CAREGIVER BASELINE 1

Interviewer name:

Family Number:

Name of the Caregiver:

Location of interview:

Interview Date:

Village:
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 secret.

Your answers are important and will help the government and other organisations to design better services for young people.

1. Are you:  
   - Female [ ]  
   - Male [ ]

2. What age are you? ________________

3. What nickname would you like to be called by? ________________

4. Are you:  
   - 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 languages do you mainly speak at home? _________________

6. What is your date of birth? _________________

7. Can you please give us your cell number? _________________

8. Does someone come and visit your home to help you with things you need?

   Yes [ ]  No [ ]

   If Yes:

   8.1 Can you tell us who?

   - Someone from Isibindi or a social worker
   - Someone from social development
   - Someone to give medical care
   - Anyone else

   8.2 How many times have they visited in the past month?

   ______________________________________
9. What is the highest level of education you completed?

- No schooling
- Some primary school
- Completed primary school
- Completed high school
- Passed matric
- I don’t know

10. What is the nicest thing anyone has said about you? Please record your answer here.

________________________________________
Please tell us what type of house do you live in now?

- 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

Please specify: ___________________
Where do you get your water from?

A tap inside the home

A community tap

a river

Please specify: ____________________
1. How often in the past month has the water in your village stopped?

- Once or twice
- 3-5 times
- More than 5 times
- Has happened but not in the month
- We don’t have running water
- Never

2. How many times did you wash your hands yesterday?

_________________________

3. Are you currently working?

- Yes
- No

If Yes:

5.1 Is your work:

- part-time
- full time

5.2 Is your work:

- formal
- Informal

4. How many other people in your household have a job?

____________________________
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.

If you have more than one child in this age group, please choose the one who is in the Sinovuyo Teen Programme.

1. What is your child's first name? _________________________________

2. What is your child's surname? _________________________________

3. How old is your child? _________________________________

4. Is your child
   - Male
   - Female

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

6. Does your child live with you at least 4 nights a week?
   - Yes
   - No
7. What is your relationship to him/her?

- [ ] biological mother
- [ ] biological father
- [ ] stepfather/stepmother
- [ ] brother/sister/stepbrother/stepsister
- [ ] grandmother/grandfather
- [ ] great-grandfather/great-grandmother
- [ ] aunt/uncle
- [ ] Cousin
- [ ] foster parent
- [ ] other
  Specify: ___________________
Section 4: People You Live With

1. How many people sleep in your house (including you and your child)?

______________________

Now we are going to ask you a few questions about the people who sleep in your house.

2. Please fill in the following table and write:

   a. Their Name
   b. Relationship to your Teen
      - biological mother
      - biological father
      - stepfather/stepmother
      - brother/sister/stepbrother/stepsister
      - grandmother/grandfather
      - great-grandfather/great-grandmother
      - aunt/uncle
      - cousin
      - foster parent
      - other
   c. Their Age
   d. Please circle anyone in the household who is sick
   e. Please draw a pencil next to every person who is enrolled in school
<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship To your Teen</th>
<th>Gender (male or female)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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 the clinic, help with homework or help with discipline.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your teen have another parent, guardian or caregiver staying with you and taking care of your teen at home?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If Yes:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Is this person sick?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Please tick the things that you COULD afford at home in the past month:

- 3 meals a day
- Costs of going to school even if your child goes to a no-fees school (transport, books, exams)
- Visit to the doctor when someone in your family is ill, getting there and buying all the medicines you need
- School uniform
- Enough clothes to keep you and your children warm and dry
- Toiletries to be able to wash every day
- School equipment for all your kids (pencils, exercise books...)
- More than 1 pair of shoes

Many families struggle to have enough to eat. Thank you for being so honest here, we promise to use your information to try and make things better here in your area.

2. In the past week, how many days was there not enough food in the house (for everyone to eat)? ________________________________
3. Now we want to ask you about which of the following you have in your household:

- A working TV
- Bicycle
- Car
- Horse / donkey/ox/cattle/goat/sheep/pigs
- Hens/chicken

4. Do you get food from a community garden at least twice in the past month? 
   - Yes  
   - No

5. Do you get food from food parcels at least twice in the past month?
   - Yes  
   - No

6. Did you get access to a meal at a soup kitchen at least twice in the past month?
   - Yes  
   - No
### Money 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.

