Cover
Baseline 1 Caregiver

Interviewer name:_______________________________________
Interview date:__________________________________________
Location of interview:_____________________________________
What is your name?:_______________________________________
Hello! Thank you for your time and honesty. The first questions are about you. Please be honest and don’t worry – your name and everything you tell us will be kept private and confidential. Sometimes it can be hard to understand these questions so just tell me if you need help.

1. Are you male or female? male / female
2. What age are you
3. What nickname would you like us to call you?
4. What is your marital status?
   - Single
   - In a relationship (with a boyfriend/girlfriend)
   - Married or living as husband and wife
   - Married but not living together
   - Divorced
   - Widowed
   - Other. Please, specify
5. What language do you mainly speak at home [tick only one]?
   - isiXhosa
   - isiNgesi/ English
   - Afrikaans
   - isiZulu
   - other
6. Many people have problems reading. What about you?
   - Yes
   - No
7. Writing can be hard. Do you have problems with writing?
   - Yes
   - No
8. WHAT IS THE NICEST THING ANYONE HAS SAID TO YOU ABOUT YOURSELF?
9. What is your address?
10. Where is your village/area?
11. What is your cellnumber?
12. What is the highest level of education you completed?
    - No schooling
    - Some primary school
    - Completed primary school
    - Some high school
    - Completed high school
    - Passed matric
    - Don’t Know

All people who look after teenagers find them really stressful sometimes! We are here to help families with teenagers in South Africa with a support programme. And also to help you with information like about grants. Your answers are important and will help government and other organisations to design better services for young people. But if we need to use something you have said, we will never use your real name. Everything you say is confidential. Can you make up a pretend name that we can use? It can be any name, such as Lerato or Akhona or Beyonce or Zola.

SCHOOL

Reading

6. Many people have problems reading. What about you?
   - Yes
   - No
7. Writing can be hard. Do you have problems with writing?
   - Yes
   - No
1. Please tell us what type of house do you live in now? [please check one]

- house made of brick or concrete
- hut made of traditional materials (cow dung, mud, etc.) or a rondavel on its own plot
- living on the street
- shack in a back yard or a separate plot
- other (what kind?)

What about work?

Are you currently working?

- Yes
- No

Part-time (not every day)
Full-time (5 days a week)

Is your work formal or informal?

- Informal (like hawking or spaza shop)
- Formal (like a regular job, contract, casual work for pay, work in exchange for food or housing)

Does anyone else in your household have a job (including informal work)?

- Yes
- No
Section 3: Your Teen

We would now like to ask you some questions about your child. This will help us know if you and your child can participate in the study. Remember, all of this information will be private and there are no right or wrong answers.

Your child must be between the ages of 10 and 17. (if no child already chosen) If you have more than one child in this age group, please choose the one whose behaviour is giving you the most problems.

1. What is your child’s first name?
   - [ ] Yes
   - [ ] No

2. What is your child’s surname?

3. How old is your child?
   Enter age in years.
   - [ ] Yes
   - [ ] No

4. What gender is your child?
   - [ ] Female
   - [ ] Male

5. Are you the person who looks after your child the most in your household?
   - [ ] Yes
   - [ ] No

6. Does your child live with you at least 4 nights a week?
   - [ ] Yes
   - [ ] No

7. What is your relationship to the child?
   - [ ] Biological Mother
   - [ ] Biological Father
   - [ ] Stepfather/Stepmother
   - [ ] Brother/Sister/Stepbrother/Stepsister
   - [ ] Grandmother/grandfather
   - [ ] Great-grandmother/Great-grandfather
   - [ ] Uncle
   - [ ] Aunt
   - [ ] Cousin
   - [ ] Foster Parent
   - [ ] Other (please specify)

We would now like to ask you some questions about your child. This will help us know if you and your child can participate in the study. Remember, all of this information will be private and there are no right or wrong answers.

