

PART II-To be completed for EACH individual CAN case

Color Coding
 Specific CATEGORY to which a number of variables is related
 Mandatory completion (if available in the archive)
 Conditional completion (see "filters" in red fonts)
Symbol Coding
 = CATEGORY NOT AVAILABLE → Skip ALL variables under the category
 = VARIABLE NOT AVAILABLE → Skip the specific variable
 = SINGLE selection (exclusively ONLY one check per variable)
 = MULTIPLE selection (one or more checks)

A. CASE IDENTITY

A1. Case ID ▶

A2. Child ID ▶

A3. Report Date ▶

A4. Record Date ▶

B. CHILD-RELATED INFORMATION

B1: Age (Years)
 99 Unspecified

B2: Sex ▼ 01 Male
 02 Female
 99 Unspecified

B3: Nationality (a) / Specific Ethnic Group (b)

a ▶ Unspecified
 b ▶ 99 Unspecified

B4: Educational status ▼ (If 03, specify: Grade)

01 Not attending school at all
 02 Dropped out: Grade
 03 Attends school-Grade:
 88 Other:
 99 Unspecified

B5: Work status ▼

00 Not working
 01 Working (domestic/unpaid) Specify:
 02 Working (salaried work) Specify:
 88 Other:
 99 Unspecified

B6: Education-related problems ▼

00 None
 01 Learning disability
 02 Specialized education class
 03 Irregular school attendance
 88 Other:
 99 Unspecified

B7: Behaviour-related problems ▼

00 None
 01 Problems in school
 02 Problems in home
 03 Violent behaviour
 04 Bullying
 05 Self-harming behaviour
 06 Running away
 07 Negative peer involvement
 08 Inappropriate sexual behaviour
 09 Criminal involvement
 88 Other:
 99 Unspecified

B8: Substance-abuse problems ▼

00 None
 01 Drug abuse
 02 Alcohol abuse
 88 Other:
 99 Unspecified

B9: Child Health Conditions ▼

00 None
 01 Physical handicap OR illness
 02 Visual, hearing, speech impairment
 03 Impaired cognitive functioning
 04 Psychiatric disorder
 88 Other:
 99 Unspecified

B10: Phone number ▼ B11: Address ▼

00 No 00 No
 01 Yes 01 Yes
 99 Unspecified 99 Unspecified

C. INCIDENT-RELATED INFORMATION

C1: Incident Date ▶

01 Non applicable
 02 Non precise
 99 Unspecified

C2: Duration of Maltreatment ▼

01 Single incident
 02 Multiple incidents-Duration:
 88 Other:
 99 Unspecified

C3: Source of Referral ▼

01 Social Services
 02 Medical/ Health personnel
 03 Mental Health Professionals/ Services
 04 Legal personnel
 05 Police
 06 Community agency
 07 School personnel
 08 Child-Alleged victim
 09 Parent /foster parent/ care provider
 10 Relative
 11 Friend/ Neighbour
 12 Alleged perpetrator
 13 Anonymous reporter
 88 Other:
 99 Unspecified

C4: Scene of Incident ▼

01 Home/ Foster family
 02 School area
 03 Medical Service Area
 04 Commercial area
 05 Street, public transport & area surrounding
 06 Sports-athletics/ Recreational area
 07 Child care institution
 88 Other:
 99 Unspecified

C5: FORM OF MALTREATMENT ▼

01 Physical Abuse
 02 Sexual Abuse
 03 Psychological Abuse
 04 Neglect
 88 Other:
 99 Unspecified

C6: Physical Abuse Status

▶ C5=1 ▼

01 Substantiated
 02 Indicated
 03 Unsubstantiated
 04 Ongoing
 88 Other:
 99 Unspecified

C7: Physical Abuse Forms

▶ C5=1 ▼

01 Pushing/ kicking /throwing
 02 Grabbing/ shaking
 03 Slapping/ beating
 04 Hitting on head
 05 Spanking
 06 Hitting with an object
 07 "Beat-up"
 08 Choking/ Smothering /Squeezing neck
 09 Burning/ Scalding
 10 Forcing spicy foods
 11 Locking up
 12 Tying up or tying to something
 13 Twisting ears
 14 Biting
 15 Hair-pulling
 16 Pinching
 17 Forcing child to hold painful position
 18 Threatening with a knife or a gun
 19 Stabbing/ Shooting
 88 Other:
 99 Unspecified