#### SECTION 6: LIVING WITH THE MONEY WE HAVE

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past 4 weeks, how often did you run out of money for meat?</td>
<td></td>
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<tr>
<td>2. In the past 4 weeks, how often did you run out of money for electricity?</td>
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<td></td>
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<tr>
<td>3. In the past 4 weeks, how often did you run out of money for transport?</td>
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<td></td>
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<tr>
<td>4. In the past 4 weeks, how often did you run out of money for airtime?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5. In the past 4 weeks, how often did you worry or feel anxious about money?</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
When we are running out of money, we sometimes seek help and support from others.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. In the past 4 weeks, how often did you have to borrow money <em>from a family member or a friend</em> to meet your and the household's basic needs?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. In the past 4 weeks, how often did you have to borrow money <em>from a money lender/loan shark</em> to meet your and the household's basic needs?</td>
<td></td>
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</tr>
</tbody>
</table>

8. Have you managed to save money in the past 4 weeks?
   *This can include money that you put into a bank account, hide somewhere at your home or at a safe place, or that someone else holds for you.*

If Yes:

1.1 Can you please tell us which ways you use to save money?
- At my Home
- In a formal bank account
- In a savings group/savings club (e.g. stokvel)
- Other
  - Specify: ____________________________________________
2. **Do you have an insurance policy?**
   - Yes
   - No

   **If Yes:**

2.1 **What does your insurance cover?**
   - Funeral
   - Illness
   - Education
   - Retirement
   - Other
   Specify: ______________________

In our community, families often have to cope with unexpected emergencies such as burials, a family member or friend falling sick, a fire or a robbery.

3. **If you were facing such an emergency, how difficult would it be for your family to find R1000?**
   - It would be too difficult for us to find R1000.
   - It would be hard, but we could find R1000.
   - It would not be difficult for us to find R1000.

4. **How would your family get R1000 if there was an emergency?**
   - Use the existing income
   - Use savings
   - Use remittances and gifts (money sent home from a family member)
   - Borrow money from relatives/friends
   - Borrow money from a loan shark/moneylender
   - Sell personal belongings (e.g. TV, furniture, cattle, bicycle)
   - Spend less money on food
Spend less money on health care/medication
Spend less money on education/school
Other
Specify: ________________________________

Please read the following statements and tell us how you feel about them:

5. It is important to save money for the future.
   Disagree → Agree

6. It is important to only spend money on things you really need.
   Disagree → Agree

7. It is not possible to save enough money to buy those things that I really want.
   Disagree → Agree

8. Saving is for adults only
   Disagree → Agree
Imagine you just got paid or you have just received your grant money

9. How confident are you that you will not run out of money before the next payday or grant day?

10. How confident are you that you can plan carefully in advance how to use the money during the week?
Everyone has problems in their families. Sometimes we get help to solve these problems. In the last month, have you got any help?

1. Please tick any support that you have received in the last month.
   - At the hospital from a doctor, nurse or health care provider
   - At the clinic from a doctor, nurse or other person
   - From a traditional healer
   - From the police
   - Other
     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 the government?
   Please tick if yes.
   - 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 place of worship?
   Please tick if yes.
   - 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 support group you belong to?
   Please tick if yes
   - Food or material support (i.e. money, goods, equipment, housing)
   - Advice or social support

6. If you would like we can bring you information about getting grants. Would you like us to bring you some when we come back?
   - Yes
   - No
SECTION 8: YOUR HEALTH

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!

1. In general, over the past month would you say your health has been?
   - Excellent
   - Good
   - Ok
   - Bad

<table>
<thead>
<tr>
<th>yes, very difficult</th>
<th>yes, difficult</th>
<th>not difficult at all</th>
</tr>
</thead>
</table>
   --- | --- | --- |
   1.1 Does your health make it difficult for you to do activities such as moving a table, or pushing around boxes in your home? |
   1.2 Does your health make it difficult for you to do things such as shopping, walking distances or carrying a child? |
2. Did you have any of the following illnesses/symptoms?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Have you got diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Have you lost weight and become very thin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 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 skin been very dry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Do you have emotional problems?</td>
<td></td>
<td></td>
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<tr>
<td>2.5 Have your eyes been yellow, and you've had fever or itching?</td>
<td></td>
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<tr>
<td>2.6 Have you got shingles or a rash on your skin?</td>
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<tr>
<td>2.7 Have you got high blood pressure?</td>
<td></td>
<td></td>
</tr>
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<td>2.8 Have you had sores on your body?</td>
<td></td>
<td></td>
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<tr>
<td>2.9 Have you had ulcers or white patches in your mouth, or problems swallowing food?</td>
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<tr>
<td>2.10 Do you drink alcohol too much?</td>
<td></td>
<td></td>
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<tr>
<td>2.11 Do you have cancer?</td>
<td></td>
<td></td>
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<tr>
<td>2.12 Have you had trouble breathing, or a cough for more than two days with fever in the past month?</td>
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<tr>
<td>2.13 Have you had TB in the last five years?</td>
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<tr>
<td>2.14 Do you have arthritis?</td>
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<td></td>
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<tr>
<td>2.15 Have you been bewitched</td>
<td></td>
<td></td>
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<tr>
<td>2.16 Have you had diarrhoea or a runny tummy for more than 2 days in the past month?</td>
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<td></td>
</tr>
<tr>
<td>2.18 Do you have HIV?</td>
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<td></td>
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</tbody>
</table>

