Measuring Well-being

A Sample of Mental Health and Well-being Scales for Immigrant Communities

June 2023

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Overview

This reference list is a tool for researchers and organizations that wish to measure the impact of mental health and well-being interventions geared toward immigrant populations. It provides a snapshot of selected validated scales within the following domains: 1) Discrimination (Racism); 2) Resilience; 3) Stress, Anxiety, and Depression; 4) Trauma; 5) Well-being; and 6) the COVID-19 Pandemic. Each scale is paired with at least one reference article, a high-level description of the instrument, and reviewer notes from the researcher perspective.

Background

This reference list was developed throughout 2022 by researchers at the Leah Zallman Center for Immigrant Health Research (LZC) at the Institute for Community Health and the Addressing Disparities in Asian Populations through Translational research (ADAPT) Coalition at the Tufts Clinical and Translational Science Institute (CTSI). ADAPT is a signature program of the Tufts CTSI Stakeholder and Community Engagement Program. LZC and ADAPT joined forces to share background research we conducted to inform two separate but overlapping survey projects: LZC partnered with the City of Boston Mayor's Office for Immigrant Advancement (MOIA) and seven immigrant-led organizations to develop Weaving Well-being, and ADAPT partnered with the Asian American Resource Workshop (AARW) to investigate the specific experiences of immigration-impacted Asian communities in Boston. The list is non-comprehensive, and notes reflect thoughts from the research team as we considered the application of these tools for our specific evaluation projects. All partners agreed that the information gathered for these projects may be useful for other researchers and organizational leaders in the future. We recommend using it as a starting point for further investigation and action.

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Table of Contents

Discrimination

1. Subtle and Blatant Racism Scale for Asian Americans ✱ 1

Resilience

2. Attitudes Toward Seeking Professional Psychological Help Scale – Short Form 2
3. Beck Hopelessness Scale 2
4. Brief COPE ✱ 3
5. Brief Resilience Scale ✱ 3
6. Collectivist Coping Styles Inventory ✱ 4
7. Comprehensive Inventory of Thriving 4
8. Connor-Davidson Resilience Scale (10 and 25) ✱ 5
9. Flourishing Scale (FS) & Scale of Positive and Negative Experience 6
10. Immigration Policy Lab Integration Index ✱ 6
11. Multidimensional Scale of Perceived Social Support 6
12. Scale of Protective Factors 7
13. Sense of Belonging Instrument 8
14. Social Support Scale ✱ 8

Stress, Anxiety, and Depression

15. Acculturative Stress Scale ✱ 10
16. Depression, Anxiety, and Stress Scales ✱ 11
17. Generalized Anxiety Disorder ✱ 12
18. General Health Questionnaire ✱ 13
19. Hopkins Symptom Checklist-25 ✱ 14
20. Kessler Psychological Distress Scale ✱ 15
21. Patient Health Questionnaire ✱ 16
22. Perceived Stress Scale ✱ 17
23. Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale ✱ 18
24. Vietnamese Depression Scale ✱ 18

Trauma

25. Secondary Trauma Questionnaire ✱ 19
26. Trauma-Informed Practice Scales 20
27. Harvard Trauma Questionnaire-5 ✱ 20

Well-being

28. Five Facet Mindfulness Questionnaire 21
29. Mental Health Literacy Scale 21
30. Pittsburgh Sleep Quality Index ✱ 22
31. Three-Item Loneliness Scale ✱ 22
32. WHO-5 Well-Being Index ✱ 23

COVID-19 Pandemic

33. Pandemic Stress Index 24
34. COVID Stress Scales 24

Key

References marked with ✱ were developed for or have been validated in BIPOC[†] populations

† 'BIPOC' stands for Black, Indigenous, and People of Color

Discrimination

1 Subtle and Blatant Racism Scale for Asian Americans (SABR-A^2)[1]

Yoo, H. C., Steger, M. F., & Lee, R. M. (2010). Validation of the subtle and blatant racism scale for Asian American college students (SABR-A^2). *Cultural Diversity and Ethnic Minority Psychology*, *16*(3), 323.

Scale: An 8-item (originally 10 items), 5-point scale (1 = almost never to 5 = almost always)

Population/Study Sample: Study 1 (exploratory factor analysis): 55 self-identified Asian American undergraduate students from a large, public Midwestern university. Study 2: 193 self-identified Asian American undergraduate students from a large, public Southwestern university

Reviewer Notes for Researchers: Designed for college students, which is obvious in some items (e.g., "excel in school," though this is excluded from the 8-item version). 2 subscales: blatant and subtle (racial bias or stereotype) racism.

[1] First author, Hyung Chol Yoo: yoo@asu.edu

Resilience

✱ validated in BIPOC populations

2 [Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF)]

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, *36*(4), 368–373.

Scale: A 10-item scale for measuring attitudes toward seeking professional psychological help. Items are rated on a 4-point Likert scale (3 = Agree, 0 = Disagree).

Scoring: Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help.

Reviewer Notes for Researchers: Widely used in help-seeking settings and considered gold standard when assessing attitudes toward mental health. Focuses on patients seeking individual consultation with a mental health professional in a specific type of clinical setting, which may not be relevant to those who are open to psychological help but would prefer alternative or group-based healing modalities. Verbiage can also be a bit leading and hyperbolic.

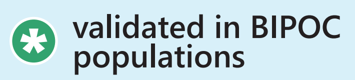
3 Beck Hopelessness Scale

Beck, A.T. (1988). Beck Hopelessness Scale. San Antonio, TX: The Psychological Corporation.

Scale: A 20-item self-report assessment to evaluate 3 dimensions of hopelessness: feelings about the future; loss of motivation; and expectations. Designed for adults ages 17-80.

Scoring: Total BHS score is a sum of item responses and can range from 0 to 20 such that higher scores reflect higher levels of hopelessness. Scores ranging from 0 to 3 are considered within the normal range; scores ranging from 4 to 8 identify mild hopelessness, 9 to 14 moderate helplessness, and greater than 14 severe hopelessness (Beck & Steer, 1988).

