



Caregiver Follow Up Sinovuyo Teen

Thank you for welcoming us, it has been very helpful speaking to you last time. We want to ask you some questions that we already asked you before so we can see if the Sinovuyo Teen programme is working



Interviewer name: _____

Interview date: _____

Location of interview: _____

Your teenager's name: _____

Thanks for seeing us again, it was really useful to talk to you before. We want to ask you some of the same questions we asked you last time to see whether the Sinovuyo programme has helped. Thank you so much!

Section 1

Please be honest and remember that everything you tell us is confidential (we will not use your name anywhere). Do you remember what your old **nickname** was? If not, why not make up a new one?



1. What is your cell number?

...

2. 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)

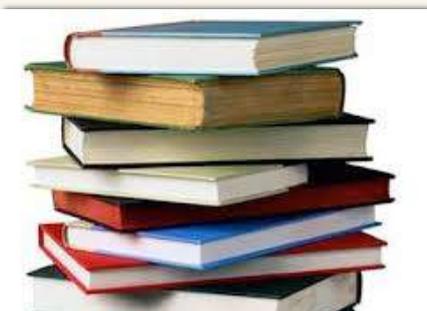
Formal (like a regular job, contract, casual work for pay, work in exchange for food or housing)

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

Yes
 No

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

Yes
 No



Section 2: People You Live With

- 1. Has anyone moved in or out of your home?
- 2. Please circle anyone in the home who is sick

NAME	MOVED IN OR OUT	RELATIONSHIP WITH TEEN	GENDER (MALE/FEMALE)	AGE (YEARS)



HOW THINGS HAVE BEEN THIS MONTH

* Section 3

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) 3 meals a day.
- (2) Costs of going to school even if your child goes to a no-fees school (transport, books, exams).
- (3) Visit to the doctor when someone in your family is ill, getting there and buying all the medicines you need.
- (4) School uniform.
- (5) Enough clothes to keep you and your children warm and dry.
- (6) Toiletries to be able to wash every day.
- (7) School equipment for all your kids (pencils, exercise books...)
- (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

ACCESS TO GRANTS AND SOCIAL SERVICES



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

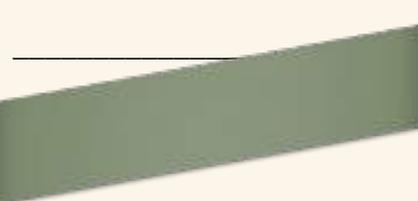


Yes No

1.4 From the police

Yes No

1.5 Other. If so, specify:



2. In the past month 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

Since we last talked has your household started getting any new grants? Or have any of your grants stopped?

Have any of the following grants stopped?

- Child Support Grant
- Foster Care Grant
- Care Dependency
- Old Age Pensions
- Disability Grant
- Housing Subsidy

Has your household gotten a new grant?

- Child Support Grant
- Foster Care Grant
- Care Dependency
- Old Age Pensions
- Disability Grant
- Housing Subsidy



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

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



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



Section 6

Many families are affected by death in our community

Has anyone in your home passed away since May this year?

Yes No

2. Has your teen's biological parent passed away since May this year?

Yes No

If YES, fill in the additional form for each one (for parent only)



Section 7: Private Section

Last time we talked a bit about HIV and other illness. Can we chat about this again?

Would you like to answer these questions like everything else, where I ask you the questions and you answer them so that I can't see what you're writing down? Or would you prefer to answer them on this paper, and then seal your answers into this envelope? The paper and envelope do not have your name on them.

1. What way would you like to answer these questions?

I'd rather use an envelope

I feel comfortable answering it here



We all get sick sometimes. In the past month have you had any illness or have you had any test for illnesses?

2. Have you been sick in the last month

YES NO

3. If YES, what with?

TB HIV Bilharzia
 Diabetes Asthma

4. Have you had an any of these tests since we last spoke in May?
 Yes No

5. Can you tell us what the result is?

TB: Yes, positive Yes, negative, Yes, not sure No

HIV: Yes, positive Yes, negative, Yes, not sure No

Bilharzia: Yes, positive Yes, negative, Yes, not sure No

Diabetes: Yes, positive Yes, negative, Yes, not sure No

Asthma: Yes, positive Yes, negative, Yes, not sure No

6. Do you use anti-retrovirals or ARVs?

Yes

No

7. Has your doctor told you your CD4 count?

Yes

No

Don't know

7a. What is your CD4 count number?

