

Compilation of short mental health and psychosocial assessment tools, monitoring tools and preparedness plans (which have less than 10 questions or factors and been validated) for the Moment project Priority Action Area One Working Group



In order to integrate mental health and psychosocial support variables and resources into assessments, evaluations and preparedness plans across different activities and contexts, existing, validated resources were identified with the following criteria: those with a maximum of 10 items used by the Movement (such as those mentioned in assessment toolkits by the IFRC Reference Centre for Psychosocial Support, IFRC Planning, Monitoring and Evaluation Response Framework and emergency focused guidelines), or other leading international agencies (e.g. Inter Agency Standing Committee of the United Nations, WHO, IOM, UNICEF, and Save the Children). Ideally, these should:

- be co-produced with relevant communities/populations;
- be fit to appropriate skills (the priority is to identify basic tools at this point with no prior experience required),
- be fit to the appropriate culture, context, language, population and resource requirements (e.g. time available, level of intensity and detail required, and the need for a partnership approach)
- be relevant to the appropriate sequence of tools and plans (e.g. baselines, follow up and evaluations).

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Rapid PSS & Violence Prevention/ Protection Assessment	Assessment tool	IFRC Psychosocial Centre, Canadian Red Cross, Ethiopian Red Cross & Ukraine & neighbouring countries crisis response (Europe)	Stress and coping: (1) Since the emergency, what changes have you noticed in yourself and others? (2) What do women, girls, boys, men, non-binary, trans and queer people normally do to overcome difficulties/ deal with stress? Protection/ Violence prevention: (3) What are the dangers to women's, girl's, boy's, men's, non-binary, trans and queer people's sense of safety? (4) Are there populations at high risk of violence? (5) What are the specific locations and/ or times women, girls, boys, men, non-binary, trans and queer people are most unsafe? Formal and informal supporting resources? (6) What supportive and protective responses are in place in the community (formal and informal)? (7) How do people support each other in the community?	Various disasters/ multiple/ crisis response. Ethiopia used in Tigray response to the conflict and population displacement. Used by multiple departments: disaster management, food, WASH & MHPSS. Domestically Canadian RC have used the questions in short form - adaptation.	Direct interviews, focus group discussion and key informants	English, French, Turkish.	PS Centre website, IFRC M&E Toolkit for PSS p8: https://pscentre.org/?resource=monitoring-and-evaluation-framework-toolkit

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Monitoring visit report	Monitoring tool	IFRC Psychosocial Centre	Author/ Location/ Date; General observations; Specific issues and actions; Issues Identified & Actions to be taken; Next visit/ follow up details.	Multiple	Direct observations of activities; general observations; key informant interviews	English, French, Turkish	PS Centre website, IFRC M&E Toolkit for PSS p15: https://pscentre.org/?resource=monitoring-and-evaluation-framework-toolkit
Focus Group Discussion monitoring tool for Children's Resilience Programme	Monitoring and evaluation tool	IFRC Psychosocial Centre and Save the Children	(1) Which activities do you remember? (2) Which activities did you like/ dislike? (3) What was the best/ worst about participating in this programme? (4) Have you felt any difference/ change in yourself, how you relate to others since going through the workshops (e.g. school, friends, home); (5) Do you think other children should go through the same programme and why? (6) Do you have any good advice for the programme? (7) Anything else you wish to add?	Multiple (child focused)	Focus Group Discussion	English, French, Turkish	PS Centre website, IFRC M&E Toolkit for PSS p47: https://pscentre.org/?resource=monitoring-and-evaluation-framework-toolkit
Interviews	Assessment & Monitoring tools	IASC RG Monitoring and Evaluation Framework for MHPSS programmes in emergency settings	These approaches involve interviewing participants and can be conducted using a number of different approaches	All contexts (emergency and non-emergency)	Qualitative approaches: Brief ethnographic interviews; Key Informant Interviews; Most Significant Change; Free-listing; Cards/ Visual prompting	Arabic, English, French & Spanish	Annex 9, pp107, 108, 110-112: https://interagency-standingcommittee.org/sites/default/files/migrated/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf
Group Discussions	Assessment & Monitoring tools	IASC RG Monitoring and Evaluation Framework for MHPSS programmes in emergency settings	Community or group members are gathered together to discuss the benefit and impacts of specific interventions or projects. Specific approaches or prompts can be used to initiate conversations and collect data	All contexts (emergency and non-emergency)	Qualitative approaches: Classing Focus Group Discussions, Cards/ visual prompting, Ranking, Free-listing	Arabic, English, French & Spanish	Annex 9, pp107-108, 110 & 115: https://interagency-standingcommittee.org/sites/default/files/migrated/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf

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Mapping	Assessment & Monitoring tools	IASC RG Monitoring and Evaluation Framework for MHPSS programmes in emergency settings	"Mapping involves drawing some aspect of an individual (e.g. a body map to identify locations of pain or distress), their community (e.g. identifying locations where children feel safe and unsafe) or their social connections (e.g. identifying social supports"	All contexts (emergency and non-emergency). Used by various NSs in Europe: Hellenic, Germany, Iceland	Qualitative approaches: Risk and resources; social mapping; transect walks; body mapping; lifeline	Arabic, English, French & Spanish	Annex 9, pp106, 112, 116-117: https://interagencystand-ingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Frame-work%20for%20Mental%20Health%20and%20Psycho-social%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20ver-ification%20%28Version%202.0%29.pdf
Observation and documentation	Assessment & Monitoring tools	IASC RG Monitoring and Evaluation Framework for MHPSS programmes in emergency settings	These approaches include observing individuals or groups in various settings. Observation may also be used to assess implementation and adherence to intervention protocols. Structured approaches and checklists are advised to support reliability.	All contexts (emergency and non-emergency). Used by Hellenic and German RC	Qualitative approaches: Observation during sessions and Observation in the community (see also transect walks under mapping).	Arabic, English, French & Spanish	Annex 9, pp113 & 117: https://interagencystand-ingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Frame-work%20for%20Mental%20Health%20and%20Psycho-social%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20ver-ification%20%28Version%202.0%29.pdf
Participatory assessment-Freelisting	Assessment	WHO & UNHCR	Designed to gain quick information from general community members in humanitarian settings. A freelisting approach is used to learn about local eprspectives on problems and coping, to inform MHPSS response	Humanitarian	Qualitative - freelisting	English, Arabic, Russian, French	Tool 10: https://apps.who.int/iris/handle/10665/76796
Participatory Ranking Methodology	Assessment	Colombia University	"It is a 'mixed methods' approach to data collection, in which a group of knowledgeable participants are guided in generating responses to a specific question or set of questions. The results are counted, ranked and compared across or within groups. It is a participatory approach that is useful in identifying main issues faced by affected communities or groups of people. The results can then be used to develop intervention or action plans. Where literacy or language is a barrier, the methodology can use symbols or images to represent issues. Also useful for rapid assessments."	humanitarian, emergency and multiple.	Qualitative - freelisting, with quantitative ranking and across group collation and comparison.	guide is in english but the exercise can be done in all languages	http://www.cpcnetwork.org/resource/prm-a-brief-guide/

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Mixed methods (qualitative & quantitative)