Reviewer Notes for Researchers: This tool was originally conceived to study suicidal ideation in clinical settings. Practitioners who work with populations that have faced particular trauma may need to carefully consider whether to administer this instrument, given the nature of its questions. For example, the survey asks that participants agree or disagree with the following statement, "I might as well give up because there's nothing I can do to make things better for me." This tool may be best suited for clinical professionals. Additionally, the T/F scale is dichotomous, which means less nuance in a topic as sensitive as this. Practitioners may want to consider letting participants elaborate on their responses in a follow-up or allow more room to do so.



4 Brief COPE

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, *4*, 92-100.

Scale: A 28-item, 4 point scale (0 = I haven't been doing this at all to 3 = I've been doing this a lot)

Population/Study Sample: 168 participants seriously affected by Hurricane Andrew, primarily non-Hispanic white (40%) and African American (34%)

5 Brief Resilience Scale

Scale: A 6-item, 5-point scale (Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5))

Scoring: Items 2, 4, and 6 are reverse scored. Score = the mean of the six items.

Reviewer Notes for Researchers: Between the BRS and the BCRS, we recommend the BRS. Both showed "good criterion validity, with well-established measures of well-being, optimism, self-esteem, self-efficacy and mental health, as suggested in the resilience literature. The factor structure and psychometric properties of the 6-item BRS are better than those of the 4-item BRCS. Therefore, researchers in clinical practice should find the BRS a handy tool for use in epistemological surveys and for evaluating the effectiveness of intervention programmes."

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, *15*(3), 194-200.

Population/Study Sample: Sample 1 = 128 undergraduate students. Sample 2 = 64 undergraduate students. Sample 3 = 112 cardiac rehabilitation patients. Sample 4 = 50 women who either had fibromyalgia (n = 20) or were healthy controls (n = 30). All four samples were recruited from a medium-sized metropolitan area in the southwestern United States.

Fung, S. F. (2020). Validity of the Brief Resilience Scale and Brief Resilient Coping Scale in a Chinese sample. *International Journal of Environmental Research and Public Health*, *17*(4), 1265.

Population/Study Sample: 511 undergraduate students in Guangzhou, China

validated in BIPOC populations

6 Collectivist Coping Styles Inventory

Heppner, P. P., Heppner, M. J., Lee, D. G., Wang, Y. W., Park, H. J., & Wang, L. F. (2006). Development and validation of a Collectivist Coping Styles inventory. *Journal of Counseling Psychology*, *53*(1), 107.

Scale: A 30-item, 6 point scale (0 = never used this strategy/not applicable, 1 = used but of no help at all, and 5 = a tremendous amount of help)

Population/Study Sample: 3 studies involving over 3,000 college students in Taiwan

Reviewer Notes for Researchers: "Inventory was based on previous empirical research on Asian values as well as the coping literature in the United States . . . We viewed collectivism as the predominant cultural value that framed the coping styles of the respondents." The CCS includes key coping constructs from the United States as well. "Scores on the CCS represent responses to a specific trauma or stressful event, and thus it is a situation-specific inventory."

7 Comprehensive Inventory of Thriving (CIT)

Su, R., Tay, L., & Diener, E. (in press). The development and validation of Comprehensive Inventory of Thriving (CIT) and Brief Inventory of Thriving (BIT). *Applied Psychology: Health and Well-being*.

Scale: A 5-point scale questionnaire (1 = Strongly Disagree, 5 = Strongly Agree) that (1) measures a broad range of psychological well-being constructs, representing a holistic view of positive functioning; and (2) predicts important health outcomes that are useful for researchers and health practitioners.

Reviewer Notes for Researchers: Focuses on well-being at the individual level and community levels. Comprehensive across several themes and sub-themes. Wording can be a bit abstract but appears to be more adaptable than the FFMQ scale (see Item 9, p. 6).

[2] Scale is available for a fee. Contact mail@cd-risc.com with queries.

validated in BIPOC populations

8 Connor-Davidson Resilience Scale (25 and 10)[2]

Scale: A 10- or 25-item, 5-point scale, 0 ("not true at all") to 4 ("true nearly all of the time")

Scoring: Sum all item answers for the score. Higher total score = greater ability to cope with adversity.

Connor-Davidson Resilience Scale (25 item)

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, *18*(2), 76-82.

Population/Study Sample: Connor and Davidson developed/tested the CD-RISC scale with 806 predominantly white participants (non-help seeking, primary care outpatients, psychiatric out-patients in private practice, subjects in a study of generalized anxiety disorder, and subjects in two clinical trials of PTSD).

Reviewer Notes for Researchers: High sensitivity to overall improvement of patients suffering from post-traumatic stress disorder (PTSD) after receiving psychological treatments.

Yu, X., & Zhang, J. (2007). Factor analysis and psychometric evaluation of the Connor-Davidson Resilience Scale (CD-RISC) with Chinese people. *Social Behavior and Personality: an international journal*, *35*(1), 19-30.

Connor-Davidson Resilience Scale (10 item)

Wang, L., Shi, Z., Zhang, Y., & Zhang, Z. (2010). Psychometric properties of the 10-item Connor–Davidson Resilience Scale in Chinese earthquake victims. *Psychiatry and Clinical Neurosciences*, *64*(5), 499-504.

Population/Study Sample: 341 primary and secondary teachers who were earthquake victims in China

Reviewer Notes for Researchers: Good internal consistency (Cronbach's alpha = 0.91) and test-retest reliability (r = 0.90 for a two-week interval).

Cheng, C., Dong, D., He, J., Zhong, X., & Yao, S. (2020). Psychometric properties of the 10-item Connor–Davidson Resilience Scale (CD-RISC-10) in Chinese undergraduates and depressive patients. *Journal of Affective Disorders*, 261, 211-220.

Population/Study Sample: 2,230 undergraduates from Hunan province and 293 patients with major depressive disorder (MDD) from psychological clinics

Reviewer Notes for Researchers: CD-RISC-10 showed good reliability and validity, including acceptable internal consistency and criterion-related validity.