C. INCIDENT-RELATED INFORMATION (cont)

C8: Injury due to physical abuse ▶ C5=1 ▼

00 No injury
 01 Minor
 02 Moderate
 03 Severe
 04 Life threatening
 99 Unspecified

C9: Nature of physical injury(-es)

▶ C8=1,2,3,4 ▼

01 Fracture
 02 Sprain/Strain
 03 Cuts, bite, open wound
 04 Bruise
 05 Burn
 06 Concussion
 07 Organs system injury
 88 Other:
 99 Unspecified

C10: Sexual Abuse Status

▶ C5=2 ▼

01 Substantiated
 02 Indicated
 03 Unsubstantiated
 04 Ongoing
 88 Other:
 99 Unspecified

C11: Sexual Abuse Forms ▶ C5=2 ▼

(If 01 OR 02 OR 03, specify: oral, anal, vaginal)

01 Completed sexual activity:
 02 Attempted sexual activity:
 03 Touching/fondling genitals
 04 Showing/looking at genitals
 05 Sexual exploitation
 06 Sexual harassment
 07 Voyeurism
 88 Other:
 99 Unspecified

C12: Psychological Abuse Status

▶ C5=3 ▼

01 Substantiated
 02 Indicated
 03 Unsubstantiated
 04 Ongoing
 88 Other:
 99 Unspecified

C13: Psychological Abuse Forms

▶ C5=3 ▼

01 Rejection through verbal abuse
 02 Isolation
 03 Ignorance
 04 Corruption
 05 Exploitation
 06 Terrorization
 07 Witnessing family violence
 88 Other:
 99 Unspecified

C14: Neglect Status ▶ C5=4 ▼

01 Substantiated
 02 Indicated
 03 Unsubstantiated
 04 Ongoing
 88 Other:
 99 Unspecified

C15: Neglect Forms

▶ C5=4 ▼

01 Physical neglect
 02 Medical neglect
 03 Educational neglect
 04 Economic exploitation
 05 Failure to supervise/protect from physical harm
 06 Failure to supervise/protect from sexual abuse
 07 Failure to provide treatment for mental health problems
 08 Permitting maladaptive/criminal behaviour
 09 Abandonment/refusal of custody
 88 Other:
 99 Unspecified

C. INCIDENT-RELATED INFORMATION <i>Continue</i>	
C16: Case assessment of allegation	
<input type="checkbox"/> 01	Medical /Health services
<input type="checkbox"/> 02	Mental Health services
<input type="checkbox"/> 03	Education services
<input type="checkbox"/> 04	Social services
<input type="checkbox"/> 05	Police services
<input type="checkbox"/> 06	Legal/Judicial services
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
C17: Maltreatment confirmation	
<input type="checkbox"/> 01	Medical /Health services
<input type="checkbox"/> 02	Mental Health services
<input type="checkbox"/> 03	Education services
<input type="checkbox"/> 04	Social services
<input type="checkbox"/> 05	Police services
<input type="checkbox"/> 06	Legal/Judicial services
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
C18: Legal action taken	
<input type="checkbox"/> 00	None legal action taken
<input type="checkbox"/> 01	Social service/police measures-NO court involvement
<input type="checkbox"/> 02	Emergency protection procedures implemented
<input type="checkbox"/> 03	Judicial action to protect victim by court order(s)
<input type="checkbox"/> 04	Judicial action to remove parent(s) rights
<input type="checkbox"/> 05	Police/Judicial action to prosecute abuser
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
C19: Care plan	
<input type="checkbox"/> 01	Child remains in family with no intervention
<input type="checkbox"/> 02	Child remains in family with planned intervention
<input type="checkbox"/> 03	Child removed from family home (parents co-operation)
<input type="checkbox"/> 04	Child removed from family home by court order
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified
C20: Out of home placement	
<input type="checkbox"/> 00	No out of home placement
<input type="checkbox"/> 01	Children's Home Institution without individual carer
<input type="checkbox"/> 02	Mother/child shelter with parent and child together
<input type="checkbox"/> 03	Kinship Care with relatives/extended family
<input type="checkbox"/> 04	Foster Care with volunteer/paid carers
<input type="checkbox"/> 05	Adoption with parents agreement or court order
<input type="checkbox"/> 06	Abuser leaves the family home
<input type="checkbox"/> 88	Other: _____
<input type="checkbox"/> 99	Unspecified