8. Since May, have you been so sick that you needed to go to the hospital?

Yes No

9. Medicine

Are you taking medicine regularly?

Yes

No

What is it for? _____

How often do you take it? _____

THANK YOU

Thank you very much for your patience and honesty

10. Has your teen had an HIV test since May?

- Yes
 No
 Don't know

10a. Was the result positive for HIV?

- Yes
 No
 Don't know

11. Does your teen use anti-retrovirals or ARVs?

- Yes
 No

12. Has your doctor told you your teen's CD4 count?

- Yes
 No
 Don't know



13. Since May, has your teen been so sick that he/she needed to go to the hospital?

- Yes
 No

14. Is there anyone in your house who has been affected by hiv?

- Yes
 No

15. How many people have hiv in this household? _____

16. Is there anyone anyone in your household who is on hiv treatment or taking ARVs?

17. Since May, 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.

BEING A CAREGIVER



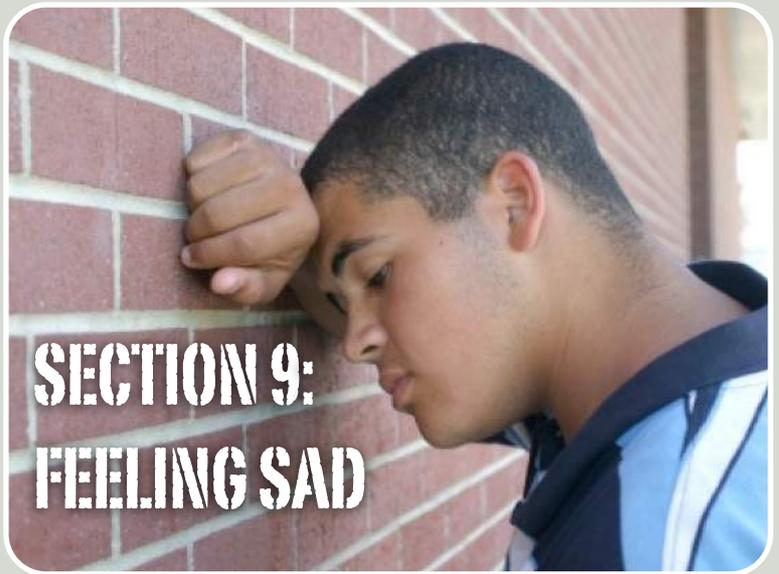
Section 8

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 has been in the past month.



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

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

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

	Not at all or less than one day	1-2 Days	3-4 Days	5-7 Days	Nearly everyday for two weeks
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 10

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.

3. In the past month, did you take a nap to help you relax?
 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

Relaxing and free time

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

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

8. In the past month, did you talk to a friend to help yourself relax?

Yes No



SECTION 11: 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?



In the past month my teen has <u>seen</u> :	Once or twice	3-5 times	More than 5 times	has happened but not in the past month	Never	I don't know
1. Someone else being chased by gangs or individuals						
2. Someone else get threatened with serious physical harm						
3. Someone else getting beaten up or mugged.						
4. Someone else being attacked or stabbed with a knife.						
5. A seriously wounded person after an incident of violence.						
6. Someone else getting shot or shot at with a gun.						
7. Someone else get threatened or harmed because of their race or ethnicity.						
In the past month my teen has <u>been</u>:						
8. Chased by gangs or individuals						
9. Threatened with serious physical harm by someone.						
10. Beaten up or mugged.						

In the past month my teen has <u>been</u> :	Once or twice	3-5 times	More than 5 times	has happened but not in the past month	Never	I don't know
11. Attacked or stabbed with a knife						
12. Seriously wounded in an incident of violence.						
13. Pressured by someone to have sex						
14. Caught up in a fight?						
15. Got romantically involved with someone who was 5 or more years older						
16. Got romantically involved and had sex with someone because they gave them gifts, school fees, money, airtime or lifts in their car						
17. Has someone tried to sell your child alcohol and/or drugs?						