9 Flourishing Scale (FS) & Scale of Positive and Negative Experience (SPANE)

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, DW., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, *97*(2), 143-156.

Scale: Evaluates general aspects of social and psychological functioning/well-being and sense of perceived accomplishment.

Reviewer Notes for Researchers: Short, easily accessible scales that are within the public domain. Scales may be used without permission or changed as long as credit is given to the authors in any printed materials. Widely cited in the literature on well-being measurements.

10 Immigrant Integration Index of the Immigration Policy Lab (IPL)

Harder, N., Figueroa, L., Gillum, R. M., Hangartner, D., Laitin, D. D., & Hainmueller, J. (2018). Multidimensional measure of immigrant integration. *Proceedings of the National Academy of Sciences*, *115*(45), 11483-11488.

Scale: Questions are scored on a 1-5 Likert-scale measurement. For example, "In this country, how difficult or easy would it be for you to do the following? See a doctor." Response options range from "Very Difficult" to "Very Easy."

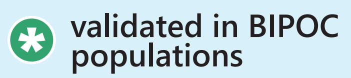
Reviewer Notes for Researchers: This clear and concise tool comes in a short form (12-item) and long form (24-item) questionnaire. Accessible online and in a paper form. Developed in 2018, the IPL-12 and IPL-24 are newer tools but based on solid theoretical grounding. Some language is potentially othering as it distinguishes respondents from "Americans." Questions aimed at understanding knowledge of American norms may not necessarily yield nuanced analysis.

11 Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*, 30–41.

Scale: A 12-item scale to measure the perceived adequacy of social support from family, friends, and significant others. 1-7 scales where 1 is "Very Strongly Disagree" and 7 is "Very Strongly Agree." Sample statements include "There is a special person who is around when I am in need" and "I can count on my friends when things go wrong."

Reviewer Notes for Researchers: Multilingual validated versions of this instrument have been tested and hold up well. 1-7 scale is too granular. Consider omitting fringe responses.



12 Scale of Protective Factors

Scoring: Sum item scores for total. Scores at or below 32 are considered low, scores between 33 and 42 are considered moderate, and scores at or above 43 are considered high.

Ponce-Garcia, E., Madewell, A. N., & Kennison, S. M. (2015). The development of the Scale of Protective Factors: Resilience in a violent trauma sample. *Violence and Victims*, *30*(5), 735-755.

Scale: A 24-item, 7-point scale (1=disagree completely, 2=disagree moderately, 3=disagree somewhat, 4=neither disagree not agree, 5=agree somewhat, 6=agree moderately, 7=agree completely)

Population/Study Sample: Developed among 942 college students

Reviewer Notes for Researchers: "SPF-24, CD-RISC, and RS assess the same construct. However, the results indicate that the SPF-24 accounts for unique variance in social support, social skills, and prioritizing/planning behavior . . . Unlike the CD-RISC and RS, which measure overall resilience, the SPF-24 is designed to assess specific social-interpersonal and cognitive-individual protective factors known to be determinates of resilience." Can separately assess the four subscales for cognitive vs. social factors of resilience (subscales: social support, social skills, planning behavior, goal efficacy).

Madewell, A. N., Ponce-Garcia, E., Bruno-Casteñeda, B., Struck-Downen, S., & Taylor, H. D. (2021). An abbreviation of the Scale of Protective Factors: Resilience in a medical trauma sample. *Current Psychology*, *40*(5), 2190-2200.

Scale: A 12-item, 5-point scale (1=disagree completely, 2=disagree somewhat, 3=neither disagree nor agree, 4=agree somewhat, 5=agree completely)

Population/Study Sample: 420 college students from a state university in the Southwestern region of the United States

Reviewer Notes for Researchers: Includes 3 items from each of the four subscales: social support (SUP), social skills (SKL), planning and prioritizing behavior (PLN), and goal efficacy (GE). Internal consistency reliability, Cronbach's alpha, for the SPF-12 was 0.94 and the subscales were SUP 0.93, SKL 0.84, PLN 0.74, and GE 0.83. SPF-12 total score positively correlated with the CD-RISC-10, negatively correlated with depression.

✱ validated in BIPOC populations

13 Sense of Belonging Instrument (SOBI)

Hagerty, B. M. K., & Patusky, K. (1995). Developing a measure of sense of belonging. *Nursing Research*, *44*(1), 9-13.

Scale: A 27-statement Likert-scale measurement of 2 elements of belonging: 1) valued involvement—an individual's perception that they are valued, needed or important, and 2) fit—that they are congruent with others, groups, organizations, environments or spiritual dimensions.

Population/Study Sample: 379 community college students, 31 adult patients in treatment for major depression, and 37 Roman Catholic nuns (aged 43–84 years)

Reviewer Notes for Researchers: Well-validated across multiple languages. SOBI-P focuses on an individual's sense of alienation while SOBI-A focuses more on their embeddedness; a mix of the two could present a balanced line of inquiry.

14 Medical Outcomes Study (MOS) Social Support Survey ✱

Scoring: Use mean item score for each subscale. Ignore items with missing values. Overall index is the mean item score of all items.

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS Social Support Survey. *Social Science & Medicine*, *32*(6), 705-714

Scale: A 19-item, 5-point scale (1=none of the time to 5=all of the time)

Population/Study Sample: Developed based on the responses of nearly 3,000 patients with chronic health conditions from the Medical Outcomes Study

Reviewer Notes for Researchers: 4 subscales: emotional/informational support (8 items), affectionate support (3 items), tangible support (4 items), positive interaction (4 items). "In conclusion, due to the evidence of some independence among the support subscales and because use of an overall index to test analytic hypotheses would make it difficult to determine which functions of support lead to different outcomes, we recommend scoring and using the support subscales separately."

Gjesfjeld, C. D., Greeno, C. G., & Kim, K. H. (2008). A confirmatory factor analysis of an abbreviated social support instrument: The MOS-SSS. *Research on Social Work Practice*, *18*(3), 231-237.

