Cover
Baseline 1 Teen

Interviewer name:_______________________________________

Interview date:__________________________________________

Location of interview:____________________________________
ABOUT YOU

1. Are you male or female? male / female
2. What age are you?
3. What nickname would you like us to call you? _________________________
4. How many villages have you lived in since you were born? ___________
5. When were you born? ______________
6. What language do you mainly speak at home [tick only one]?  
   □ isiXhosa  
   □ isiNgesi/ English  
   □ Afrikaans  
   □ isiZulu  
   □ other
7. Many people have problems reading. What about you?  
   Yes  No
8. Writing can be hard. Do you have problems with writing?
   Yes  No

The first questions are about you. Please answer these questions as accurately as possible. **Remember that your name and everything else you tell us will be kept private**.

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.

CAREGIVER

9. Who is the person who is responsible for caring for you most in your household? (can you give their name?)

9a. What is your relationship with this person?  
   □ Biological Mother  
   □ Biological Father  
   □ Stepmother/ Stepfather  
   □ Brother/ Sister/ Stepmother/ Stepfather  
   □ Grandmother/ Grandfather  
   □ Great-grandmother/ Great-grandfather  
   □ Aunt / Uncle  
   □ Cousin  
   □ Foster Parent  
   □ Other: _________________________

10. WHAT IS THE NICEST THING ANYONE HAS SAID TO YOU ABOUT YOURSELF?  

---

Reading

7. Many people have problems reading. What about you?  
   □ Yes  □ No

8. Writing can be hard. Do you have problems with writing?  
   □ Yes  □ No
i. 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?)

Section 2: AT HOME

* A house made of traditional materials

A house made of brick and concrete
2. What your house looks like

How many rooms are there in your home, like a bathroom, kitchen and other rooms?  

Draw them here

Write down the following on your picture

2.1. Who sleeps in each room?
2.2. Write down their relationship to you.
2.3. Whether they are a boy or a girl
2.4. How old they are
2.5. Please circle anyone in the house who is sick
2.6. Now could you put a tick next to anyone in the home who has a job? Write down next to them whether it is a regular job (every day) a part-time job (some days each week) or a ‘sometimes’ job (like just over harvest or on a building project).
3. 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 their teenagers.

3.1 Do you have another parent, guardian or caregiver staying with you and taking care of you at home besides person in #10?

☐ Yes
☐ No

3.2 Write their name here:
______________________________________

3.3 How old is this person?
______________________________________

3.4 Is this person your
☐ Biological Mother/Father
☐ Stepmother/Stepfather
☐ Brother/ sister/ stepbrother/ stepsister
☐ Grandmother/ grandfather
☐ Great-grandmother/ grandfather
☐ Aunt/ uncle
☐ Cousin
☐ Foster parent
☐ Other

FROM THE STAFF

That was great, we’ve already finished Part 1.

The next part asks about your school so we can get a clear idea of what your life is like day to day.
1. **What kind of school did you go to?**

- [ ] We pay school fees
- [ ] The school charges fees but we cannot afford to pay them, so we owe them
- [ ] It’s a free school but we are still asked to pay something
- [ ] A totally free school, we don’t have to pay anything
- [ ] Other kids pay school fees but I have an special permission from the principal to go there for free
- [ ] I don’t go to school – go to question 1a.

2. **WHAT GRADE ARE YOU IN?**

_________________________________

3. **WHAT IS THE HIGHEST GRADE YOU HAVE PASSED?**

_________________________________

1a. **If you are NOT currently attending school, what is the MAIN REASON for not attending school? [PLEASE CHOOSE ONLY ONE] REASON**

- [ ] I finished matric
- [ ] I didn’t have enough money to pay fees or uniform
- [ ] I had to stop going to school to help at home
- [ ] I stopped going because I was too unwell
- [ ] I had to stop going because my parent/guardian died
- [ ] I had to repeat a grade and I didn’t want to
- [ ] I was suspended or expelled
- [ ] I got married
- [ ] I got pregnant or had a child
- [ ] I was bullied or treated badly by teachers or friends
- [ ] I did not like school
- [ ] I moved to another place and could not register

Other __________________________

____________________
4. How many grades have you repeated?

- 1
- 2
- 3
- 4
- 5 or more
- None

4.a Why did you repeat grades?

__________________________________
__________________________________
__________________________________

5. In the last full term of school, how many days did you miss school (not including weekends, holidays or public strikes)?