3. Have you had anything else we haven't asked about?

_________________________________________
We all get sick and all of us have relatives or know someone who has died. This is a hard part of life.

We are really grateful for your honesty. Your answers can really help others who have lost someone they love.

1. Has your teen had a parent who has died?
   - Yes
   - No

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

3. Do you know what happened to that person?
   - road accident
   - HIV/AIDS
   - illness
   - attacked
   - something else
4. Could we ask you about some of the symptoms of sickness the teen's parent had before they died?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>4.1 Did they lose weight and become very thin?</td>
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<td>4.3 Did they have any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in your feet, or has skin been very dry?</td>
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</tr>
<tr>
<td>4.16 Did they have diarrhoea or a runny tummy for more than 2 days in the past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.17 Did they have heart disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.18 Did they have HIV?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did they have anything we haven’t asked for? ________________
### SECTION 10: 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.

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 this can be difficult to talk about. That is perfectly normal. We are now going to ask some questions about how HIV has affected your household. Everything you tell us is absolutely confidential and no-one else will find out about it.

Sometimes it's really hard for people to take their ARVs every day at the right time. People forget, or something happens so they can't take them or they make them feel sick.

<table>
<thead>
<tr>
<th>1. Have you ever been tested for HIV?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Was the result positive for HIV?</td>
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<tr>
<td>3. Do you use ARVs or Anti-retrovirals?</td>
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<tr>
<td>4. How many times in the last week were you not able to take one of your ARV pills?</td>
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<tr>
<td>5. Have you ever been told your CD4 count number?</td>
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</tr>
<tr>
<td>5.1 Can you tell us your CD4 count?</td>
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<td></td>
</tr>
</tbody>
</table>

The private section is completed without the help of a research assistant.
6. In the last month, have you been so sick that you needed to go to hospital?
   ☐ Yes
   ☐ No

7. Has your teen ever been tested for HIV?
   ☐ Yes
   ☐ No
   ☐ I don’t know

8. Was the result positive for HIV?
   ☐ Yes
   ☐ No

9. Does your teen use ARVs or Anti-retrovirals?
   ☐ Yes
   ☐ No
   ☐ I don’t know

10. Has anyone ever told you your teen’s CD4 count?
    ☐ Yes
    ☐ No

   If Yes:
   10.1 Can you tell us your teen’s CD4 count? __________________

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

2. How many other people are HIV positive in this household (not including you and your teen)?
   ☐ Yes
   ☐ No
   ☐ I don’t know
3. **Does anyone else in the household use anti-retrovirals or ARVs?**
   - Yes
   - No
   - I don’t know

4. **In the last month, has anyone else in your household been so sick that they needed to go to the hospital?**
   - Yes
   - No

Thank you very much for being so patient and answering these difficult question honestly. Your assistance today will be very helpful in providing support to other teens in South Africa.
We now want to ask some questions about your teen at school

1. Is your teen currently attending school?
   - Yes
   - No

2. How old was your teen when he/she started primary school (grade 1)?

   __________________________

3. In the past three months, how many times have you gone to school events or meetings?

   __________________________
SECTION 12: BEING A CAREGIVER

Looking after a teenager can be really stressful. Can you tell us how you feel.

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.