Scale: Comparison of the 18-, 12-, and 4-item, 5-point scale (12-item version leaves out questions 3, 4, 5, 8, 13, 19)

Population/Study Sample: 330 mothers from Medical Outcomes Study (mostly white)

Reviewer Notes for Researchers: Paper recommends 12-item scale for research. Four factors: "emotional-informational support, characterized by both emotional support and guidance or advice; tangible support, characterized by material aid or assistance; affectionate support, characterized by the expression of love and affection; and positive social interaction, characterized by the availability of individuals with whom to do fun things."

Medical Outcomes Study (MOS) Social Support Survey (continued)

Yu, D. S. F., Lee, D. T. F., & Woo, J. (2004). Psychometric testing of the Chinese version of the Medical Outcomes Study Social Support Survey (MOS-SSS-C). *Research in Nursing & Health*, *27*(2), 135-143.

Scale: A 20-item, 5-point scale

Population/Study Sample: 110 older patients with a documented diagnosis of heart failure in a regional hospital of Hong Kong

Reviewer Notes for Researchers: Cronbach's alpha of 0.98 for the overall scale and 0.93 to 0.96 for the subscales

Stress, Anxiety, and Depression

validated in BIPOC populations

Acculturative Stress Scale

- **Scoring:** Sum item scores for total score. Sum subscale item scores to reach total subscale score.

Sandhu, D. S., & Asrabadi, B. R. (1994). Development of an acculturative stress scale for international students: Preliminary findings. *Psychological Reports*, *75*(1), 435-448.

Scale: A 36-item, 5-point scale

Population/Study Sample: 128 international students across the United States, of whom 56 students were Asian (Chinese, Indian, Japanese, Korean, and Taiwanese)

Reviewer Notes for Researchers: This scale comprises six subscales, namely Perceived Discrimination, Homesickness, Perceived Hate, Fear, Stress Due to Change/Culture Shock, Guilt, and Miscellaneous.

Jang, Y., & Chiriboga, D. A. (2010). Living in a different world: Acculturative stress among Korean American elders. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *65*(1), 14-21.

Scale: An 8-item, 5-point scale drawn from the original 36-item scale

Population/Study Sample: 472 Korean Americans between the ages of 60-94

Reviewer Notes for Researchers: Using 8 items from the Acculturative Stress Scale, the researchers created two scales measuring task-oriented stress and emotion-oriented stress. Cronbach's alpha scores were satisfactory for both scales (0.73 for task-oriented stress and 0.87 for emotion-oriented stress).

16 Depression Anxiety Stress Scale-21 (DASS-21)

Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, Stress, and Coping*, *20*(3), 253-265.

Scale: A 21-item, 4-point scale

Population/Study Sample: 895 undergraduate students from the University of Houston

Reviewer Notes for Researchers: Beck Anxiety Inventory (BAI) had a stronger association with DASS-21 anxiety than Beck Depression Inventory (BDI) or Positive and Negative Affect Schedule (PANAS). BDI had a stronger association with DASS-21 depression than with BAI or PANAS.

Oei, T. P., Lin, J., & Raylu, N. (2008). The relationship between gambling cognitions, psychological states, and gambling: A cross-cultural study of Chinese and Caucasians in Australia. *Journal of Cross-Cultural Psychology*, *39*(2), 147-161.

Scale: A 21-item, 4-point scale

Population/Study Sample: 306 Caucasian and 195 Chinese participants in Brisbane, Australia

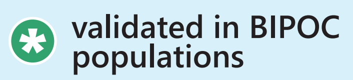
Reviewer Notes for Researchers: Assessed for reliability; confirmed factor structure and good psychometric properties.

Oei, T. P., Sawang, S., Goh, Y. W., & Mukhtar, F. (2013). Using the depression anxiety stress scale 21 (DASS-21) across cultures. *International Journal of Psychology*, *48*(6), 1018-1029.

Scale: An 18-item (3 items removed from the stress scale), 4-point scale

Population/Study Sample: 2,630 workers from Malaysia, Singapore, Sri Lanka, Indonesia, Taiwan, and Thailand

Reviewer Notes for Researchers: The 3 items removed were “I found it difficult to relax,” “I found myself getting agitated,” and “I felt that I was using a lot of nervous energy.” “The DASS-18 depression scale correlated highly with the Beck Depression Inventory (0.53) and unexpectedly with the Beck Anxiety Inventory (0.50). This suggested that the DASS-18 depression scale was not mainly a measure of depression. It was possible in this Asian sample that the DASS-18 depression scale measured negative affect . . . This was however not the case with the DASS-18 anxiety scale . . . Thus, the DASS-18 depression scale should be used with caution.”



17 Generalized Anxiety Disorder (GAD-7 and GAD-2)

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, *166*(10), 1092-1097.

Scale: A 7-item, 4-point scale (0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day)

Scoring: Cut-off score of 10

Population/Study Sample: 2,740 adult patients from 15 primary care sites located in 12 states

Reviewer Notes for Researchers: 89% of patients with generalized anxiety disorder (GAD) in this sample had scores of 10 or greater, 82% of patients without GAD had scores below 10. Cut-off points of 5, 10, and 15 might be respectively interpreted as representing mild, moderate, and severe levels of anxiety on the GAD-7.

Robinson, C. M., Klenck, S. C., & Norton, P. J. (2010). Psychometric properties of the Generalized Anxiety Disorder Questionnaire for DSM-IV among four racial groups. *Cognitive Behaviour Therapy*, *39*(4), 251-261.