D. PERPETRATOR(S)-RELATED INFORMATION	
D1: Number of Perpetrators	
<input type="checkbox"/> 01	1
<input type="checkbox"/> 02	2
<input type="checkbox"/> 03	3
<input type="checkbox"/> 04	4 or more
<input type="checkbox"/> 88	Other
<input type="checkbox"/> 99	Unspecified
1st	2nd
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 99	<input type="checkbox"/> 99
D2: Status	
<input type="checkbox"/> 01	Perpetrator
<input type="checkbox"/> 02	Alleged perpetrator
<input type="checkbox"/> 99	Unspecified
1st	2nd
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 99	<input type="checkbox"/> 99
D3: Sex	
<input type="checkbox"/> 01	Male
<input type="checkbox"/> 02	Female
<input type="checkbox"/> 99	Unspecified
1st	2nd
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<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 99	<input type="checkbox"/> 99
1st	2nd
<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02

E. CAREGIVER(S)- <i>continue</i>		
1 st	2 nd	E8: Educational level ▶E1=1▼ (If 02 to 07, specify if NOT completed)
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 88 <input type="radio"/> 99	Has not attended school Elementary school: _____ Middle School: _____ High School: _____ Technical School: _____ University: _____ Post-graduate studies: _____ Other: _____ Unspecified
1 st	2 nd	E9: Employment Status ▶E1=1▼
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 88 <input type="radio"/> 99	Employed Unemployed Retired Other: _____ Unspecified
1 st	2 nd	E10: Marital Status ▶E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 88 <input type="radio"/> 99	Single Married Living together Separated Divorced Widow/er Other: _____ Unspecified
1 st	2 nd	E11:History of substance abuse E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 88 <input type="radio"/> 99	None Drug abuse Alcohol abuse Other: _____ Unspecified
1 st	2 nd	E12:Physical/mental disabilities E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 88 <input type="radio"/> 99	None Physical handicap Psychiatric Disorder Impaired cognitive functioning Other: _____ Unspecified
1 st	2 nd	E13: History of victimization E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 88 <input type="radio"/> 99	No Yes, physical abuse in childhood Yes, psychological abuse in childhood Yes, sexual abuse in childhood Yes, victim of neglect in childhood Living in an Institute during childhood Yes, physical abuse in adulthood Yes, psychological abuse in adulthood Yes, sexual abuse in adulthood Other: _____ Unspecified
1 st	2 nd	E14: History of CAN allegations E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 88 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 88 <input type="radio"/> 99	None Child physical abuse Child psychological abuse Child sexual abuse Child neglect Adult physical abuse Adult psychological abuse Adult sexual abuse Violent relationship Criminal involvement Other: _____ Unspecified
1 st	2 nd	E15: Availability of phone number E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 99	No Yes Unspecified
1 st	2 nd	E16: Availability of address E1=1▼
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 99	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 99	No Yes Unspecified

