

Section A: Socio-Demographic Characteristics

This section collects basic socio-demographic information of the respondent.

A1. Interview information

- Interview ID (code)
- Name of the interviewer
- Date of interview

A2. Sex

- ☐ Female
- ☐ Male

A3. Age

- Age (in completed years):

A4. Marital status

What is your current marital status?

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced

A5. Children

Do you have children?

- ☐ Yes
- ☐ No

If yes, how many children do you have?

- ☐ 1–2
- ☐ 3–4
- ☐ More than 4

A6. Educational level

What is the highest level of education you have completed?

- ☐ No formal education
- ☐ Primary education

- ☐ Secondary education
- ☐ University / higher education

A7. Current main activity

Do you currently have a main income-generating activity?

- ☐ Yes
- ☐ No

If yes, what is your current main activity?

- ☐ Casual labor
- ☐ Small trade or business
- ☐ Agriculture / livestock farming
- ☐ Other (please specify):

A8. Occupation before displacement

Did you have an occupation before displacement?

- ☐ Yes
- ☐ No

If yes, what was your occupation before displacement?

- ☐ Casual labor
- ☐ Small trade or business
- ☐ Agriculture / livestock farming
- ☐ Other (please specify):

A9. Loss of property before arrival at the camp

Did you lose any property before arriving at this camp?

- ☐ Yes
- ☐ No

If yes, what did you lose? (Multiple responses possible)

- ☐ House
- ☐ Vehicle
- ☐ Livestock

- ☐ Land
- ☐ Mobile phone
- ☐ Bicycle
- ☐ Other (please specify):

A10. Religion or belief

What is your religion or belief?

- ☐ Catholic
- ☐ Protestant
- ☐ Evangelical
- ☐ Muslim
- ☐ Adventist
- ☐ Other (please specify):

Section B: Displacement History and Living Arrangements

This section explores the displacement trajectory and living arrangements of the respondent.

B1. Length of stay in the camp

How long have you been living in this camp?

- ☐ 1–3 months
- ☐ 4–6 months
- ☐ 7–12 months
- ☐ More than 12 months

B2. Previous displacement

Have you lived in another displacement camp before this one?

- ☐ Yes
- ☐ No

If yes, how long did you live in the previous camp?

- ☐ 1–2 months
- ☐ 3–4 months

- ☐ 5–6 months
- ☐ More than 6 months

B3. Reason for leaving the previous camp

Why did you leave the previous camp?

(Multiple responses possible)

- ☐ Insecurity
- ☐ Overcrowding / lack of privacy
- ☐ Lack of shelters or tents
- ☐ Destruction of the camp
- ☐ Closure of the camp
- ☐ Other (please specify):

B4. Place of origin

Where were you living before displacement?

(Open-ended)

B5. Living arrangement upon arrival

With whom are you currently living in this camp?

- ☐ Alone
- ☐ With family
- ☐ With friends
- ☐ Other (please specify):

B6. Type of shelter

What type of shelter do you currently live in within the camp?

- ☐ Tent
- ☐ Permanent house (brick or concrete)
- ☐ Hut
- ☐ No shelter
- ☐ Other (please specify):

B7. Household size

How many people live in your household?

(Number):

B8. Access to water

What is your main source of water?

- ☐ Borehole
- ☐ River
- ☐ Water distribution points
- ☐ Well
- ☐ Public tap / fountain
- ☐ Other (please specify):

B9. Access to healthcare

Do you have access to medical care when you are sick?

- ☐ Yes
- ☐ No

B10. Perceived safety in the camp

Do you feel safe in the camp at night while sleeping?

- ☐ Yes
- ☐ No

Do you feel safe in the camp when going to the fields, fetching water, using latrines, or during other daily activities?

- ☐ Yes
- ☐ No

Do you feel safe in the camp when you are alone?

- ☐ Yes
- ☐ No

B11. Loss of family members

Have you lost a family member due to the conflict?

- ☐ Yes
- ☐ No

If yes, who did you lose?

- ☐ Child
- ☐ Husband
- ☐ Wife
- ☐ Parent
- ☐ Other (please specify):

Section C: Exposure to Violence Before Displacement

*This section documents exposure to different forms of violence experienced **before arrival at the displacement camp**.*

C1. Loss of a family member before displacement

Did you lose a family member due to the conflict before displacement?

- ☐ Yes
- ☐ No

If yes, who did you lose?