Scale: A 7-item, 4-point scale (0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day)

Scoring: Cut-off score of 5.7

Population/Study Sample: 584 undergraduate students from the University of Houston, 17.5% of whom were African American (n=114), 28.3% Caucasian (n=184), 20.2% Hispanic/Latino (n=131), and 24% Asian (n=156); and 188 clinical participants at the University of Houston Anxiety Disorder Clinic, 10.6% of whom were African American (n=20), 61.7% Caucasian (n=116), 20.2% Hispanic/Latino (n=38), and 7.4% Asian (n=14)

Reviewer Notes for Researchers: "The results demonstrate excellent psychometric equivalence of the GAD-Q-IV across the racial groups inspected and indicate that the measure can be administered and interpreted similarly across these ethnicities with implications for both researchers as well as the practicing clinician."

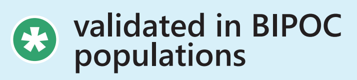
Hou, F., Bi, F., Jiao, R., Luo, D., & Song, K. (2020). Gender differences of depression and anxiety among social media users during the COVID-19 outbreak in China: A cross-sectional study. *BMC Public Health*, *20*(1), 1-11.

Scale: A 2-item, 4-point scale

Scoring: Cut-off score of 3

Population/Study Sample: 3,063 participants across China

Reviewer Notes for Researchers: Cronbach's alpha (internal consistency) of 0.8



Generalized Anxiety Disorder (GAD-7 and GAD-2) (Continued)

Zhang, X., Huang, X., Xiao, Y., Jing, D., Huang, Y., Chen, L., Luo, D., Chen, X., & Shen, M. (2019). Daily intake of soft drinks is associated with symptoms of anxiety and depression in Chinese adolescents. *Public Health Nutrition*, *22*(14), 2553-2560.

Scale: A 2-item, 4-point scale

Scoring: Did not use a cut-off score

Population/Study Sample: 8,085 newly enrolled college students in Changsha, China

Reviewer Notes for Researchers: Measure used, not validated.

18 General Health Questionnaire (GHQ)

Reviewer Notes for Researchers: The General Health Questionnaire (GHQ) is one of the most popular and widely used screening instruments for recognition and measurement of mental health. The original GHQ has 60 items. Other versions have 12, 20, 28, and 30 items; the GHQ-12 is widely used.

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, *9*(1), 139-145.

Scale: A 28-item, 4-point scale with 4 subscales

Shek, D. T. (1989). Validity of the Chinese version of the General Health Questionnaire. *Journal of Clinical Psychology*, *45*(6), 890-897.

Scale: A 30-item scale

Population/Study Sample: 2,150 secondary school students aged 11 to 20 years in Hong Kong

Liang, Y., Wang, L., & Yin, X. (2016). The factor structure of the 12-item General Health Questionnaire (GHQ-12) in young Chinese civil servants. *Health and Quality of Life Outcomes*, *14*(1), 1-9.

Scale: A 12-item scale

Population/Study Sample: 1,051 Chinese civil servants under the age of 45 in six cities (Nanjing, Shanghai, Suzhou, Hangzhou, Yangzhou, and Wenzhou)

General Health Questionnaire (GHQ) (Continued)

Chan, D. W. (1995). The two scaled versions of the Chinese General Health Questionnaire: A comparative analysis. *Social Psychiatry and Psychiatric Epidemiology*, *30*(2), 85-91.

Scale: A 20- vs. 28-item scale comparison

Population/Study Sample: Four Chinese samples of 150 general psychiatric patients, 549 school teachers, 653 university undergraduates, and 1,082 secondary school students in Hong Kong

Reviewer Notes for Researchers: The GHQ-20 was found to be comparable to, if not better than, the GHQ-28.

19 Hopkins Symptom Checklist-25 (HSCL-25)

Scale: A 25-item (10 for anxiety, 15 for depression), 4-point scale

Mollica, R. F., Wyshak, G., de Marneffe, D., Khuon, F., & Lavelle, J. (1987). Indochinese versions of the Hopkins Symptom Checklist-25: A screening instrument for the psychiatric care of refugees. *American Journal of Psychiatry*, *144*(4), 497-500.

Population/Study Sample: 65 Southeast Asian (Cambodian, Laotian, and Vietnamese) patients presenting to the Indochinese Psychiatry Clinic in Brighton, MA

Reviewer Notes for Researchers: An average score of higher than 1.75 on the depression items indicates clinical depression; an average score of higher than 1.75 on the whole measure signifies significant emotional distress. Scores indicate sensitivity/specificity of presence of depression (according to DSM-III, diagnoses of major depression = 0.88 and 0.73, respectively). There is a high correlation between changes in HSCL-25 scores and self-assessment of clinical improvement.

Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., Stevenson, J., & Westermeyer, J. (2002). Measuring trauma and health status in refugees: A critical review. *JAMA*, *288*(5), 611-621.

Reviewer Notes for Researchers: This literature review highlighted that HSCL-25 has been used in many refugee studies; reviews in "cultural psychiatry literature consider the measure valid" but note that the HSCL-25 "is limited to symptoms of anxiety and depression [and] may not be a valid indicator of the full range of symptoms in refugees."

validated in BIPOC populations

Kessler Psychological Distress Scale (K-10 and K-6)

Scoring: For most applications, a patient with a sum score between the range of 13-24 would count as having probable serious mental illness (SMI), while those with scores between 0–12 would be classified as having nonprobable SMI.

Reviewer Notes for Researchers: Measures serious mental illness. Included in the U.S. National Health Interview Survey and CDC Behavioral Risk Factors Surveillance Survey. Validation studies on other countries found the K6 performed as well as the K10.

Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler psychological distress scale (K10). *Australian and New Zealand Journal of Public Health*, *25*(6), 494-497.

Scale: A 10-item, 5-point scale (1=None of the time, 2=A little of the time, 3=Some of the time, 4=Most of the time, 5=All of the time)

Population/Study Sample: 8,300 Australian respondents to the National Study of Mental Health and Wellbeing

Kessler, R. C., Green, J. G., Gruber, M. J., Sampson, N. A., Bromet, E., Cuitan, M., Furukawa, T. A., Gureje, O., Hinkov, H., Hu, C-Y., Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M. C., & Zaslavsky, A. M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: Results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research*, *19*(S1), 4-22.