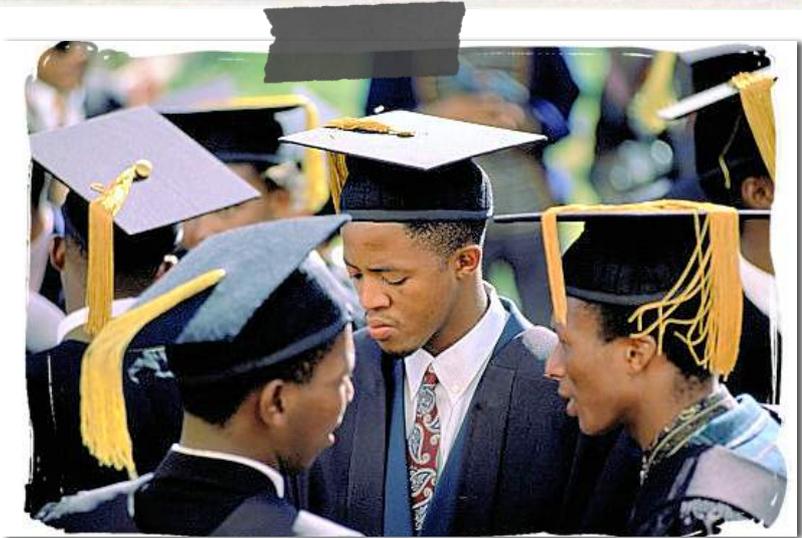
Thank you for answering these questions. Your answers can help other parents trying to keep their kids safe. We really appreciate your time and honesty.



SECTION 12

SUPPORTING YOUR TEEN AT SCHOOL

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:

Very much like me

Mostly like me

Somewhat like me

Not much like me

Not like me at all

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



Section 13: Your Teen



Can we ask you again about your teen?

Remember this is all kept confidential

As far as you know, your teen in the last month...	NOT TRUE (as far as I know)	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
1. Drinks alcohol without your approval			
2. Doesn't seem to feel guilty after misbehaving			
3. Breaks rules at home, school, or elsewhere			
4. Hangs around with others who get in trouble			
5. Lies or cheats			
6. Prefers being with older kids			
7. Runs away from home			
8. Breaks or burns things on purpose			
9. Acts in a sexual way when talking to others			
10. Steals at home			
11. Steals outside the home			
12. Swears or uses obscene language			
13. Thinks about sex too much			
14. Smokes cigarettes			
15. Is truant, skips school			
16. Uses drugs			
17. Vandalises places or things			
18. Helps at home			
19. Says something that makes you laugh?			
20. What has he/she said that made you laugh?			

Thank you for answering these questions honestly. We think that people who look after teenagers deserve medals – they really can be difficult! Remember this will all be kept confidential.



Your Teen



	As far as you know, your teen in the last month...	NOT TRUE (as far as I know)	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
1	Argues a lot			
2	Is cruel or mean to others, bullies others			
3	Demands a lot of attention			
4	Destroys his/her own things			
5	Destroys things belonging to his/her family or others			
6	Is disobedient at home			
7	Is disobedient at school			
8	Gets in many fights			
9	Physically attacks people			
10	Screams a lot			
11	Is stubborn, sullen, or irritable			



12. Has sudden changes in mood or feelings

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

13. Sulks a lot

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

14. Is suspicious

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

15. Teases a lot

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

16. Has temper tantrums or hot temper

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

17. Threatens people

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

18. Is unusually loud

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

19. What does your teen want to be when they grow up?

20. Carries a weapon (knife or gun) for protection?

- Not true (as far as I know)
- Somewhat or sometimes true
- Very true or often true

21. are

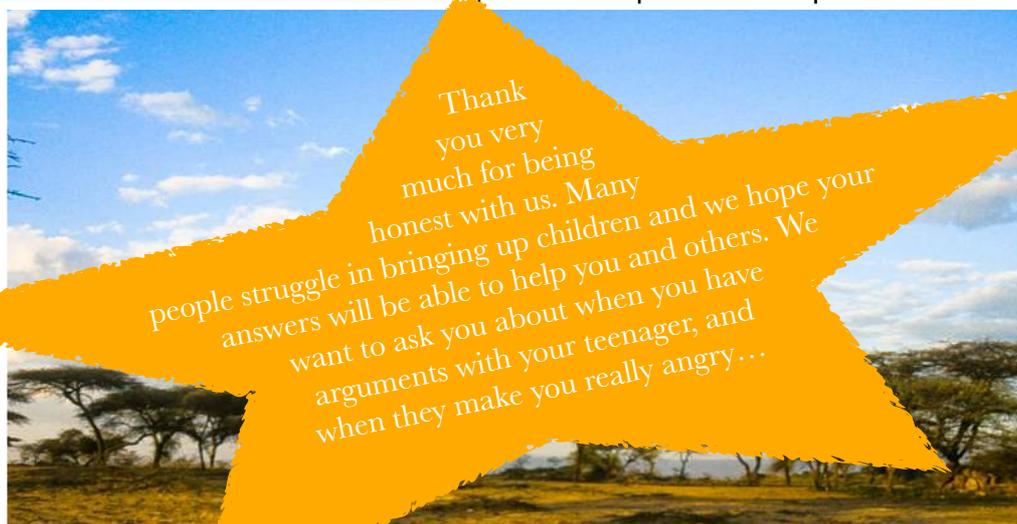
- Not true (as far as I know)
 - Somewhat or sometimes true
 - Very true or often true
- Spends time with friends who are members of a gang?