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Monitoring and evaluation PSS for beneficiaries	Monitoring and evaluation tool	The Netherlands Red Cross - domestic branch	Post-intervention questions: 1. compared to before the (xx activity), do you see a positive change in your wellbeing? OR pre- post scaling wellbeing and compare (80% target reporting positive change). 2. Do you feel that the Red Cross was able to help you with what you needed? (80% feels helped) 3. Statement to PSS volunteers: I feel capable to provide PSS to people in need (90% target)	Various disasters/ multiple/ crisis response	Surveys and interviews	Dutch	There isn't an online link. This information can be found on the protected sharepoint of the Dutch Red Cross. Contact: Esmée Pluijmers: epluijmers@redcross.nl
Monitoring and evaluation PSS for staff and volunteers	Monitoring and evaluation tool	The Netherlands Red Cross - domestic branch	Questions asked in volunteer evaluations about an activity, in likert-scale statements: 1. I know where to find support and care after difficult situations while delivering aid for the Red Cross (90% target), 2. I know what I can do to keep myself healthy (selfcare) (90% target) 3. I felt safe while delivering aid as a Red Cross member (90% target)	Various disasters/ multiple/ crisis response. Surveys done either post each activity or at least every 6 months and after crises events e.g., flooding in 2021 in Southern Netherlands	Surveys and interviews	Dutch	There isn't an online link. This information can be found on the protected sharepoint of the Dutch Red Cross. Contact: Esmée Pluijmers: epluijmers@redcross.nl
Monitoring and evaluation for MHPSS in COVID-19	Monitoring tool for volunteers	Belgium Red Cross-Flanders	(1) During the last two weeks, how often did you feel upset about the emergency that you tried to avoid places, people, conversations or activities that reminded you of it? (Response scale: all of the time, most of the time, some of the time, a little of the time, none of the time) (2) During the last two weeks, how often were you unable to carry out essential activities for daily living because of these feelings? (Response scale: all of the time, most of the time, some of the time, a little of the time, none of the time) (3) During the past two weeks have you considered stopping being a Red Cross Red Crescent volunteer? (Yes/No responses)	All contexts (emergency and non-emergency)	Fortnightly or monthly surveys (administered online through a link of sent out as an SMS to mobile phones)	English & Dutch	Available through this link: https://pscentre.org/wp-content/uploads/2020/05/me.pdf (see page 3). Further note, when used by the Belgian Red Cross they used the 3rd/last question as a trigger for direct action, so that any RCRC volunteer who responded 'Yes' to that question received a follow up phone call to check in on them and explore the reasons for decreased volunteer motivation.

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WHO5	Monitoring tool	World Health Organisation 5	Assess tendency for depression and wellbeing, includes the following questions: 1. I have felt cheerful and in good spirits; 2. I have felt calm and relaxed; 3. I have felt active and vigorous; 4. I woke up feeling fresh and rested; 5. My daily life has been filled with things that interest me. Answers are via 6 point Likert scales ranging from All the time to None of the time.	Used by various National Societies including the French RC in Mauritania	Interviews/self-report measure used together with qualitative information	30 languages	1. https://www.psykiatri-regionh.dk/who-5/Pages/default.aspx ; 2. https://www.psykiatri-regionh.dk/who-5/Documents/WHO-5%20questionnaire%20-%20English.pdf
Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)	Monitoring tool	NHS Health Scotland, University of Warwick and University of Edinburgh	7 items self-report questionnaire (scale: None of the time/ Rarely/ Some of the time/ Often/ All of the time). Questions: 1. I've been feeling optimistic about the future; 2. I've been feeling useful; 3. I've been feeling relaxed; 4. I've been dealing with problems well; 5. I've been thinking clearly; 6. I've been feeling close to other people; 7. I've been able to make up my own mind about things	The SWEMWBS is a 7-item short form of the WEMWBS developed to enable monitoring of mental wellbeing in the general population and evaluation of interventions and policies which aim to improve mental wellbeing. Ages from 11 - 60+yrs. Used in education, community health and voluntary sectors.	Self-report measure, responses are captured on paper or digitally. Captures experiences over the past 2 weeks and should not be re-administered before 2 weeks.	Available in 36 languages. You can check language versions: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/translations/	"SWEMWBS is subject to copyright (©The University of Warwick) and a license is required to use the scale. This is available free of charge to Non-Commercial Organisations which includes Public Sector Organisations (e.g. Universities, Schools, Public Health, Social Services and NGOs), Registered Charities, Registered Community Interest Companies and Registered Social Enterprises only; For further information on the type of license you require and to apply online please go to https://warwick.ac.uk/wemwbs/using and wemwbs@warwick.ac.uk "
Child Psychosocial Distress Screener (CPDS)	Assessment and Monitoring tool	HealthNet TPO	7 items split between child items (5 questions) and Teacher items (2 questions) with a scale of 0,1 & 2 with 0=not at all; 1=sometimes and 2=often. Child items: 1.1. Did you experience any aversive events; 1.2. Have you been distressed by these events; 1.3. Are you distressed or experiencing problems; 1.4. Are there people that you feel are supporting and helping you with your problems yourself; Teacher items: 2.1. Have you observed any problems or worrisome behaviours in this child?; 2.2. How regularly has the child attended school during the last month?	Multiple contexts, tested in Burundi, Nepal and Bhutan	5 questions to be filled in by the child directly and 2 questions by Teachers	English, Dutch, Bhutanese, French, Nepali	https://app.mhpss.net/?get=393/child-psychosocial-distress-screener_manual-mov.pdf and IASC Common M&E Framework for MHPSS Programmes in Emergency Settings: https://interagency-standingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf

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Patient Health Questionnaire	Assessment and Monitoring tool	Dr. Robert Spitzer, Janet Williams & Kurt Kroenke	9 Items, 'Over the last 2 weeks, how often have you been bothered by any of the following problems? 1. Little interest of pleasure in doing things; 2. Feeling down, depressed or hopeless; 3. Trouble falling asleep or staying asleep too much; 4. Feeling tired or having little energy; 5. Poor appetite or overeating; 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down; 7. Trouble concentrating on things such as reading the newspaper or watching television; 8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual; 9. Thoughts that you would be better off dead or or hurting yourself in some way. Optional question #10: If you checked off any problems, how difficult have these problems make it for you to do your work, take care of things at home, or get along with other people (not difficult - extremely difficult 4 point scale).	Multiple contexts especially healthcare settings in migration & emergency contexts	9 questions on a scale of 1 - 3, with 0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day. Measures disabling distress/ symptoms	Arabic, English, French, Spanish	Annex 8, p87 https://inter-agencystandingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf
Brief Resilience Scale	Assessment and Monitoring tool	Ohio State University	6 items on a Likert scale from strongly agree - strongly disagree. 1. I tend to bounce back quickly after hard times; 2. I have a hard time making it through stressful events; 3. It does not take me long to recover from a stressful event; 4. It is hard for me to snap back when something bad happens; 5. I usually come through difficult times with little trouble; 6. I tend to take a long time to get over setbacks in my life	Multiple contexts	Age 18+ yrs. Self-report. Scoring: Add the responses varying from 1-5 for all six items giving a range of 6-30. Divide the total sum by the total number of questions answered. Measures coping	Arabic, English, French, Spanish	https://ogg.osu.edu/media/documents/MB%20Stream/Brief%20Resilience%20Scale.pdf

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Children's Hope Scale	Assessment and Monitoring tool	Dr. Charles R. Synder, Kansas University	The six sentences below describe how children think about themselves and how they do things in general. When administered to children, the scale should be called 'Questions About Your Goals'. 1. I think I am doing pretty well; 2. I can think of many ways to get the things in life that are most important to me; 3. I am doing just as well as other kids my age; 4. When I have a problem I can come up with lots of ways to solve it; 5. I think the things I have done in the past will help me in the future; 6. Even when others want to quit, I know that I can find ways to solve the problem.	Multiple contexts, migration & emergency	Self-report instrument for children aged 8-16yrs old. For each sentence, place a check inside the circle that describes YOU the best. Likert scale (none of the time; a little of the time; some of the time; a lot of the time; most of the time & all of the time). The three odd-numbered items tap agency, and the three even-numbered items tap pathways.	Arabic, English, French, Spanish	Annex 8, p73 https://inter-agencystandingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf
Short Adapted Social Capital Assessment Tool (SASCAT)	Assessment and Monitoring tool	Young Lives Study, University of Oxford: www.younglives.org	9-item scale. Q1. In the last 12 months have you been an active member of any of the following types of groups in your community? Q2. In the last 12-months, did you receive from the group [A] any emotional help, economic help, or assistance in helping you know or do things; Q3. In the last 12-months, did you receive from the group [B] any emotional help, economic help, or assistance in helping you know or do thing?; Q4. In the last 12-months, have you joined together with other community members to address a problem or common issue?; Q5. In the last 12-months, have you talked with a local authority or governmental organisation about problems in this community?; Q6. In general, can the majority of people in this community be trusted?; Q7. Do the majority of people in this community generally get along with each other?; Q8. Do you feel as though you are really a part of this community?; Q9. Do you think that the majority of people in this community would try to take advantage of you if they got the chance?	Multiple contexts - especially useful for migrants, refugees, and other marginalised/ excluded groups	The 9-item SASCAT is used to measure the individual social capital of caregivers of children aged 1 and 8 years old. The measure explores the association between caregiver's social capital and different aspects of child well-being, for example educational outcomes and physical and mental health. The tool could also be used to measure ecological social capital by administering it to a representative sample of a community and aggregating their responses.	Arabic, English, French, Spanish	Annex 8, p96 https://inter-agencystandingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf

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Oslo-3 Social Support Scale	Assessment and Monitoring tool	Norwegian Institute of Public Health	Perceived availability of people whom the individual trusts and who make one feel cared for, loved, esteemed and valued as a person. 3 item scale. Q1: How easy is it for you to get help from neighbours if you should need it? (very easy, easy, possible, difficult, very difficult); Q2. How many people are so close to you that you can count on them if you have serious problems? (none, 1-2, 3-5, 5+) Q3. How much concern do people show in what you are doing? (a lot, some, uncertain, little, no)	Multiple contexts - especially useful for migrants, refugees, and other marginalised/ excluded and isolated groups	The OSS-3 includes three items that are considered to be predictive of mental health and related to social support. The measure is a self-report instrument. The score from the three questions ranges from 3-14 with 3-8=poor, 9-11=moderate and 12-14=strong social support	Norwegian, English, Urdu, French, German	Annex 8, p86 https://inter-agencystandingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf
Alcohol Use Disorders Identification Test (AUDIT)	Assessment and Monitoring Tool	WHO	The AUDIT is a 10 item questionnaire that assesses an individual's alcohol use. It includes questions as to quantity and frequency of alcohol use, binge drinking, symptoms of dependence, and alcohol-related problems. It is well known for identifying people who have alcohol related problems but for whom alcohol dependence does not apply. It has also been found to be useful across multiple cultural groups and in identifying alcohol use problems among men and women aged 12+yrs.	Multiple contexts, can also be used individually by staff and volunteers (self-care check)	10-item questionnaire. Administered as self-report instrument or an interview. Measures disabling distress/ symptoms	Arabic, English, French & Spanish	https://www.who.int/substance_abuse/publications/audit/en/ and IASC Common M&E Framework for MHPSS Programmes in Emergency Settings, Annex 8, p68 https://interagencystandingcommittee.org/system/files/2021-09/%20IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings-%20With%20means%20of%20verification%20%28Version%202.0%29.pdf
Drug Abuse Screening Test (DAST-10)	Assessment Tool	Dr. Harvey Skinner, York University, Toronto, Canada and by the Centre for Addiction and Mental Health, Toronto, Canada.	The Drug Abuse Screening Test (DAST) was designed to be used in a variety of settings to provide a quick index of drug use problems. The 10 item DAST-10 is intended as a brief tool for screening and case finding	Multiple contexts especially: healthcare, workplace, social services, education, criminal justice/ detention settings	10-item administered as self-report. Measures disabling distress/ symptoms	English	http://bit.ly/DAST_inst and links to scoring information: https://www.dropbox.com/s/t7i2uyc9rdukxw7/DAST%20Guide%202019.docx?dl=0