- Less than a week in total
- About a week in total
- About 2 weeks in total
- About 3 weeks in total
- 4 or more weeks in total

6. Tick if you have any of these free at school:

- Free meal at school every day
- Free transport
- Free school uniform
- Free school textbooks

7. What is the main way you got to school during the last term of school?

- Walking
- Bus
- Bicycle
- Drive
- Taxi

7.a. How long did it take you to get there?

_____ hours _____ minutes

8. Have you ever changed schools?

- Yes
- No

8.a. How many times have you changed school? __________

9. What has been your favourite subject at school?

____________________________________

10. How far in school do you think you will get?

- Finish Primary School
- Finish Matric
- Technikon or Diploma
- University Degree
We would like to know how important school is for you.

Please answer the following questions:

11. It is important to me to do well in school this year

12. It is important to me to be considered a clever student by my teachers.

13. It is important to me to be thought of as a good student by the other students

14. I try hard in school

15. Education is so important that it’s worth it to put up with things I don’t like

16. I can’t wait to quit school

17. I like school

18. How many of your friends get good grades at

19. Does your teacher respect your opinion?

20. Does your teacher really understand how you feel about things?

21. Does your teacher try to help you when you get tired or upset?

22. Can you count on your teacher for help when

TEACHERS

Teachers can help us to do well in school. They can also give us important advice and help us with our problems. Sometimes however, you can feel your teacher is too busy to worry or she/he cannot understand you

Not at all true

Somewhat true

Not at all true

Somewhat true

19. Does your teacher respect your opinion?

20. Does your teacher really understand how you feel about things?

21. Does your teacher try to help you when you get tired or upset?

22. Can you count on your teacher for help when
Sometimes we do well in school; sometimes it is difficult to follow teacher's explanations. Can we ask you about how you feel you are doing in school?

23. In regards my school achievements, I am
- Dissatisfied
- Somewhat satisfied
- Very satisfied

24. In order to obtain good results at school, I have to work
- Harder than my classmates
- The same as my classmates
- Less than my classmates

25. I feel that I understand most of what we learn at school
- Not true at all
- Somewhat true
- Totally true

26. When it comes to important tests at school I usually succeed in getting good results
- Not true at all
- Somewhat true
- Totally true

27. In order to understand what we are to learn at school, I need
- More help than my classmates
- The same as my classmates
- Less help than my classmates

28. I feel that I am good at solving problems at school
- Not true at all
- Somewhat true
- Totally true

29. In regards what we are to learn at school, I feel that I understand
- Almost nothing
- Some of the things
- Mostly everything

This is the end of Section 1!!!
Section 4: Having What You Need

Many families struggle with money in our communities. We would like to assist your family with information on how to access grants and other services. Can you tell us in which ways you have been struggling?

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

☐ 3 meals a day
☐ Costs of going to school even if you go to a no-fees school (transport, books, exams)
☐ Visit to the doctor when you were ill, getting there and buying all the medicines you need
☐ School uniform.
☐ Enough clothes to keep you warm and dry.
☐ Toiletries to be able to wash every day
☐ School equipment (pencils, exercise books...)
☐ 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 for teenagers like you in South Africa.

2. In the past week how many days did you go to bed hungry?

☐ Most of the time
☐ Some of the time
☐ Never

3. In the past week, how many days was there not enough food in the house for you to eat?

4. In the past month, how often did you go to bed hungry?

☐ Most of the time
☐ Some of the time
☐ Never

5. In the past month, how many days was there not enough food in the house for you to eat?

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

7. Do you get access to a meal at a soup kitchen at least once a week in the past month?
   ☐ Yes
   ☐ No

8. What do you want to do as a job when you grow up?
Sipho and Thobeka are close friends. They do everything together. They also tell each other everything, even about their health. Because Sipho hasn’t been able to see well lately, he is not doing as well in school and in sports. Thobeka comforts him and is careful to walk slowly with Sipho on the way to school. We’d like to know how you have been feeling in the past month.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. Please check the boxes below

<table>
<thead>
<tr>
<th>Question</th>
<th>No - no difficulty</th>
<th>Yes - some difficulty</th>
<th>Yes - a lot of difficulty</th>
<th>Cannot do it at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have difficulty seeing, even if wearing glasses?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have difficulty hearing, even if using a hearing aid?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have difficulty walking or climbing steps?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you have difficulty remembering or concentrating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you have difficulties with (taking care of yourself) washing all over or dressing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. We all get sick sometimes. We would like to ask about any illness you might have. These questions may be personal but this information will help us to support teenagers and their parents. Remember, all of your answers are strictly confidential. Have any of these things been true for you?