Scale: A 10-item, 5-point scale (0=None of the time, 1=A little of the time, 2=Some of the time, 3=Most of the time, 4=All of the time)

Population/Study Sample: 41,770 World Mental Health (WMH) respondents from 14 countries, including China (approx. 3,200 participants) and Japan (approx. 920 participants)

validated in BIPOC populations

21 Patient Health Questionnaire (PHQ-9 and PHQ-2)

Scale: PHQ-9: A 9-item, 4-point scale (0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day)

PHQ-2: A 2-item, 4-point scale (0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day)

Liu, Z-W., Yu, Y., Hu, M., Liu, H-M., Zhou, L., & Xiao, S-Y. (2016). PHQ-9 and PHQ-2 for screening depression in Chinese rural elderly. *PloS One*, *11*(3), e0151042.

Scoring: Cut-off score of 8 for PHQ-9, 3 for PHQ-2

Population/Study: 839 residents aged 60 years and above in rural areas of Liuyang County, China

Reviewer Notes for Researchers: PHQ-9 showed better accuracy & sensitivity. Study notes score of 10 is common cut-off for PHQ-9, but 8 worked better for their study sample. Cut-off of 3 for PHQ-2 is standard.

Chen, T. M., Huang, F. Y., Chang, C., & Chung, H. (2006). Using the PHQ-9 for depression screening and treatment monitoring for Chinese Americans in primary care. *Psychiatric Services*, *57*(7), 976-981.

Scoring: Cut-off score of 8. Used a cut-off score of ≥ 10 for further contact.

Population/Study Sample: 3,417 patients who presented for an initial or annual physical examination with their primary care providers at the Charles B. Wang Community Health Center, a federally qualified community health center serving predominantly low-income Chinese Americans with limited English proficiency

Reviewer Notes for Researchers: Used a modified version of the PHQ-2 for initial screening (added a third item that asked whether in the past two weeks the patient had been "feeling tired or having difficulty sleeping.") Patients who endorsed at least one positive symptom were given the full PHQ-9.

Yeung, A., Fung, F., Yu, S. C., Vorono, S., Ly, M., Wu, S., & Fava, M. (2008). Validation of the Patient Health Questionnaire-9 for depression screening among Chinese Americans. *Comprehensive Psychiatry*, *49*(2), 211-217.

Scoring: Cut-off score of 8. Used a cut-off score of ≥15 for further contact.

Population/Study Sample: 1,940 Chinese American patients presenting to South Cove Community Health Center in Boston, MA (South Cove serves "low-income Asian immigrants who face financial, linguistic, and cultural barriers to health care")

Reviewer Notes for Researchers: The article includes a bilingual Chinese-English PHQ-9 in the appendix. Sensitivity of 81%, specificity of 98%, positive predictive value of 92%, and negative predictive value of 95%.

validated in BIPOC populations

Perceived Stress Scale (PSS-10, PSS-4, and PSS-14)

Scale: A 10-item (PSS-10), 4-item (PSS-4), or 14-item (PSS-14) 5-point scale (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly often, 4=Very often)

Scoring: For PSS-10, reverse responses (i.e., 0=4, 1=3, 2=2, 3=1, and 4=0) to the 4 positively stated items (items 4, 5, 7, and 8) and then sum across all scale items. For PSS-4, reverse code the 2 positively stated items (items 2 and 3) and then sum across all scale items. For PSS-14, reverse code the 7 positively stated items (items 4, 5, 6, 7, 9, 10, and 13) and then sum across all scale items.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*(4), 385-396.

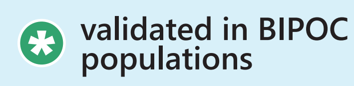
Population/Study Sample: Sample 1: 332 first-year college students; Sample 2: 114 students in an introductory personality psychology class; Sample 3: 64 individuals in a smoking-cessation program run by the University of Oregon

Reviewer Notes for Researchers: Coefficient alpha reliability for the PSS was 0.84, 0.85, and 0.86 in each of the three samples. “The PSS, although highly correlated with depressive symptomatology, was found to measure a different and independently predictive construct.”

Leung, D. Y. P., Lam, T-H., & Chan, S. S. C. (2010). Three versions of Perceived Stress Scale: Validation in a sample of Chinese cardiac patients who smoke. *BMC Public Health*, *10*(1), 1-7.

Population/Study Sample: 1,800 cardiac patients who smoked, recruited from cardiac outpatient clinics of ten acute hospitals in Hong Kong

Reviewer Notes for Researchers: Cronbach’s alpha values of the full scales ranged from 0.67 for the PSS-4 to 0.85 for the PSS-14. “The PSS-10 not only provides an adequate measure of perceived stress and similar correlations with smoking and health-related measures as the complete version, but has also shown a higher reliability among our Chinese patients. In addition, the PSS-4 also has satisfactory construct validity, but a somewhat lower reliability in the negative subscale. From a practical point of view . . . we recommend the use of PSS-10 in future research to focus on the two components of perceived stress, and the use of PSS-4 if such separation is not essential and space for multiple measures is limited.”



23 Social, Attitudinal, Familial, and Environmental (SAFE) Acculturative Stress Scale

Suh, H., Rice, K. G., Choi, C. C., Van Nuenen, M., Zhang, Y., Morero, Y., & Anderson, D. (2016). Measuring acculturative stress with the SAFE: Evidence for longitudinal measurement invariance and associations with life satisfaction. *Personality and Individual Differences*, *89*, 217-222.

Scale: A 13-item, 5-point scale (1=Not stressful to 5=Extremely stressful)

Population/Study Sample: 468 international graduate students from 44 countries ("most students in both cohorts were either from India (39%) or China (30%); in all, 78% of the students were from an Asian country")

Reviewer Notes for Researchers: The researchers found a two-factor structure, General stress and Family stress. General stress comprises "less differentiated items tapping environmental, social, and attitudinal aspects of stress" while Family stress includes "items that reflect conflicts between one's changed goals or values and family expectations."

