PSYCHOSOCIAL AND NEEDS ASSESSMENT FORM FOR INTERNALLY DISPLACED PERSONS

I- GENERAL INFORMATION

Date : _____

Camp : _____

Municipality: _____

Municipal Division: _____

Investigator's Name: _____

Household Code: _____

II. IDENTIFICATION OF THE INDIVIDUAL

Last Name and First Name: _____

Sex

☐Man

☐Woman

☐Other

Age : _____

Phone: _____

Civil Status

☐Single

☐Married

☐ (widow/widower)

☐Separated

Occupation before displacement:

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Place of origin:

Approximate date of displacement:

Number of displacements experienced:

☐First displacement

☐Second

☐More than two

Household Composition:

Category	Number
Adult men	
Adult women	
Boys (<18 years old)	
Girls (<18 years old)	
Elderly people	
People with disabilities	
Pregnant women	
Breastfeeding women	

III. DISPLACEMENT CIRCUMSTANCES

Main reason for the move

☐Armed attack

☐Direct Threats

☐Neighborhood Fire

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☐Assassination of a close relative

☐ Kidnapping

☐Sexual Violence

☐Force recruitment

☐Other

Specify :

Have you lost?

House

☐ Yes

☐ No

Assets

☐ Yes

☐ No

Jobs

☐ Yes

☐ No

Identity Documents

☐ Yes

☐ No

Family member(s)

☐ Yes

☐ No

If yes, specify:

IV. ASSESSMENT OF BASIC NEEDS

Food

Do you have enough food?

☐Always

☐Sometimes

☐Rarely

☐Never

Average number of meals per day

☐ 3

☐ 2

☐ 1

☐No regular meals

Water

Do you have clean drinking water?

☐ Yes

☐ No

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Distance to the water point:

Shelters

Is your shelter:

☐ Good

☐Medium

☐Bad

Protection against:

Rain

☐ Yes

☐ No

Wind

☐ Yes

☐ No

Insecurity

☐ Yes

☐ No

Health

Is anyone in the household sick?

☐ Yes

☐ No

If yes:

☐Chronic disease

☐Injury

☐Disability

☐Pregnant woman

☐ Malnutrition

☐Other

Access to healthcare?

☐Easy

☐Difficult

☐No access

Education

Do the children attend school?

☐All

☐A few

☐None

Why?

V. PSYCHOSOCIAL ASSESSMENT

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Since your displacement, how often do you feel?

Symptoms	Never	Rarely	Often	Always
Deep sadness	□	□	□	□
Anxiety	□	□	□	□
Permanent fear	□	□	□	□
Difficulty sleeping	□	□	□	□
Bad dreams	□	□	□	□
Repetitive Thoughts About the Event	□	□	□	□
Excessive anger	□	□	□	□
Difficulty concentrating	□	□	□	□
Social isolation	□	□	□	□
Feeling of despair	□	□	□	□

Have you experienced this personally?

☐Physical violence

☐Sexual Violence

☐ Kidnapping

☐ Torture

☐Loss of a close relative

☐Death threats

☐Testimony of a Murder

☐Family Separation

☐None

Since your move

Have you lost the will to live?

☐ Yes

☐ No

Have you ever thought about cutting yourself?

☐ Yes

☐ No

If yes:

Urgent Reference

☐ Yes

☐ No

VI. SOCIAL SUPPORT

Do you have a person close to you you can count on?

☐ Yes

☐ No

Do you receive regular assistance?

☐ Family

☐ ONG

☐ Church

☐Neighbors

☐Nobody

Do you participate in community activities?

☐Regularly

☐Sometimes

☐Never

Do you feel safe in the camp?

☐ Yes

☐Partially

☐ No

Why?

VII. PROTECTION

Over the past three months, have you experienced or observed:

Domestic violence

☐ Yes

☐ No

Sexual Violence

☐ Yes

☐ No

Exploitation

☐ Yes

☐ No

Child labor

☐ Yes

☐ No

Early marriage

☐ Yes

☐ No

Recruitment by armed groups

☐ Yes

☐ No

Discrimination

☐ Yes

☐ No

VIII. ADAPTATION STRATEGIES

When you're stressed, you:

☐Pray

☐Talk to a loved one

☐Stay alone

☐Cry

☐Use alcohol/drugs

☐Search for an activity

☐Other

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IX. PRIORITIES EXPRESSED BY THE INDIVIDUAL

Rank the three most urgent needs:

□ Food

□ Water

□ Shelters

□ Health

□ Drugs

□ Protection

□ Psychological support

□ Jobs

□ Education

□ Family reunited

□ Administrative Documents

□ Income-Generating Activities

□ Financial assistance

□ Other

X. INVESTIGATOR'S OBSERVATIONS

Observed emotional state:

☐ Stable

☐Anxious

☐Depressed

☐Disoriented

☐Agitated

☐In acute distress

Other observations:

XI. VULNERABILITY RATING

Assign a score to each domain		**Example of a marking scale**	
Domain	**Score**	**Score**	**Interpretation**
Nutritional Needs	/5	1	Critical need, completely unsatisfied
Health	/5	2	Very insufficient need
Shelters	/5	3	Need partially covered
Safety	/5	4	Need almost satisfied
Mental Health	/5	5	Need totally satisfied
Social Support	/5		
Protection	/5		
Total score:	**____ /35**		

Interpretation :

- **0–10 :** Low vulnerability (routine monitoring)
- **11–20 :** Moderate vulnerability (targeted support)
- **21–28 :** High vulnerability (priority support)
- **29–35 :** Critical vulnerability (immediate response and multisectoral coordination)

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XII. REFERENCING PLAN

Service	Yes	No
Psychosocial support	□	□
Psychological counseling	□	□
Medical Services	□	□
Nutrition	□	□
Child protection	□	□
Gender-based violence	□	□
Food assistance	□	□
Financial assistance	□	□
Relocation	□	□
Legal assistance	□	□

Team decision:

Surveyor's Name: _____

Signature : _____