Disciplining your Teen

Section 14

All adults use certain methods to teach children the right behaviour or to stop them from behaving badly. Sometimes they make us really angry or upset and we do things we wish we hadn't. Can you tell me how many times you have tried these things with your child in the last month?

	Once or twice	3-5 times	More than 5 times	Never
1. Explain why something was wrong				
2. Tell him/her to start or stop doing something				
3. Shook him/her				
4. Hit him/her with an object such as a stick, broom, switch, or belt				
5. Give him/her something else to do (distracted him/her)				
6. Twist his/her ear or pulled his/her hair				
7. Hit him/her on the face or head with your hand				
8. Threaten to abandon him/her				



Thank you very much for being honest with us. Many people struggle in bringing up children and we hope your answers will be able to help you and others. We want to ask you about when you have arguments with your teenager, and when they make you really angry...

In the past month

IN THE PAST MONTH HAVE YOU...	Once or twice	3-5 times	More than 5 times	Never
1. Shout, yell or scream at him/her				
2. Tell him/her that you wished he/she were dead or had never been born?				
3. Threaten to kill him/her or to invoke ghosts or evil spirits, or harmful people				
4. Push, grab, or kick him/her with a foot				
5. Hit, beat, slap or spank him/her with bare hand				
6. Choke him/her or squeeze his/her neck with hands or something else, smother him or her with a pillow or try to drown/him/her				
7. Threaten to kick out of house or send away from home				
8. Lock him/her out of the house				
9. Take away privileges or money, forbade something he/she likes or tell him/her they can't leave the home				



Thank you so much for telling us this. We know it's not easy to be a parent and everyone struggles





In the past month, how often did you...

1. Refuse to speak to him/her

- Once or twice 3-5 times More than 5 times Never

2. Withhold a meal as punishment

- Once or twice 3-5 times More than 5 times Never

3. Use public humiliation to discipline him/her

- Once or twice 3-5 times More than 5 times Never

Sometimes kids can make us so angry that we do things that are just not like ourselves. These are some things that other caregivers have done – could you tell us whether any of these have ever been true for you when you had a really difficult time with your child



4. Burn or scald him/her, or tie them up to something

- Once or twice 3-5 times More than 5 times Never

5. Hit him/her over and over again with object or fist

- Once or twice 3-5 times More than 5 times Never

6. Threaten him/her with a knife or gun

- Once or twice 3-5 times More than 5 times Never



Sometimes things happen to our kids and we feel powerless to protect them. Have any of these things happened to your child in the past month?

7. when your child didn't get the medical care for an injury or illness that he/she needed at that time?

Yes No

7a. If YES, was this because you could not afford to do this?

Yes No

8. when your child didn't get the food or drink that he/she needed?

No Yes

9. When your child was seriously hurt or injured (cuts, broken bones or worse) when nobody was watching them?

Yes No

8a. If YES, was this because you could not afford to do this?

Yes No

10. When your child was touched in a sexual way by an adult?

Yes No

11. When your child had sex with an adult?

Yes No

12. What kinds of discipline have you found to be most successful in changing your child's behaviour?

Thank you very much for being honest about this. Being a parent can be really tough and we thank you for being honest.

Who has the best voice?



Can you tell us
which you think
is the BEST
singer?



Social Support

Can we ask about support for you in the past month?