Your child must be between the ages of 10 and 17. (if no child already chosen) If you have more than one child in this age group, please choose the one whose behaviour is giving you the most problems.
Section 4: People You Live

1. How many people sleep in your house (including your teen)?

Please fill in the following table and write:
2.a Their Name
2.b Their relationship to the teen
2.c Their gender
2.d How old are they?
2.e Please circle anyone in the house who is sick

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP WITH TEEN</th>
<th>GENDER (MALE/ FEMALE)</th>
<th>AGE (YEARS)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3. Please circle anyone in the house who is sick

4. Does your teen have another parent, guardian or caregiver staying with you and taking care of your teen at home?
   □ Yes
   □ No

4. If yes, please underline their names in the table of who lives in your home you just did.

In lots of families, many grown-ups who live in the same house share in the responsibility of looking after teenagers. They help with meals, take them to school or clinic, help with homework, or help with discipline.
HAVING WHAT WE NEED

Section 5

Everyone struggles with money. We would like to assist and advise you on how to access grants if you are eligible. Can you tell us in which ways you have been struggling?

Please tick the things which you could afford at home in the past month.

☐ (1.1) 3 meals a day.

☐ (1.2) Costs of going to school even if your child goes to a no-fees school (transport, books, exams).

☐ (1.3) Visit to the doctor when someone in your family is ill, getting there and buying all the medicines you need.

☐ (1.4) School uniform.

☐ (1.5) Enough clothes to keep you and your children warm and dry.

☐ (1.6) Toiletries to be able to wash every day.

☐ (1.7) School equipment for all your kids (pencils, exercise books...)

☐ (1.8) More than 1 pair of shoes

Many families struggle to have enough to eat. Thank you for being honest here, we promise to use your information to try and make things better here in King William’s town.

1. In the past week how many days did one of your kids go to bed hungry?

2. In the past week, how many days was there not enough food in the house (for everyone to eat)?

3. In the past month, how many days did one of your kids go to bed hungry?

4. In the past month, how many days was there not enough food in the house (for everyone to eat)?

5. Do you get food from a community food garden or food parcels at least once in the past month?
   □ Yes □ No

6. Do you get access to a meal at a soup kitchen at least once a week in the past month?
   □ Yes □ No
1. Everyone has problems in their families. Sometimes we get help to solve these problems. In the last month, have you got any help? Please tick any support that you have received in the last month.

1.1 At the hospital from a doctor, nurse or health care provider
☐ Yes ☐ No

1.2 At the clinic from a doctor, nurse or other person
☐ Yes ☐ No

1.3 From a traditional healer
☐ Yes ☐ No

1.4 From the police
☐ Yes ☐ No

1.5 Other. If so, specify:
________________________

2. Has someone visited to give medical care to someone at your home?
☐ Yes ☐ No

3. In the past month, have you got any of the following from a social worker or anyone working at social services?
☐ Food or material support (i.e money, goods, equipment, housing)
☐ Advice or social support

4. In the past month, have you got any of the following from someone in your church or in another church?
☐ Food or material support (i.e money, goods, equipment, housing)
☐ Advice or social support

5. In the past month, have you got any of the following from members of a club or support group you belong to?
☐ Food or material support (i.e money, goods, equipment, housing)
☐ Advice or social support
### Social Grants

Now we want to ask you about social grants that people in your household get. This can then help us to find out whether you could be eligible for receiving additional grants.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Amount</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The child support grant helps people to look after the children they take care of. This grant is R300 a month per child. How many children in your home receive a child support grant? [0 for none, then 1 upwards]</td>
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<td></td>
<td>11. The foster care grant is given to a person who looks after a child that they did not give birth to. This grant is R800 a month per child. How many children in your home receive a foster child grant? [0 for none, then 1 upwards]</td>
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<td></td>
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<td></td>
<td>12. The care dependency grant is for disabled children from birth until they turn 18. This grant is R1270 a month. How many children in your home receive a care dependency grant? [0 for none, then 1 upward]</td>
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<td></td>
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<td></td>
<td>13. The old age pension is paid to people who are 60 years or older. The pension is up to R1290 a month. How many people in your home receive a pension? [0 for none, then 1 upward]</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>14. The disability grant is for adults that have a disability. The grant is R1270 a month. How many people in your home receive a disability grant? [0 for none, then 1 upward]</td>
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<tr>
<td></td>
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<td></td>
<td>15. Does anyone in your household receive a government housing subsidy, such as RDP housing subsidy?</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

- Yes
- No
Can we ask you some more things to check if you are eligible for any other grants or services you are not getting? We cannot get these services for you as we are not government but next time we come to visit we can provide useful information to help you with this.