Mena, F. J., Padilla, A. M., & Maldonado, M. (1987). Acculturative stress and specific coping strategies among immigrant and later generation college students. *Hispanic Journal of Behavioral Sciences*, *9*(2), 207-225.

Scale: A 24-item, 5-point scale

Population/Study Sample: 214 undergraduate students

Reviewer Notes for Researchers: Original shortened SAFE scale with a Cronbach's alpha of 0.89. Immigrants who migrated at 12 years old or older had higher acculturative stress. Items listed as most stressful were associated with perceived discrimination/feeling like an outsider.

24 Vietnamese Depression Scale (VDS)

Scale: An 18-item scale

Scoring: A cut-off score of 13 points (out of a possible 34) covered 91% of the patients and 96% of the matched community sample.

Kinzie, J. D., Manson, S. M., Vinh, D. T., Tolan, N. T., Anh, B., & Pho, T. N. (1982). Development and validation of a Vietnamese-language depression rating scale. *American Journal of Psychiatry*, *139*(10), 1276-1281.

Population/Study Sample: 21 Vietnamese patients with depression and a matched sample of 44 Vietnamese community members

Hinton, W. L., Du, N., Chen, Y. C., Tran, C. G., Newman, T. G., & Lu, F. G. (1994). Screening for major depression in Vietnamese refugees: A validation and comparison of two instruments in a health screening population. *Journal of General Internal Medicine*, *9*(4), 202-206.

Population/Study Sample: 206 newly arrived adult Vietnamese refugees completing their mandatory health screenings

Trauma

validated in BIPOC populations

25 Secondary Trauma Questionnaire

Scale: A 20-item, 5-point scale (1=Rarely/never, 2=At times, 3=Not sure, 4=Often, and 5=Very often)

Scoring: Intrusion Score: _/25; Avoidance Score: _/35; Arousal Score: _/25; Total Score: _/85

Motta, R. W., Kefer, J. M., Hertz, M. D., & Hafeez, S. (1999). Initial evaluation of the Secondary Trauma Questionnaire. *Psychological Reports*, *85*(3), 997-1002.

Population/Study Sample: 157 college students at a private university in the Northeast with extended contact with a traumatized emotionally close person and 261 mental health professionals who worked with patients with HIV/AIDS

Reviewer Notes for Researchers: The scale measures whether respondents persistently re-experience the trauma, persistently avoid “thoughts, feelings, images, etc.” that remind them of the traumatic event, and experience increased arousal (e.g., hyper-vigilance, irritability). Significant correlation with known measures of trauma in both groups.

Yan, Y-J., Jiang, L., Hu, M-L., Wang, L., Xu, X., Jin, Z-S., Song, Y., Lu, Z-X., Chen, Y-Q., Li, N-N., Su, J., Wu, D-X., & Xiao, T. (2020). Psychometric properties of a Simplified Chinese version of the Secondary Trauma Questionnaire in a potentially traumatized study sample. *Frontiers in Psychology*, *11*, 767.

Population/Study Sample: 875 doctors, nurses, teachers, civic administration staff, and social workers in China

Reviewer Notes for Researchers: The Chinese version of the Secondary Trauma Questionnaire (STQ) demonstrated discriminant validity relative to the Post-Traumatic Growth Inventory (PTGI). STQ scores had stronger correlation with the Impact of Event Scale–Revised (IES-R) than with the Depression Anxiety Stress Scales (DASS), implying that the STQ is more suited to measuring secondary traumatic stress symptoms than emotional issues.

validated in BIPOC populations

26 Trauma-Informed Practice Scales

Goodman, L. A., Sullivan, C. M., Serrata, J., Perilla, J., Wilson, J. M., Fauci, J. E., & DiGiovanni, C. D. (2016). Development and validation of the Trauma-Informed Practice Scales. *Journal of Community Psychology*, *44*(6), 747-764.

Scale: A 28-item, 4-point scale (0=Not at all true, 1=A little true, 2=Somewhat true, 3=Very true)

Population/Study Sample: 370 survivors from 15 domestic violence programs in 5 states

Reviewer Notes for Researchers: Measures the degree to which domestic violence programs incorporate trauma-informed services into their work. Able to isolate subscales, although scales are meant to be used together.

27 Harvard Trauma Questionnaire-5 (HTQ-5)[3]

Mollica, R. F., Yavin-Caspi, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*, *180*(2), 111-116.

Scale: A 4-part questionnaire comprising open-ended and close-ended questions. Part 4 screens for 30 trauma symptoms, with the first 16 items drawn from the DSM-IIIR/DSM-IV PTSD criteria and the last 14 items developed by the Harvard Program in Refugee Trauma (HPRT) to address refugee trauma. Part 4 items are scored on a 4-point scale (1=Not at all, 2=A little, 3= Quite a bit, 4=Extremely).

Population/Study Sample: Refugees from Southeast Asia

Berthold, S. M., Mollica, R. F., Silove, D., Tay, A. K., Lavelle, J., & Lindert, J. (2019). The HTQ-5: Revision of the Harvard Trauma Questionnaire for measuring torture, trauma, and DSM-5 PTSD symptoms in refugee populations. *European Journal of Public Health*, *29*(3), 468-474.

Scale: Similar to original HTQ, with revisions to Part 4 (revisions based on new DSM-5 PTSD diagnostic criteria and further development of refugee trauma items)

Reviewer Notes for Researchers: Revised through consultation meetings with an expert panel. Kept the original HTQ items and structure, developed 9 additional items for the PTSD subscale.

[3] Contact hprt.gmh@gmail.com to order the questionnaire and manual

Well-being

✱ validated in BIPOC populations

28 Five Facet Mindfulness Questionnaire (FFMQ)

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, *13*, 27-45.

Scale: Self-report assessment of an individual's tendency toward mindfulness in daily life. The authors define mindfulness as a five-faceted concept that includes the ability to observe, to describe, to act with intention, to not judge inner experiences, and to not react to inner experiences.