In the past month there is...	None of the time	Some of the time	All of the time
1) Someone you can count on to listen to you when you need to talk			
2) Someone to give you information to help you understand a situation			
3) Someone to give you good advice about a crisis			
4) Someone to confide in or talk to about yourself or your problems			
5) Someone whose advice you really want			
6) Someone to share your most private worries and fears with			
7) Someone to turn to for suggestions about how to deal with a personal problem			
8) Someone who understands your problems			

Real Support

	None of the time	Some of the time	All of the time
9) Someone to help you if you were confined to bed			
10) Someone to take you to the doctor if you needed it			
11) Someone to prepare your meals if you were unable to do it yourself			
12) Someone to help with your daily chores if you were sick			



In the past month, there is...

13) Someone who shows you love and affection

None of the time Some of the time All of the time

14) Someone to love and make you feel wanted

None of the time Some of the time All of the time

15) Someone who hugs you

None of the time Some of the time All of the time



16) Someone to have a good time with

None of the time Some of the time All of the time

17) Someone to get together with for relaxation

None of the time Some of the time All of the time

18) Someone to do something enjoyable with

None of the time Some of the time All of the time



19) Someone to do things with to help you get your mind off things

None of the time Some of the time All of the time



Challenges at Home

Thank you again for being patient and honest!

This next section is about romantic relationships. Being in a relationship can be challenging. No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have fights because they are in a bad mood, tired, or for some other reason.



1. Are you in a romantic relationship or have you been in a relationship in the last month?

Yes, THEN ANSWER BELOW

No, MOVE ONTO Section 6 'Being a Caregiver'

Couples have many different ways of trying to settle their differences. Please answer how many times the following statements happened in the past month.

2. My partner explained his or her side or suggested a compromise for a disagreement with me

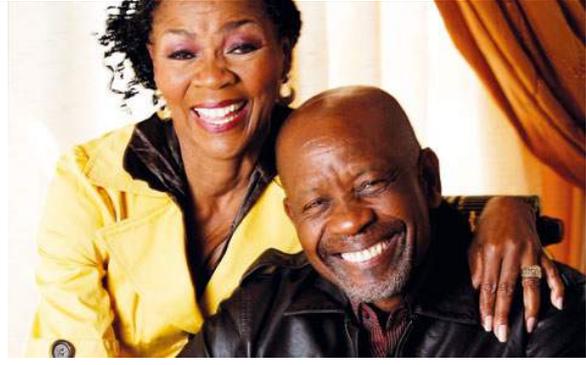
Once or twice 3-5 times More than 5 times Never

3. My partner insulted or shouted or yelled or swore at me

Once or twice 3-5 times More than 5 times Never

4. I had a sprain, bruise, or small cut because of a fight with my partner

Once or twice 3-5 times More than 5 times Never



5. My partner showed respect for, or showed that he or she cared about my feelings about an issue we disagreed on?

- Once or twice 3-5 times More than 5 times Never

6. My partner pushed, shoved or slapped me.

- Once or twice 3-5 times More than 5 times Never

7. My partner punched me, kicked me or beat me up.

- Once or twice 3-5 times More than 5 times Never

8. My partner destroyed something belonging to me or threatened to hit me.

- Once or twice 3-5 times More than 5 times Never

9. I went to the doctor or needed to see a doctor because of a fight with my partner.

- Once or twice 3-5 times More than 5 times Never

10. My partner used force (like hitting, holding down or using a weapon) to make me have sex.

- Once or twice 3-5 times More than 5 times Never

11. My partner insisted on sex when I did not want to or insisted on sex without a condom

- Once or twice 3-5 times More than 5 times Never

Thank you for answering these questions. I know they are difficult and may bring up sad or angry emotions for you. If you have any questions after the interview, we will give you a list of numbers and contacts that might help.

Being a Caregiver

The following are a numbers of statements about your family. Please rate each item as to how often it typically occurs in your home in the past month

Please answer all items

In the past month...	Never	Almost never	Sometimes	Often	Always
1. You have a friendly talk with your child.					
2. You let your child know when he/she is doing a good job with something					
3. You threaten to punish your child and then do not actually punish him/her					
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).					
5. You reward or give something extra to your child for obeying you or behaving well.					
6. Your child fails to leave a note or to let you know where he/she is going.					
7. You play games or do other fun things with your child.					
8. Your child talks you out of being punished after he/she has done, something wrong.					
9. You ask your child, about his/her day in, school.					
10. Your child stays out in the evening past the time he/she is supposed to be home.					
11. You help your child with his/her homework.					
12. You feel that getting your child to obey you is more trouble than it's worth.					
13. You compliment your child when he/she does something well.					