- ☐ Child
- ☐ Husband
- ☐ Wife
- ☐ Parent
- ☐ Other (please specify):

C2. Abduction

Have you ever been kidnapped or abducted before displacement?

- ☐ Yes
- ☐ No

C3. Family separation

Were you separated from your family before displacement?

- ☐ Yes
- ☐ No

If yes, from whom were you separated?

- ☐ Child

- ☐ Husband
- ☐ Wife
- ☐ Parent
- ☐ Other (please specify):

C4. Witnessing rape

Have you ever witnessed a rape before displacement?

- ☐ Yes
- ☐ No

C5. Sexual violence experienced

Before displacement, were you ever forced to have sexual intercourse, kissed, touched, or subjected to any other sexual activity against your will?

- ☐ Yes
- ☐ No

If yes, how many times?

- ☐ Once
- ☐ Twice
- ☐ More than twice

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group
- ☐ Civil authority
- ☐ Family member
- ☐ Other (please specify):

C6. Psychological violence

Before displacement, were you repeatedly insulted, humiliated, or threatened?

- ☐ Yes
- ☐ No

If yes, how many times?

- ☐ Once
- ☐ Twice
- ☐ More than twice

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group
- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

C7. Witnessing torture

Did you ever witness acts of torture before displacement?

- ☐ Yes
- ☐ No

If yes, who was/were the victim(s)?

- ☐ Child
- ☐ Husband
- ☐ Wife
- ☐ Parent
- ☐ Other (please specify):

C8. Experiencing torture

Were you ever subjected to acts of torture before displacement?

- ☐ Yes
- ☐ No

C9. Attempted rape

Did anyone ever attempt to rape you before displacement?

- ☐ Yes
- ☐ No

If yes, how many times?

- ☐ Once
- ☐ Twice
- ☐ More than twice

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group
- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

C10. Physical violence

Were you beaten, slapped, or physically injured before displacement?

- ☐ Yes
- ☐ No

C11. Witnessing violence against others

Before displacement, did you witness violence against children and/or elderly persons?

- ☐ Yes
- ☐ No

C12. Specific traumatic events experienced before displacement

(Multiple responses possible)

- ☐ Destruction of your house or loss of property
- ☐ Armed combat near your home
- ☐ Seeing dead bodies or mutilated corpses
- ☐ Witnessing the killing of a person
- ☐ Loss of close family members due to conflict
- ☐ Witnessing a scene of torture
- ☐ Being threatened

- ☐ Physical assault
- ☐ Witnessing violence against children and/or elderly persons
- ☐ Separation from a family member
- ☐ Being subjected to torture
- ☐ Attempted rape
- ☐ Sexual assault
- ☐ Witnessing a rape
- ☐ Prolonged lack of food or water
- ☐ Lack of access to medical care
- ☐ Kidnapping

Section D: Exposure to Violence After Arrival at the Camp

This section documents exposure to different forms of violence experienced after arrival in the displacement camp.

D1. Physical violence in the camp

Since arriving at the camp, have you been beaten, slapped, or physically injured?

- ☐ Yes
- ☐ No

D2. Attempted sexual violence

Since arriving at the camp, has anyone attempted to rape you?

- ☐ Yes
- ☐ No

If yes, how many times?

- ☐ Once
- ☐ Twice
- ☐ More than twice

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member

- ☐ Armed group
- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

D3. Sexual violence experienced

Since arriving at the camp, have you been forced to have sexual intercourse, kissed, touched, or subjected to any other sexual activity against your will?

- ☐ Yes
- ☐ No

If yes, how many times?

- ☐ Once
- ☐ Twice
- ☐ More than twice

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group
- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

D4. Psychological violence

Since arriving at the camp, have you been repeatedly insulted, humiliated, or threatened?

- ☐ Yes
- ☐ No

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group

- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

D5. Experiencing torture

Since arriving at the camp, have you been subjected to acts of torture?

- ☐ Yes
- ☐ No

D6. Loss of a family member in the camp

Have you lost a family member since arriving at the camp?

- ☐ Yes
- ☐ No

If yes, who did you lose?

- ☐ Child
- ☐ Husband
- ☐ Wife
- ☐ Parent
- ☐ Other (please specify):

D7. Witnessing violence or torture

Since arriving at the camp, have you witnessed acts of violence or torture?

- ☐ Yes
- ☐ No

Who was/were the alleged perpetrator(s)?