- Have you lost weight and become very thin?
- Have you got diabetes?
- 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?
- Do you have emotional problems?
- Have your eyes been yellow, and have you had a fever? Or itching? Have you got shingles or a rash on your skin?
- Have you got high blood pressure?
- Have you had sores on your body?
- Have you had ulcers or white patches in your mouth, or problems swallowing food?
- Do you drink alcohol too much?
- Do you have cancer? Where is the cancer? ......................
- Have you had trouble breathing, or a cough for more than 2 days with fever in the past month?
- Have you had TB in the last five years?
- Do you have arthritis?
- Have you been bewitched?
- Have you had diarrhoea or a runny tummy for more than 2 days in the past month?
- Do you have HIV?
- Have you had anything else we haven’t asked about? (What do you have?)

3. Medicine

Are you taking medicine regularly?

- Yes
- No

What is it for? ________________________________

_______________________________

How often do you take it? ________________________________

_____________________________

12
Section 6: Private Section

We all know that every family in our communities is affected by HIV and AIDS. Everyone has a parent or a cousin or a brother or sister who is affected, and sometimes we are affected ourselves. We understand that this can be difficult to talk about. That is perfectly normal. We’re now going to ask some questions about how HIV has affected your household. Everything you tell me is absolutely confidential, and no-one else will find out about it.

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.

What way would you like to answer these questions?

I’d rather use an envelope  
I feel comfortable answering it here

<table>
<thead>
<tr>
<th>2. Have you ever been tested for HIV?</th>
<th>4. Has your doctor told you your CD4 count?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

2.b. Was the result positive for HIV?

3. Do you use anti-retrovirals or ARVs?

4.a. Do you know your CD4 count number? What is it?

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 other teens in South Africa. We would now like to talk to you about things that are more fun!

GAME TIME

Great job so far. So now we have some VERY serious questions to ask you!
6. Who is your favourite sports player?

7. Do you support a team?

8. What are your favourite soapies?

9. Which soapie start are you most like?

10. Why are you like them?
How I Think and Feel - SECTION 7

In life, all of us can feel happy and sometimes we can feel sad. This part of the questionnaire looks at sadness and challenges that all of us face in our lives sometimes. For each group of 3 statements, pick out which one best describes how you:

1. □ Nothing will ever work out for me
   □ I am not sure if things will work out for me
   □ Things will work out for me OK

2. □ I am sad once in a while
   □ I am sad many times
   □ I am sad all the time

3. □ I look ok/good!
   □ There are some bad things about my looks
   □ I look ugly

4. □ I hate myself
   □ I do not like myself

5. □ I do not feel alone
   □ I feel alone many times
   □ I feel alone all the time

6. □ I do most things OK
   □ I do many things wrong
   □ I do everything wrong

7. □ I have enough friends
   □ I have some friends but wish I had more
   □ I don't have any friends

8. □ I feel like crying every day
   □ I feel like crying many days
   □ I feel like crying once in a while

9. □ Nobody really loves me
   □ I am not sure if anybody loves me
   □ I am sure that somebody loves me

10. □ Things bother me all the time
    □ Things bother me many times
     □ Things bother me once in a while
Sometimes we get extremely sad. **In the past month** did you

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wish you were dead</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Want to hurt yourself</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Think about killing yourself</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Think of a way to kill yourself</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Try to kill yourself</td>
<td>Yes</td>
</tr>
</tbody>
</table>

These were some really tough questions. You did a great job at them answering them. Remember everyone has all kinds of feelings and no feeling is good or bad. It is good to know how we feel. Now that we have talked about sadness, let’s do something more happy and fun. Let’s take a little break and talk about something more fun!

**GAME TIME**
Thobeka likes to spend her free time with friends from school, while Sipho likes to play sports with his friends to relax. Sometimes, Thobeka likes to go to a shebeen or a party with her friends. Sipho sometimes goes after school to soccer games.

We all respond to stress in different ways. Or we just want to do something for having fun. Sometimes if we are stressed we go for a walk, or talk to a friend, eat lots of sweets, or take something to help us relax. The next questions are about what we do when we are stressed or we want to have fun. Thobeka and Sipho sometimes go for a drink for fun or just because they are stressed.