<table>
<thead>
<tr>
<th></th>
<th>Details</th>
<th>Grant Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>You (or someone at home) are 60 or older</td>
<td>Pension Grant</td>
</tr>
<tr>
<td>17</td>
<td>You (or someone at home) are not able to work because of a mental or physical disability</td>
<td>Disability Grant</td>
</tr>
<tr>
<td>18</td>
<td>You (or someone at home) are 18-69 and have not been feeling healthy or well for a long time</td>
<td>Disability Grant</td>
</tr>
<tr>
<td>19</td>
<td>You (or someone at home) need full-time care because of mental or physical disability</td>
<td>Care Dependency Grant</td>
</tr>
<tr>
<td>20</td>
<td>You (or someone at home) have not been able to work for less than 6 months because a doctor has said that you are too ill to work</td>
<td>Social Relief</td>
</tr>
<tr>
<td>21</td>
<td>The main person earning money in your family has been sent to prison or recently passed away</td>
<td>Social Relief</td>
</tr>
<tr>
<td>22</td>
<td>You have been affected by a disaster (e.g. flood, house has burnt down)</td>
<td>Social Relief</td>
</tr>
<tr>
<td>23</td>
<td>You (or someone at home) are receiving a pension or disability grant and need full-time care due to mental or physical disability</td>
<td>Grant in Aid</td>
</tr>
<tr>
<td>24</td>
<td>You are taking care of an orphaned child or a child who was left by their parents and who is not your biological child</td>
<td>Foster Care Grant</td>
</tr>
<tr>
<td>25</td>
<td>You have a child younger than 18 and you don’t earn more than R34,800 per year (if you are single) or R69,600 per year (if you are married)</td>
<td>Child Support Grant</td>
</tr>
</tbody>
</table>

Thank you for answering all these questions. Next time I come to visit I will bring information on how to apply for grants and we can discuss your options together.
# Your Health

## Section 7

### 1. In general, over the past month would you say your health has been:

- [ ] Excellent /very good
- [ ] Good
- [ ] Fair
- [ ] Poor

### 2. Does your health make it difficult for you to do activities such as moving a table, or pushing around boxes in your home?

- [ ] Yes, very difficult
- [ ] Yes, difficult
- [ ] Not difficult at all

### 3. Does your health make it difficult for you to do things such as shopping, walking distances, or carrying a child?

- [ ] Yes, very difficult
- [ ] Yes, difficult
- [ ] Not difficult at all

### 4. Do you have any of these illnesses?

- [ ] (4.1) Have you got diabetes?
- [ ] (4.2) Have you lost weight and become very thin?
- [ ] (4.3) Have you had any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in your feet, or has your skin been very dry?
- [ ] (4.4) Do you have emotional problems?
- [ ] (4.5) Have your eyes been yellow, and you’ve had a fever? Or itching?
- [ ] (4.6) Have you got shingles or a rash on your skin?
- [ ] (4.7) Have you got high blood pressure?
- [ ] (4.8) Have you had sores on your body?
- [ ] (4.9) Have you had ulcers or white patches in your mouth, or problems swallowing food?
- [ ] (4.10) Do you drink alcohol too much?
- [ ] (4.11) Do you have cancer? Where is the cancer? ......................
- [ ] (4.12) Have you had trouble breathing, or a cough for more than 2 days with fever in the past month?
- [ ] (4.13) Have you had TB in the last five years?
- [ ] (4.14) Do you have arthritis?
- [ ] (4.15) Have you been bewitched?
- [ ] (4.16) Have you had diarrhoea or a runny tummy for more than 2 days in the past month?
- [ ] (4.17) Do you have HIV?
- [ ] (4.18) Have you had anything else we haven’t asked about?

