 25%
- 26% - 50%

- 51% - 75%
- 76% - 99%
- 100%
- Uncertain

24 In how many of the patient cases is the child reported to social services?

- ≤ 25%
- 26% - 50%
- 51% - 75%
- 76% - 99%
- 100%
- Uncertain

### Outcomes to evaluate treatment efficacy

25 Do you set specific outcomes to evaluate treatment efficacy for each patient?

- Yes
- No
- Uncertain

26 Which type of outcome(s) is/are used to evaluate treatment efficacy?

- Symptom severity
- Physical impairment
- Other outcome

Describe outcome (additional free text field available)

27 Whose statements are used in the evaluation of treatment efficacy?

- The patient
- The family
- The healthcare professionals
- Uncertain

28 At which point in the program is treatment efficacy evaluated?

- At the beginning of treatment
- During the course of the treatment period
- Upon completion of treatment
- At follow up
- Uncertain

29 Do you use any standardized tool(s) to evaluate treatment efficacy? (e.g. questionnaire or test)

- Yes
- No
- Uncertain

Name tool(s) (additional free text field available)

### Duration of the treatment program

30 Does your program have a time limitation?

- Yes
- No



- Uncertain

What is the time limitation?

- ≤ 6 mths.
- > 6 mths. - 1 yr.
- > 1 yr. - 2 yrs.
- Other time period

Name time period (additional free text field available)

31 What is the average duration of your program?

- ≤ 3 mths.
- > 3 - 6 mths.
- > 6 - 12 mths.
- > 12 mths.
- Uncertain

32 How many patients are included in your program per year?

- ≤ 10
- 11 - 30
- 31 - 50
- 51 - 100
- > 100
- Uncertain

33 How long has your program existed in its current form?

- ≤ 6 mths.
- > 6 mths. - 1 yr.
- > 1 yr.
- > 2 yr.
- > 5 yr.
- Uncertain

34 How has resources designated to your program developed within the last 5 years?

- Increased
- Decreased
- Stable
- Uncertain

35 Is your program permanent or is it a temporary project?

- Permanent
- Temporary

#### **Transitions between different health sectors**

36 Is it possible for the patient to be referred to the program from other sections within your department?

- Yes
- No
- Uncertain

37 Is it possible for the patient to be referred directly to your program from outside your department?

- Yes
- No

- Uncertain

From where?

- General practitioner
- Other pediatric department
- Other somatic department
- Child and adolescent psychiatrist
- Other specialist, e.g. pediatrician
- Other health sector

Name health sector (additional free text field available)

38 What is the current waiting time from the department receives a referral to the initiation of a program?

- ≤ 3 mths.
- > 3 - 6 mths.
- > 6 - 9 mths.
- > 9 - 12 mths.
- > 12 mths.
- Uncertain

39 For how long has the patient suffered from symptoms, on average, when you receive a referral to your program?

- ≤ 12 mths.
- > 1 yr. - 2 yr.
- > 2 yr. - 5 yr.
- > 5 yr. - 10 yr.
- > 10 yr.
- Uncertain

40 Are there any specific criteria that should be fulfilled for the patient to be included in your program?

- Yes
- No
- Uncertain

Which criterion/criteria?

- Duration of pain/symptoms
- Pain/symptom severity
- School absence
- Social isolation
- Complex family relations
- Somatic illness is clarified
- Other criterion/criteria

Name criterion/criteria (additional free text field available)

41 How is it decided whether the patient may be included in your program?

- A MDT meeting
- Assessment by one healthcare professional
- Other process

Who participates in this MDT meeting?

- Pediatrician
- Child and adolescent psychiatrist
- Nurse
- Special educator
- Psychologist
- Physiotherapist
- Social worker
- Dietician
- Other healthcare professional

Name healthcare professional (additional free text field available)

Describe process (additional free text field available)

42 Are there any specific issues regarding the patient that may prevent participation in your program?

- Yes
- No
- Uncertain

Which type of issue(s)?