How many times in the past month have you

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once or twice</th>
<th>Every week or Weekend</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many times in the past month have your friends had a drink?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(we mean alcohol, not milk and stuff!)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many times in the past month have you had a drink?</td>
<td>Never</td>
<td>Once or twice</td>
<td>Every week or Weekend</td>
<td>Every Day</td>
</tr>
<tr>
<td>3. How many times have your friends smoked dagga or taken any other drug</td>
<td>Never</td>
<td>Once or twice</td>
<td>Every week or Weekend</td>
<td>Every Day</td>
</tr>
<tr>
<td>4. How many times have you smoked dagga or taken any other drug?</td>
<td>Never</td>
<td>Once or twice</td>
<td>Every week or Weekend</td>
<td>Every Day</td>
</tr>
</tbody>
</table>
Me and My Community
Section 9

Sipho and Thobeka have seen some great signs of community in the neighborhood, things that make them believe that the future of King Williams Town and South Africa are going to be beautiful and peaceful. These things make them hopeful. Other times they see violence and hatred. Sometimes this makes them scared.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Time Range</th>
<th>Has Happened</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone help a neighbor with a task or a chore.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>2. Someone do something kind for an elder person.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>3. Someone helping a younger learner with their homework.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>4. Someone else being chased by gangs or individuals.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>5. Someone getting threatened with serious physical harm.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>6. Someone else getting beaten up or mugged.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>7. Someone else being attacked or stabbed with a knife.</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>More than 5 time</td>
<td>Never</td>
</tr>
<tr>
<td>Question</td>
<td>Frequency</td>
<td>Timeframe</td>
<td>Event</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>----------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>8. A seriously wounded person after an incident of violence.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>9. Someone else getting shot or shot at with a gun.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>10. Someone else get threatened or harmed because of their race or ethnicity.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>11. Have you been chased by gangs or individuals.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>12. Have you been threatened with serious physical harm by someone.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>13. Have you been beaten up or mugged.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>14. Have you been attacked or stabbed with a knife</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>15. Have you been seriously wounded in an incident of violence.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>16. Have you been pressured by someone to have sex.</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>17. Has someone tried to sell you alcohol and/or drugs?</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
<tr>
<td>18. Have you been caught up in a fight?</td>
<td>Once or twice</td>
<td>More than 5 times</td>
<td>Has happened but not in the past month</td>
<td>Never</td>
</tr>
</tbody>
</table>
Sipho and Thobeka share good and bad things with one another. It helps them to have someone to talk to. One Winter Sipho went away to his grandmothers for a few weeks when her mom was really sick. In this time Thobeka felt very alone. This section asks about people in your life you can lean on when you need to.

<table>
<thead>
<tr>
<th>Please CIRCLE how often each of the people below support you</th>
<th>Your Caregiver</th>
<th>Your teacher or principle</th>
<th>A religious leader or someone from your church or mosque</th>
<th>Your friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone you can count on and listen to when you need to talk</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>2. Someone to give you information to help you understand a situation</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>3. Someone to give you good advice about a crisis</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>4. Someone to confide in or talk to about yourself or your problems</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>5. Someone whose advice you really want</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>6. Someone to share your most private worries and fears with</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>7. Someone to turn to for suggestions about how to deal with personal problems</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>8. Someone who understands your problems</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
<td>Always Sometimes Never</td>
</tr>
<tr>
<td>Row</td>
<td>Description</td>
<td>Never</td>
<td>Sometimes</td>
<td>Always</td>
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</tr>
<tr>
<td>9</td>
<td>Someone to help you if you were confined to bed</td>
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<tr>
<td>10</td>
<td>Someone to take you to the doctor if you needed it</td>
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<tr>
<td>11</td>
<td>Someone to prepare your meals if you were unable to do it yourself</td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>Someone to help with your daily chores if you were sick</td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>Someone who shows you love and affection</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Someone to love and make you feel wanted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Someone who hugs you</td>
<td></td>
<td></td>
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<tr>
<td>16</td>
<td>Someone to have a good time with</td>
<td></td>
<td></td>
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<tr>
<td>17</td>
<td>Someone to get together for relaxation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Someone to do something enjoyable</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td>Someone to do things with to help get your mind off things</td>
<td></td>
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</tr>
</tbody>
</table>

Please tick as to how often these people below support you:

- Your caregiver
- Your teacher or principle
- A religious leader or someone from your church or mosque
- Your friends
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. Note to interviewer: Identify another 3 contact people

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?
We’d really like to know what you think about South Africa and her future. You can answer the next questions any way you like, I will help you write if you want. If you want, we can share your thoughts with the government. Just like everything else in this questionnaire, your name won’t be connected to it.

1. What are you thoughts about the future of South Africa?

__________________________________________
__________________________________________

2. What are you hopes for King Williams Town?

__________________________________________
__________________________________________

3. If you could be the minister of families for one day, what is the first change you would make?

__________________________________________
__________________________________________

Thank you so much for spending this time with me. I know it’s sometimes not easy to answer these questions and you’ve shared a lot. We are very grateful for your help and the information you gave us can help other families in South Africa. So we are really grateful for your time.