---

We all experience some problems with our health. Sometimes we feel well and sometimes we don’t. The next questions will ask you about your health and any challenges that you may have. Remember, all of your answers are confidential.
Tough Time for Teens – Section 8

We all get sick and all of us have relatives or know someone who has died. This is a hard part of life. We really are grateful for your honesty. Your answers can really help others who have lost someone they love.

1. Has your teen’s parent died?
   - No
   - Yes  [Go to section 9]

   **Fill this out only if a parent of the teen has died**

2. How was this person related to your teen?
   - Mother
   - Father
   - Both

3. How old was the teen’s mother when she died?

4. How old was the teen’s father when he died?

5. Do you know what happened to the father/mother/both?
   - Road accident
   - HIV/AIDS
   - Illness - Do you know what?
   - Attacked
   - Something else (could you tell us?)

   Tell us:

   ————————————

6. Could we ask you about some of the symptoms of sickness the teen’s parent had before they died?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did they lose weight and become very thin?</td>
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<tr>
<td>Did they have diabetes?</td>
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<tr>
<td>Did they have any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in their feet, or was their skin very dry?</td>
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<tr>
<td>Did they have emotional problems?</td>
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<td>Were their eyes yellow, and they had a fever? Or itching?</td>
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<tr>
<td>Did they have ulcers or white patches in their mouth, or problems swallowing food?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Did they drink alcohol too much?</td>
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<tr>
<td>Did they have cancer? Where was the cancer? ..................................</td>
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<tr>
<td>Did they have trouble breathing, or a cough for more than 2 days with fever?</td>
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<tr>
<td>Did they have TB in the last five years?</td>
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<tr>
<td>Did they have arthritis?</td>
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<tr>
<td>Were they bewitched?</td>
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<tr>
<td>Did they have diarrhoea or a runny tummy for more than 2 days?</td>
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<tr>
<td>Did they have heart disease?</td>
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<tr>
<td>Did they have anything else we haven’t asked about? (What did they have? )</td>
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</tbody>
</table>

Thank you for answering those tough questions. We know it can be really hard to think about the people we know who have died. It means a lot to our communities that you have been so honest with us!
Section 9: Private Section

All families in our communities are affected by HIV and AIDS. We understand that this can be difficult to talk about. That is perfectly normal. We're now going to ask some questions about your household. Remember that everything you tell me is absolutely confidential, and no-one else will find out about it.

Would you prefer to answer these questions on this paper, and then seal your answers into this envelope? The paper and envelope do not have your name on them. I can't see what you write on the paper and envelope.

1. What way would you like to answer these questions?
   I’d rather use an envelope
   I feel comfortable answering it here

2. Have you ever been tested for HIV?
   - Yes
   - No

2a. When were you last tested for HIV (year)?

2b. Was the result positive for HIV?
   - Yes
   - No
   - Don't know

3. Do you use anti-retrovirals or ARVs?
   - Yes
   - No

4. Has your doctor told you your CD4 count?
   - Yes
   - No
   - Don't know

4a. What is your CD4 count number?

4b. When did your doctor last tell you your CD4 count? (year)

5. In the last month, have you been so sick that you needed to go to the hospital?
   - Yes
   - No

THANK YOU

Thank you very much for your patience and honesty. Next we are going to ask you about your teen. These answers can also be on a separate piece of paper.
6. Has your teen ever been tested for HIV?
   - Yes
   - No
   - Don't know

6a. Was the result positive for HIV?
   - Yes
   - No
   - Don't know

7. Does your teen use anti-retrovirals or ARVs?
   - Yes
   - No

8. Has your doctor told you your teen’s CD4 count?
   - Yes
   - No
   - Don’t know

8b. When did your doctor last tell you your teen’s CD4 count?

9. In the past month, has your teen been so sick that he/she needed to go to the hospital?
   - Yes
   - No

10. Is there anyone else in your household who is positive for HIV?
    - Yes
    - No
    - Don’t know

11. How many other people are HIV positive in this household?

12. Does anyone else in your household use anti-retrovirals or ARVs?
    - Yes
    - No
    - Don’t know

13. In the last month, has anyone else in your household been so sick that he/she needed to go to the hospital?
    - Yes
    - No
    - Don’t know

Thank You

Thank you very much for being so patient and answering these difficult questions honestly. Your assistance today will be very helpful in providing support to parents and children in South Africa.
The following statements describe feelings about being a parent. Think of each of the items in terms of how your relationship with your child or children typically is.