Reviewer Notes for Researchers: Tool is expansive and includes a total of 39 questions. Services "well-being" more than "resilience." A bit too abstract at times and could be jarring to include in a more clinically toned survey. For example, "I pay attention to sensations, such as the wind in my hair or sun on my face" can feel unrelated to well-being.

Mental Health Literacy Scale ✱

Scale: A 35-item questionnaire. First 15 items use a 4-point scale (1=Very unlikely/Very unhelpful, 2=Unlikely/Unhelpful, 3=Likely/Helpful, 4=Very likely/Very helpful). Last 20 items use a 5-point scale (1=Definitely unwilling, 2=Probably unwilling, 3=Neither unwilling or willing, 4=Probably willing, 5=Definitely willing).

Scoring: Reverse score items 10, 12, 15, 20, 21, 22, 23, 24, 25, 26, 27, and 28 and sum total scores

O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry Research*, *229*(1-2), 511-516.

Population/Study Sample: Measure developed among 202 white Australian adults, further tested and refined with a sample of 372 mostly white university students and 43 mostly white mental health professionals

Reviewer Notes for Researchers: Domains include the ability to recognize disorders (8 items), knowledge of where to seek information (4 items), knowledge of risk factors and causes (2 items), knowledge of self-treatment (2 items), knowledge of professional help available (3 items), and attitudes that promote recognition or appropriate help-seeking behavior (16 items). Very focused on clinical methods to address mental health issues; could use the same structure of certain items but adapt the content.

validated in BIPOC populations

Mental Health Literacy Scale (Continued)

Lee, O. E., & Tokmic, F. (2019). Effectiveness of Mental Health First Aid training for underserved Latinx and Asian American immigrant communities. *Mental Health and Prevention*, *13*, 68-74.

Population/Study Sample: 89 participants who completed the Mental Health First Aid training program

Reviewer Notes for Researchers: Researchers evaluated the impact of the Mental Health First Aid (MHFA) training on participants using several assessments, including the Mental Health Literacy Scale (MHLS).

30 Pittsburgh Sleep Quality Index (PSQI)

Scale: A 19-item questionnaire with a mix of open-ended and closed-ended questions

Scoring: Sum all component scores; a higher score indicates worse sleep quality (range = 0-21). Total score of ≤5 indicates good sleep quality; score >5 indicates poor sleep quality.

Buysse, D. J., Reynolds, C. F., Monk, T. H., Berman, S. R., & Kupfer, D. J. (1989). The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. *Psychiatry Research*, *28*(2), 193-213.

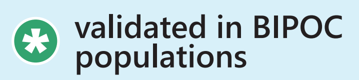
Population/Study Sample: 52 healthy control individuals without sleep complaints, 34 patients with major depressive disorder, 62 physician-referred Sleep Evaluation Center outpatients

Reviewer Notes for Researchers: The Pittsburgh Sleep Quality Index (PSQI) is primarily meant to assess sleep quality and not to provide clinical diagnoses. The component of sleep disturbances could guide clinical evaluations for individual patients.

Guo, S., Sun, W., Liu, C., & Wu, S. (2016). Structural validity of the Pittsburgh Sleep Quality Index in Chinese undergraduate students. *Frontiers in Psychology*, *7*, 1126.

Population/Study Sample: 631 Chinese undergraduate students

Reviewer Notes for Researchers: The Chinese version of the PSQI demonstrated good internal consistency and criteria-related validity. Could consider removing the sleep medicine item as mean scores for medicine use, and correlations between medicine use and total score, neared 0. The results of this study are consistent with other studies.



31 UCLA 3-Item Loneliness Scale

Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, *26*(6), 655-672.

Scale: A 3-item, 3-point scale (1=Hardly ever, 2=Some of the time, 3=Often)

Scoring: Sum scores for each question to get total score; a score in the 6-9 range indicates loneliness.

Population/Study Sample: 3,008 nationally representative respondents to the 2002 Health and Retirement Study and 229 white, Black, and Hispanic respondents to the 2002/2003 Chicago Health, Aging, and Social Relations Study

32 WHO-5 Well-Being Index

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, *84*(3), 167-176.

Scale: A 5-item, 6-point scale (0=At no time, 1=Some of the time, 2=Less than half of the time, 3=More than half of the time, 4=Most of the time, 5=All of the time)

Reviewer Notes for Researchers: WHO-5 has been translated into more than 30 languages and is widely used around the world as a measure of well-being.

COVID-19 Pandemic

✱ validated in BIPOC populations

33 Pandemic Stress Index (PSI) ✱

Harkness, A., Behar-Zusman, V., & Safren, S. A. (2020). Understanding the impact of COVID-19 on Latino sexual minority men in a U.S. HIV hot spot. *AIDS and Behavior*, *24*, 2017-2023.

Scale: A 3-item scale

Population/Study Sample: 12 Latino sexual minority men in South Florida

Reviewer Notes for Researchers: The researchers developed the PSI through conversations on the impact of COVID-19 and a review of studies on the impacts of public health crises and preventive measures. They plan to eventually enroll 300 participants in the baseline survey.

34 COVID Stress Scales (CSS) ✱

Taylor, S., Landry, C. A., Paluszek, M. M., Fergus, T. A., McKay, D. & Asmundson, G. J. G. Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*, *72*, 102232.

Scale: A 36-item scale, 5-point scale (0=Not at all, 1=Slightly, 2=Moderately, 3=Very, 4=Extremely) with 5 subscales (final version combined COVID Danger and Contamination Fears subscales)

Scoring: Sum scores of each subscale to arrive at total score

Population/Study Sample: 6,854 adults (3,375 in the United States, 3,479 in Canada), of whom 68.1% were white, 11.5% Asian, 9.4% Black, 6.4% Latino/Hispanic, 1.4% Native American/Indigenous, and 3.2% other

Reviewer Notes for Researchers: Domains measured in the CSS include COVID danger and contamination fears, COVID fears about economic consequences, COVID xenophobia, COVID compulsive checking and reassurance seeking, and COVID traumatic stress symptoms.