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Alcohol, Smoking and Substance Involvement Screenign Test (ASSIST)	Assessment Tool	WHO	8 item questionnaire to assess use of 10 different categories of substance use. It can be used to provide an indication of the level of risk associated with a person's substance use, and whether use is hazardous and likely to be causing harm (now or in the future) if it continues	Stable contexts, especially used in primary healthcare and social work settings	Administered by a social service worker or a health worker, takes 10mins to administer. Measures disabling distress/ symptoms	English	https://www.who.int/publications/i/item/978924159938-2
The UCLA 3-item Loneliness Scale	Assessment & Monitoring Tool	UCLA	3-item scale: (1) How often do you feel you lack companionship; (2) How often do you feel left out?; (3) How often do you feel isolated from others? Three response categories: Hardly ever/ Some of the time/ Often (coded 1, 2, 3)	Stable contexts - tested in the USA and UK. Useful for older adults and students	Self-report measure or survey questions (also used in telephone surveys/ follow up). Measures social connectedness/ integration	English	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/
Insomnia Severity Index	Assessment & Monitoring Tool	Dr. Charles Morin, University of Laval, Canada	7 questions: (1) Please rate the current severity of your insomnia problems? (2) How satisfied/ dissatisfied are you with your current sleep pattern?; (3) To what extent do you consider sleep problems to interfere with your daily functioning?; (4) How noticeable to other do you think your sleeping problem is in terms of impairing the quality of your life?; (5) How concerned are you about your current sleep problem?; (6) To what extent do you believe the following factors are contributing to your sleep problem?; (7) After a poor night's sleep, which of the following problems do you experience on the next day?	All contexts (emergency and non-emergency). Used by ICRC. Could also be used as a self-care tool for RCRC staff and volunteers.	Self-report measure.	English, Portuguese, Italian, German, Persian/ Farsi	https://www.ons.org/sites/default/files/InsomniaSeverity-Index_ISI.pdf
AUDIT-C	Assessment & Monitoring Tool	WHO	3 item scale: (1) How often you do you have a drink containing alcohol?; (2) How many drinks containing alcohol do you have on a typical day when you are drinking?; (3) How often do you have six or more drinks on one occasion?	Multiple contexts, can also be used individually by staff and volunteers (self-care check)	3-item questionnaire. Administered as self-report instrument or an interview. Measures disabling distress/ symptoms	English, Spanish, Hindi, Japanese, Thai	https://www.who.int/publications/i/item/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care
Dimensions of Anger Reactions (DAR 5)	Assessment & Monitoring Tool	Phoenix Australia	5 item questionnaire on a likert scale: none, little, some, most, all of the time. (1) I found myself getting angry at people or situations; (2) When I got angry, I got really mad; (3) When I got angry, I stayed angry; (4) When I got angry at someone I wanted to hit them; (5) My anger prevented me from getting along with people as well as I'd have liked to.	All contexts (emergency and non-emergency). Could also be used as a self-care tool for RCRC staff and volunteers. Measures social behaviour. Used by ICRC.	Self-report measure with 3 items and a likert scale recording.	English	www.phoenixaustralia.org/disaster-hub

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Adapted Religiosity Scale	Assessment & Monitoring Tool	Maarthur, 2012 ?? (Check with Bhava/ ICRC)	6 item scale with 5 item likert scoring. (1) I am very religious; (2) I believe in God or a higher being; (3) My religion/ faith is very important to me; (4) I go to church/ temple/ mosque/ synagogue or place of worship/ religious practice regularly; (5) Spiritual values are more important than material things; (6) If people in {specific country} were more religious, this would be a better country.	All contexts (emergency and non-emergency). Used by ICRC	Self-report measure with 6 items scored on a likert scale (strongly disagree, disagree, neutral, agree to strongly agree). Note: Original response scale 1 = Strongly agree, 5 = Strongly disagree, and responses were reverse scored so that higher total scores indicates stronger religiosity.	English	https://www.researchgate.net/publication/263326572_Measurement_and_meaning_of_religiosity_A_cross-cultural_comparison_of_religiosity_and_charitable_giving
Canterbury Wellbeing Survey	Assessment & Monitoring Tool	Canterbury District Health Board (2019) and Canterbury Earthquake Recovery Authority (2016)-multi-agency initiative	"Broader focus on wellbeing and factors that impact on wellbeing. Describes the wellbeing of the greater Christchurch population in New Zealand across 57 indicators organised into 10 domains. The emotional wellbeing domain was measured using the WHO-5 index. Subjective Wellbeing was measured using the below 4 indicators. <ul style="list-style-type: none"> • Overall quality of life • Emotional wellbeing (using the WHO-5) • Stress • Sense of purpose" 	Emergency and post-emergency contexts	Self-report measure across 57 indicators organised into 10 domains: Subjective Wellbeing; Civic Engagement; Education; Employment; Environment; Health; Housing, Income; Safety; Social Capital.	English	https://www.canterburywellbeing.org.nz/

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He Tohu Ora Wellbeing scale	Assessment & Monitoring Tool	Te Kupenga (2013 and 2018), a survey of Māori wellbeing across New Zealand conducted by Statistics New Zealand; the Census of Population and Dwellings (2018); and the Canterbury Wellbeing Survey (2012–2020), which is produced by the Canterbury District Health Board	Uses a similar approach to the Canterbury wellbeing survey but focusing on Māori conceptualisations of wellbeing and factors that impact on wellbeing across 19 indicators.	Emergency and post-emergency contexts and with Māori groups	Self-report measure across 19 indicators organised into 10 domains.	Te Reo Māori & English	https://www.canterburywellbeing.org.nz/he-tohu-ora/