In the past month...	Never	Almost never	Sometimes	Often	Always
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14. You ask your child what his/her plans are for the coming day.

15. You drive or walk your child to a special activity.

16. You praise your child if he/she behaves well.

17. Your child is out with friends you don't know.

18. You hug or kiss your child when he/she does something well.

19. Your child goes out without a set time to be home.

20. You talk to your child about his/her friends.

21. Your child is out after dark without an adult with him/her.

22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).



23. Your child helps plan family activities.

24. You get so busy that you forgot where your child is and what he/she is doing.

25. Your child is not punished when he/she has done something wrong.

26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.

27. You tell your child that you like it when he/she helps out around the house.

28. You don't check that your child comes home at the time she/he was supposed to.

29. You don't tell your child where you are going.

30. Your child comes home from school more than an hour past the time you expect him/her.

31. The punishment you give your child depends on your mood.

32. Your child is at home without adult supervision.

WHEN PEOPLE TREAT US DIFFERENTLY

SECTION 19

Everyone in our communities is either sick or has someone in their family that is sick or has died.

Sometimes people treat us differently because of this and sometimes it makes us feel bad about ourselves.

Could you say how much these things are true for you in the last month?



Because me or someone in my family is sick or has died...

2. I've been badly treated

Not at all Sometimes All the time

3. People have gossiped behind my back

Not at all Sometimes All the time

5. People who know don't want me around them

Not at all Sometimes All the time

7. I feel different and alone

Not at all Sometimes All the time

1. I've been teased

Not at all Sometimes All the time

4. I worry about being rejected

Not at all Sometimes All the time

6. I avoid making new friends

Not at all Sometimes All the time

8. If people know, they avoid touching me

Not at all Sometimes All the time

9. If people know, they are afraid of me

Not at all Sometimes All the time

10. If people know, they think I am a bad person

Not at all
 Sometimes
 All the time

11. A romantic partner has feared or blamed me

Not at all
 Sometimes
 All the time

12. A romantic partner has left me

Not at all
 Sometimes
 All the time

1. Cash can be a really big worry for all of us. Lots of people find that they run out of money to pay for food and other things before the end of the month. Could you think about your last month, and tell us how many days when you ran out of money to buy what you and your family needed?

0-31

2. When we're running out of money during the month, often we have to start spending less on food, or electricity or other things. Could you think about last month, and tell us how many days you had to cut back on:

a) Airtime 0-31

b) Food 0-31

c) Detergent and other household cleaning supplies
0-31

3. Did you need to borrow money last month to make ends meet??

Yes No

3a. If so, how much?

4. Sometimes we have arguments with our families about money. Could you tell us how many days in the last month you argued about money with family members? ?

0-31

5. Sometimes our community taps run out, or the water supply in our homes doesn't work. How many days in the last month did you not have enough water for your family for:

a) Drinking water 0-31

b) Washing and cooking 0-31

c) Gardening or your Animals 0-31

6. Have you got a bank account?

Yes No

7. Have you set up a bank account since the Sinovuyo Programme?

Yes No

Thank
you for your valuable time
and for sharing this information
with me. We really value what
you do as a caregiver!

Section 20

In the past month

1. Getting caught up in a fight or in a gang fight

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

2. Going to places where people are doing drugs or getting drunk

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

3. Being in a place where people are stealing or robbing other people

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

6. Getting romantically involved with someone who offers them gifts, school fees, airtime or lifts in their car.

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.



PROTECTING YOUR TEENS



There are a lot of risks for teenagers in our community. Sometimes it can be hard to talk about this with our teens. Can we ask about what you've talked about with your teenager in the past month? Have you talked about the following risks with your teen in the past month?

4. Being attacked sexually in the community

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

5. Getting romantically involved with someone who is 5 or more years older

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

7. Getting chased by gangs or individuals

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.



9. Being beaten up or mugged

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.

8. Being threatened with serious physical harm by someone Have you talked about this?

- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.



11. Being seriously wounded in an incident of violence

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.



10. Being attacked or stabbed with a knife

- Have you talked about this?
- Did you brainstorm possible ways of staying safe and decided together on a plan?
- Our plan helped my teen to stay safe.