- Comorbid psychotic psychiatric illness
- Drug abuse
- Ongoing activity/treatment with municipality health services
- Other issue(s)

Name issue (additional free text field available)

43 How many of the patients included in your program are referred for further assessment/treatment of somatic symptoms after completion of program?

- ≤ 25%
- 26% - 50%
- 51% - 75%
- 76% - 99%
- 100%
- Uncertain

44 How many of the patients included in your program are referred for further assessment/treatment within child and adolescent mental health services after completion of program?

- ≤ 25%
- 26% - 50%
- 51% - 75%
- 76% - 99%
- 100%
- Uncertain

- 45 How many of the patients included in your program transition to a program within municipality health services after completion of program?
- ≤ 25%
  - 26% - 50%
  - 51% - 75%
  - 76% - 99%
  - 100%
  - Uncertain

- 46 Does your team keep in contact with the patient during transition from your department to the initiation of other treatment/activity?
- Yes
  - No
  - Occasionally
  - Uncertain

**Education of staff**

- 47 Is there any formalized training of the multidisciplinary team in assessment/treatment of this patient group?
- Yes
  - No
  - Uncertain

Who provides this training?

- The multidisciplinary team itself
- Healthcare professionals from different pediatric department
- Healthcare professionals from child and adolescent mental health services
- Other healthcare professional(s)

Name healthcare professional(s) (additional free text field available)

- 48 Does your multidisciplinary team provide training for healthcare professionals outside your department in assessment/treatment of this patient group?
- Yes
  - No
  - Uncertain

To which healthcare professionals?

- Doctor
- Nurse
- Physiotherapist
- Students
- Other healthcare professionals

Name healthcare professionals (additional free text field available)

- 49 Does your multidisciplinary team provide training for external collaborators in the assessment/treatment of this patient group?
- Yes
  - No

- Uncertain

To whom is this training provided?

- Staff members from other pediatric department
- Staff members from child and adolescent mental health services
- Staff members from municipality
- Staff members from school/institution
- Other staff members

Name staff members (additional free text field available)

### The staff's evaluation of the treatment program

50 Is it possible for you to describe the standard program offered to this patient group within your department?

- Yes
- No
- Uncertain

51 Describe your standard treatment program (additional free text field available)

52 Do you have a written description of your standard treatment program targeted your multidisciplinary team?

- Yes
- No
- Uncertain

Is it possible for you to upload this written material?

- Yes
- No
- Uncertain

Upload material

53 Do you have a written description of your standard treatment program targeted the patient/family?

- Yes
- No
- Uncertain

Is it possible for you to upload this written material?

- Yes
- No
- Uncertain

Upload material

- 54 How satisfied are you with your current treatment program?
- Very satisfied
  - Satisfied
  - Neither satisfied nor unsatisfied
  - Unsatisfied
  - Very unsatisfied
  - Uncertain

- 55 How satisfied are you with the collaboration with child and adolescent mental health services?
- Very satisfied
  - Satisfied
  - Neither satisfied nor unsatisfied
  - Unsatisfied
  - Very unsatisfied
  - Uncertain

- 56 How satisfied are you with the collaboration with municipality health services?
- Very satisfied
  - Satisfied
  - Neither satisfied nor unsatisfied
  - Unsatisfied
  - Very unsatisfied
  - Uncertain

- 57 How satisfied are you with the collaboration with school/institution?
- Very satisfied
  - Satisfied
  - Neither satisfied nor unsatisfied
  - Unsatisfied
  - Very unsatisfied
  - Uncertain

- 58 In your opinion what may improve your treatment program? (additional free text field available)

- 59 Do you believe there is a need for national clinical guidelines for assessment/treatment of this patient group?
- Yes
  - No
  - Perhaps
  - Uncertain

- 60 How do you expect the number of pediatric patients with functional somatic symptoms will develop in the future?
- Increase
  - Decrease
  - Stabilize
  - Uncertain

May we contact you with additional questions if needed?

- Yes
- No