- ☐ Intimate partner
- ☐ Community member
- ☐ Armed group
- ☐ Family member
- ☐ Not identified
- ☐ Other (please specify):

D8. Insecurity during daily activities

Do you feel unsafe when going to fetch water or carrying out daily activities in the camp?

- ☐ Yes
- ☐ No

D9. Feeling unsafe when alone

Do you feel unsafe when you are alone in the camp?

- ☐ Yes
- ☐ No

D10. Insecurity at night

Do you feel unsafe at night while sleeping in the camp?

- ☐ Yes
- ☐ No

D11. Survival-related sexual exploitation

Since arriving at the camp, have you been forced to engage in sexual acts in exchange for food, shelter, or other basic needs?

- ☐ Yes
- ☐ No

D12. Rape

Since arriving at the camp, have you been raped?

- ☐ Yes
- ☐ No

D13. Access to healthcare

Since arriving at the camp, have you had access to healthcare services when needed?

- ☐ Yes
- ☐ No

Section E: Coping Behaviors and Substance Use

This section explores coping behaviors and substances using following exposure to traumatic events.

E1. Substance uses after traumatic events

Since the traumatic event(s), have you used substances such as alcohol, drugs, or cigarettes?

- ☐ Yes
- ☐ No

E2. Frequency of substance use

If yes, how often do you use these substances?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

F. Most traumatic event

Among all the events you experienced before displacement, which one affected or traumatized you the most?

(Open-ended)

Based on the event identified as the most traumatic, the following sections assess symptoms of anxiety, depression, and post-traumatic stress experienced by the respondent.

Section G: Anxiety symptoms (GAD-7)

This section assesses symptoms of anxiety experienced by the respondent since the identified traumatic event, using the Generalized Anxiety Disorder scale (GAD-7).

(Use “✓” to indicate your answer)

	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1	Feeling nervous, anxious or on edge	☒	☐	☐	☐
2	Not being able to stop or control worrying	☐	☐	☐	☐
3	Worrying too much about different things	☐	☐	☐	☐
4	Trouble relaxing	☐	☐	☐	☐
5	Being so restless that it is hard to sit still	☐	☐	☐	☐
6	Becoming easily annoyed or irritable	☐	☐	☐	☐
7	Feeling afraid as if something awful might happen	☐	☐	☐	☐

Section H: Depressive symptoms (PHQ-9)

This section evaluates depressive symptoms experienced by the respondent since the identified traumatic event, using the Patient Health Questionnaire (PHQ-9).

(Use “✓” to indicate your answer)

by any of the following problems?	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	☐	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping 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 noticed?	☐	☐	☐	☐	☐
that you	☐	☐	☐	☐	☐
9. Thoughts	☐	☐	☐	☐	☐

Section I: Post-traumatic stress symptoms (PCL-5)

This section assesses symptoms of post-traumatic stress disorder experienced since the identified traumatic event, using the Post-Traumatic Stress Disorder Checklist for DSM-5 (PCL-5).

Column 1	In the past month, how much were you bothered by:	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
1.	Repeated, disturbing, and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
2.	Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
3.	Suddenly feeling or acting as if the stressful experience were actually happening again (as if	☐	☐	☐	☐	☐

	you were actually back there reliving it)?					
4.	Feeling very upset when something reminded you of the stressful experience?	☐	☐	☐	☐	☐
5.	Having strong physical reactions when something reminded you of stressful experiences (for example, heart pounding, trouble breathing, sweating)?	☐	☐	☐	☐	☐
6.	Avoiding memories, thoughts, or feelings related to the stressful experience?	☐	☐	☐	☐	☐
7.	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	☐	☐	☐	☐	☐
8.	Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐
9.	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	☐	☐	☐	☐	☐
10.	Blaming yourself or someone else for the stressful experience or what happened after it?	☐	☐	☐	☐	☐
11.	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
12.	Loss of interest in activities that you used to enjoy?	☐	☐	☐	☐	☐
13.	Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
14.	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	☒	☐	☐	☐	☐
15.	Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
16.	Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐

17.	Being “superalert” or watchful or on guard?	☐	☐	☐	☐	☐
18.	Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
19.	Having difficulty concentrating?	☐	☐	☐	☐	☐
20.	Trouble falling or staying asleep?	☐	☐	☐	☐	☐

Minor contextual adaptations were made to certain items to ensure cultural relevance in the displacement camp setting (e.g., replacing “watching television” with “listening to the radio”), without modifying the meaning, structure, or scoring of the standardized instruments.