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NOT SURE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am happy in my role as a parent</td>
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<tr>
<td>2. There is little or nothing I wouldn't do for my child(ren) if it was necessary</td>
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<td>3. Caring for my child(ren) sometimes takes more time and energy than I have to give</td>
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<tr>
<td>4. I sometimes worry whether I am doing enough for my child(ren)</td>
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<td>5. I feel close to my child(ren)</td>
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<td>6. I enjoy spending time with my child(ren)</td>
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<td>7. My child(ren) is an important source of affection for me</td>
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<td>8. Having child(ren) gives me a more certain and optimistic view for the future</td>
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<tr>
<td>9. The major source of stress in my life is my child(ren).</td>
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</table>
### BEING A CAREGIVER

The following statements describe feelings about being a parent

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NOT SURE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Having child(ren) leaves little time and flexibility in my life</td>
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<tr>
<td>11. Having child(ren) has been a financial burden</td>
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<tr>
<td>12. It is difficult to balance different responsibilities because of my child(ren)</td>
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<tr>
<td>13. The behavior of my child(ren) is often embarrassing or stressful to me</td>
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<tr>
<td>14. If I had to do it over again, I might decide not to have child(ren)</td>
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<tr>
<td>15. I feel overwhelmed by the responsibility of being a parent</td>
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<tr>
<td>16. Having child(ren) has meant having too few choices and too little control over my life</td>
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<td>17. I am satisfied as a parent</td>
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<tr>
<td>18. I find my child(ren) enjoyable</td>
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</table>

**Section 11: And the GOOD STUFF....**

1. What are you most proud of in your child?

2. What do you think is your best quality as a parent?
There are days in our lives where we feel very sad and down. Sometimes it is because things aren’t going the way that we planned and sometimes it is because something bad has happened and other times it is just because we’re very stressed. We’re now going to ask you about the times in the past months when you felt sad.

Please say how many days in the past week the statements given below applied to your situation

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all or less than one day</th>
<th>1-2 Days</th>
<th>3-4 Days</th>
<th>5-7 Days</th>
<th>Nearly everyday for two weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don't bother me</td>
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<tr>
<td>2. I did not feel like eating; my appetite was poor.</td>
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<td>3. I felt that I could not shake off the blues even with help from my family or friends.</td>
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<td>4. I felt I was just as good as other people.</td>
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<td>5. I had trouble keeping my mind on what I was doing.</td>
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<td>6. I felt depressed</td>
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<td>7. I felt that everything I did was an effort.</td>
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<td>8. I felt hopeful about the future</td>
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<td>9. I thought my life had been a failure.</td>
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<td>10. I felt fearful</td>
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<tr>
<td>11. My sleep was restless</td>
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</tbody>
</table>
12. I was happy

13. I talked less than usual

14. I felt lonely

15. People were unfriendly

16. I enjoyed life

17. I had crying spells

18. I felt sad

19. I felt that people disliked me

20. I could not get going
SECTION 13

We all respond to stress in different ways. Sometimes if we are stressed we go for a walk, or talk to a friend, or take something to help us relax. The next questions are about what we do when we are stressed.

1. In the past month, have you been for a walk or done some other exercise to help you relax?  
☐ Yes  ☐ No

2. In the past month, have you done a body relaxation or taken time for yourself to relax such as, a walk, stretching etc.?  
☐ Yes  ☐ No

3. In the past month, did you take a nap to help you relax?  
☐ Yes  ☐ No

4. Sometimes we have a drink to relax us. Can you remember the last time you had a drink?  
☐ Yes  ☐ No

5. Have you had a drink in the past month?  
☐ Yes  ☐ No

6. When you last had a drink, did you have 3 or more (if you are a lady) or 5 or more (if you are a man) drinks of alcohol in one day? By alcohol, I mean beer, traditional beer, wine, a cooler like Brutal Fruit, or spirits, like brandy or whisky?  
☐ Yes  ☐ No