1. There is little or nothing I wouldn’t do for my children if it was necessary

Disagree

 Agree

2. Caring for my children sometimes takes more time and energy than I have to give

Disagree

 Agree
3. I sometimes worry whether I am doing enough for my children

4. I feel close to my children

5. I enjoy spending time with my children

6. My children is an important source of affection for me

7. Having children give me a more certain and optimistic view of the future

8. The major source of stress in my life is my children

9. Having children leaves little time and flexibility in my life
10. Having children has been a financial burden

Disagree Agree

11. It is difficult to balance different responsibilities because of my children

Disagree Agree

12. The behaviour of my children is often embarrassing or stressful for me

Disagree Agree

13. If I had to do it over again, I might decide not to have children

Disagree Agree

14. I feel overwhelmed by the responsibilities of being a parent

Disagree Agree

15. Having children has meant having too few choices and too little control over my life

Disagree Agree

16. I am satisfied as a parent

Disagree Agree
17. I find my children enjoyable

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

19. What do you think is your best quality as a parent?

Xolani is always getting into trouble. He steals from his granny, tells lies and bullies younger children. Imagine Xolani was your son. What do you think might help to discipline him?

20. Hit or spank him

21. Hit him with something like a broom

22. Give him a push or kick
23. Shout at him

24. Tell him he is being stupid

25. Tell him that the ancestors will punish him
SECTION 13: FEELING SAD

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</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>Nearly everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don't bother me</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2. I did not feel like eating; my appetite was poor</td>
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</tr>
<tr>
<td>3. I felt that everything I did was an effort</td>
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</tr>
<tr>
<td>4. I felt I was just as good as other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing</td>
<td></td>
<td></td>
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<tr>
<td>6. I felt depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. I felt that everything I did was an effort</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>Nearly everyday</th>
</tr>
</thead>
</table>

12. What do you do like doing at the end of a long day?

___________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>1-2 days</th>
<th>3-4 days</th>
<th>5-7 days</th>
<th>Nearly everyday</th>
</tr>
</thead>
</table>
13. I was happy
14. I talked less than usual
15. I felt lonely
16. People were unfriendly
17. I enjoyed life
18. I had crying spells
19. I felt sad
20. I felt that people disliked me
21. I could not get going
We are going to talk about things that can happen to your teenager outside of your home, in the street, on his/her way to school, when he/she is at the shop or when he/she is out with friends.

While your teen was out in the community last month how often has he/she seen...

<table>
<thead>
<tr>
<th></th>
<th>I don’t know</th>
<th>Never or twice</th>
<th>3-5 times</th>
<th>More than 5 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Someone else being threatened?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Someone else being mugged and have his/her stuff stolen?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. People fighting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Someone else being hit or harmed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. People being drunk or on drugs and being argumentative?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
While your teen was out in the community last month how often has she/he been:

<table>
<thead>
<tr>
<th></th>
<th>I don't know</th>
<th>Never</th>
<th>Once or twice</th>
<th>3-5 times</th>
<th>More than 5 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Threatened by someone else?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Mugged and have his or her stuff stolen?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>8. Caught up in a fight?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Hit or Harmed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. With friends that were drunk or on drugs and argumentative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I don't know  | Never | Once or twice | 3-5 times | More than 5 times
--- | --- | --- | --- | ---
11. Have people said sexual things to your teen or asked him to go out with them in a way that made him/her feel uncomfortable? |  |  |  |  |
12. Have people tried to touch your teen in a way that made him/her feel uncomfortable (e.g. slapping someone on the bum or hip)? |  |  |  |  |
13. Have people made sexual gestures or looked at your teen in a way that made him/her feel uncomfortable (e.g. winking at people, licking their lips)? |  |  |  |  |
14. Have people leaned over or stand in front of your teen in a way that made him/her feel uncomfortable? |  |  |  |  |
15. Have people sent to your teen SMS, WhatsApp Facebook, Mxit, e-mails or anything on his/her phone that said something sexual and made him/her feel uncomfortable? |  |  |  |  |
16. Have people teased your teen or made sexual jokes that made him/her feel uncomfortable? |  |  |  |  |
**SECTION 15: RELAXING AND FREE TIME**

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._

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In the past month, have you been for a walk or done some other exercise to help you relax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>In the past month, have you done a body relaxation or taken time for yourself to relax such as a walk, stretching etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>In the past month, did you take a nap to help you relax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Sometimes we have a drink to relax us. Can you remember the last time you had a drink?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Have you had a drink in the past month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>In the past month, did you take any drugs to help you relax, have a good time, or escape stress?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>In the past month, did you talk to a friend to help yourself relax?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 hold of you in case your number changes or you move. It can be a relative, neighbour or friend.

<table>
<thead>
<tr>
<th>CONTACT 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td></td>
</tr>
</tbody>
</table>