F. FAMILY-RELATED INFORMATION	
F1: Family Status ▼	
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 88 <input type="radio"/> 99	Married parents Divorced parents Single parent family Step family Foster family Adoption family Other: _____ Unspecified
F2: Number of Co-habitants ▼	
<input type="radio"/> 88 <input type="radio"/> 99	Other: _____ Unspecified
F3: Co-habitants' Identity ▼	
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 88 <input type="checkbox"/> 99	Mother Father Full sibling-brother(s): ____ Full sibling-sister(s): ____ Partial/half sibling-brother(s): ____ Partial/half sibling-sister(s): ____ Step sibling-brother(s): ____ Step sibling-sister(s): ____ Grandmother(s): ____ Grandfather(s): ____ Other blood relative(s): ____ Other in-laws relative(s): ____ Mother's partner Father's partner Other: _____ Unspecified
F4: Other CAN victims ▼	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 88 <input type="checkbox"/> 99	None Full sibling-brother Full sibling-sister Partial/half sibling-brother Partial/half sibling-sister Step sibling-brother Step sibling-sister Other: _____ Unspecified
F5: Other types of abuse ▼	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 88 <input type="checkbox"/> 99	None Intimate partner violence: _____ Elderly abuse: _____ Sibling/peer abuse: _____ Other: _____ Unspecified
F6: Referrals made to services ▼	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 88 <input type="checkbox"/> 99	None Parent support program Drug or alcohol counselling Other family counselling Social welfare assistance Food Bank Shelter services Domestic violence counselling Psychiatric services Psychological services Special education referral Recreational program Victim support program Medical/dental services Other child counselling Other: _____ Unspecified
F7: Services received ▼ ▶F6≠ "0", "99"▼	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 88 <input type="checkbox"/> 99	None Parent support program Drug or alcohol counselling Other family counselling Social welfare assistance Food Bank Shelter services Domestic violence counselling Psychiatric services Psychological services Special education referral Recreational program Victim support program Medical/dental services Other child counselling Other: _____ Unspecified

G. HOUSEHOLD INFORMATION	
G1: Housing Adequacy ▼	
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 88 <input type="radio"/> 99	No Yes Other: _____ Unspecified
G2: Household income ▼	
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 99	Very low [range] Low [range] Moderate [range] High [range] Very high [range] Unspecified
G3: Source of income ▼	
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 88 <input type="radio"/> 99	No source of income Full time employment Part time/Seasonal employment Social assistance No reliable source Other: _____ Unspecified
G4: Financial problem ▼	
<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 88 <input type="radio"/> 99	No Yes Other: _____ Unspecified
H. PREVIOUS MALTREATMENT	
H1: Previous maltreatment	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 88 <input type="checkbox"/> 99	No Yes, substantiated maltreatment Yes, unsubstantiated incident Other: _____ Unspecified
H2: Type of the most severe maltreatment H1=1,2▼	
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 88 <input type="checkbox"/> 99	Physical abuse Psychological abuse Sexual abuse Neglect Other: _____ Unspecified
H3: Perpetrator(s) ▶H1=1, 2▼ (Specify type)	
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 88 <input type="checkbox"/> 99	Mother: _____ Father: _____ Step-mother: _____ Step-father: _____ Full sibling: _____ Partial/half sibling: _____ Step-sibling: _____ Grandparent: _____ Other blood relative: _____ In-laws: _____ Foster Parent: _____ Caregiver in institution: _____ Health care provider: _____ Parent's partner: _____ Date: _____ Roommate: _____ Work-relation: _____ Neighbour: _____ Friend: _____ Official /legal authority: _____ Stranger: _____ Babysitter: _____ School Teacher: _____ Teacher/Coach (outside school): _____ Family friend: _____ Other: _____ Unspecified
H4: Investigating agencies ▶H1=1, 2▼	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 88 <input type="checkbox"/> 99	None Social services Mental health services Medical services Legal services Police services Other: _____ Unspecified
I. FOLLOW-UP	
I1: Follow-up of case by the Agency	
<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 88 <input type="checkbox"/> 99	No Yes, specify: _____ Other: _____ Unspecified