7. In the past month, did you take any drugs to help you relax, have a good time, or escape from stress? When I talk about drugs, I mean like dagga, mandrax, tik, sleeping pills, or other medication that was not prescribed for you.  
☐ Yes  ☐ No

8. In the past month, did you talk to a friend to help yourself relax?  
☐ Yes  ☐ No
**SECTION 14: RISK IN THE COMMUNITY AND YOUR TEEN**

One thing that can be scary for parents in today's world is when their teenagers can get hurt or see other people being hurt in the community. Can we ask about how safe your community is for teenagers?

<table>
<thead>
<tr>
<th>In the past month my teen has <strong>seen</strong>:</th>
<th>Once or twice</th>
<th>3-5 times</th>
<th>More than 5 times</th>
<th>happened but not in the past month</th>
<th>Never</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone else being chased by gangs or individuals</td>
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<tr>
<td>2. Someone else get threatened with serious physical harm</td>
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<td>3. Someone else getting beaten up or mugged.</td>
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<td>4. Someone else being attacked or stabbed with a knife.</td>
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<td>5. A seriously wounded person after an incident of violence.</td>
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<td>6. Someone else getting shot or shot at with a gun.</td>
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<td>7. Someone else get threatened or harmed because of their race or ethnicity.</td>
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<table>
<thead>
<tr>
<th>In the past month my teen has <strong>been</strong>:</th>
<th>Once or twice</th>
<th>3-5 times</th>
<th>More than 5 times</th>
<th>happened but not in the past month</th>
<th>Never</th>
<th>I don’t know</th>
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</thead>
<tbody>
<tr>
<td>8. Chased by gangs or individuals</td>
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<td>9. Threatened with serious physical harm by someone.</td>
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<td>10. Beaten up or mugged.</td>
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<tr>
<td></td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 times</td>
<td>Happened but not in the past month</td>
<td>Never</td>
<td>I don't know</td>
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<tr>
<td>11. Attacked or stabbed with a knife</td>
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<td>13. Pressured by someone to have sex</td>
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<td>14. Caught up in a fight?</td>
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<td>15. Got romantically involved with someone who was 5 or more years older</td>
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<td>16. Got romantically involved and had sex with someone because they gave them gifts, school fees, money, airtime or lifts in their car</td>
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<td>17. Has someone tried to sell your child alcohol and/or drugs?</td>
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</table>

Thank you for answering these questions. Your answers can help other parents trying to keep their kids safe. We really appreciate your time and honesty.
Sometimes it is hard to encourage our teens to work hard in school or to help them succeed in school. It really can be so much work! Can we ask you about the way you help your teen to do well in school?

In the past month:

1. I kept an eye on my child’s progress
2. I made sure that my child’s homework got done
3. I helped my child study for tests or quizzes
4. I talked to my child about what he or she is learning
5. I took my child to the library, community events, or similar places
6. I talked to or exchanged phone calls or notes with my child’s teacher.
7. I got advice from the teacher.
8. I contacted the teacher with questions about schoolwork
9. How far in school do you want your teenager to go?

Finish Primary school
Finish Matric
Technikon or diploma
University Degree
Thank you so much for answering those questions. Before we finish, could you please provide us with the names and phone numbers of 3 other people that can help us get a hold of you in case your number changes or you move. It can be a relative, neighbour, or friend.

Identify another 3 contact people:

1. What is the first person's first name?

2. What is Contact 1 First Name (1) 's surname?

3. What is Contact 1 First Name (1) 's telephone number?

4. What is Contact 1 First Name (1) 's address?

5. What is the second person's first name?

6. What is Contact 2 First Name (5) 's surname?

7. What is Contact 2 First Name (5) 's telephone number?

8. What is Contact 2 First Name (5) 's address?

9. What is the third person's first name?

10. What is Contact 1 First Name (9) 's surname?

11. What is Contact 1 First Name (9) 's telephone number?

12. What is Contact 3 First Name (9) 's address?