SECTION 21



1. Have fun doing things with my teen: (0-7)

0 1 2 3 4 5 6 7

2. Doing things with my teen makes me feel worried, tense, or bored:

0 1 2 3 4 5 6 7

3. We all have busy lives. Thinking about the past week how often have you and your teen talked for more than five minutes? How many days in the past week

0 1 2 3 4 5 6 7

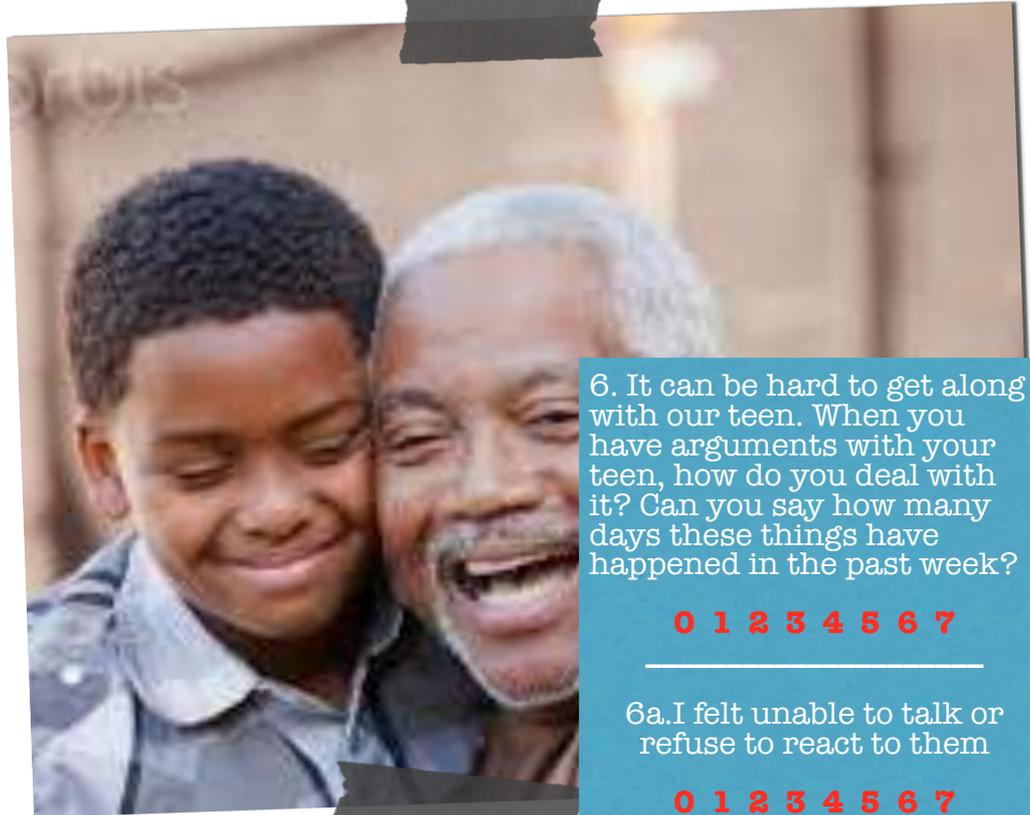
4. Sometimes it is hard to get along with our teen. Many of us have disagreements for lots of reasons, such as when they stay out too late, or don't do what we need them to. Please tell us how many days in the past WEEK you have had a disagreement with your teen that involved raised voices, shouting, or fights:

How many days in the past week

0 1 2 3 4 5 6 7

You and Your Teen

Let's get back to talking about your teenager. Sometimes teenagers can be REALLY difficult to talk to - they go from being a chatty child to only grunting at you! Can we ask you about communication with your teenager? **How many times have these things happened in the past week?**



5. WHEN THESE DISAGREEMENTS HAPPEN, HOW MANY DAYS HAVE YOU OR THE PERSON YOU ARE ARGUING WITH EVER PHYSICALLY HURT ONE ANOTHER?

HOW MANY DAYS IN THE PAST WEEK

0 1 2 3 4 5 6 7

6. It can be hard to get along with our teen. When you have arguments with your teen, how do you deal with it? Can you say how many days these things have happened in the past week?

0 1 2 3 4 5 6 7

6a. I felt unable to talk or refuse to react to them

0 1 2 3 4 5 6 7

6b. I argued back against them

0 1 2 3 4 5 6 7

6c. I insulted the teen who was fighting with me

0 1 2 3 4 5 6 7

6d. I said/did things to upset the teen arguing with me

0 1 2 3 4 5 6 7

6e. I acted in ways to upset the teen arguing with me

0 1 2 3 4 5 6 7