

Questionnaire No. _____

Place of interview _____

School/org _____

Grade _____

Social Worker _____

Date _____

boy girl

Interviewer _____

Tape recorder: on



all about me!



the questions you answer here are confidential.
This means that we will not report your real name.

Please write your name here _____

Now, please think of a different name which we can use
when we are writing about this research. You can pick any name you want!

We would like to send you the results of the study
when it is finished. Please write your address and
telephone no so we can get back in touch

address _____

tel no _____

what is your main language spoken at home? _____

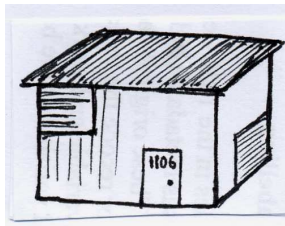
This is not a test. There are no right or wrong answers! This research aims to help children and
young people in Cape Town. Thank you for taking the time to help us

my home and...

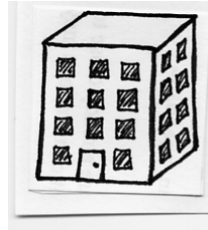
please circle the one which is most like your home



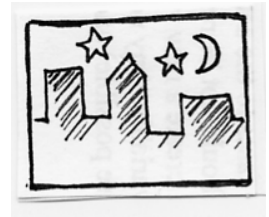
hut made of traditional materials



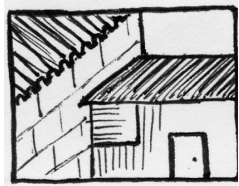
shack on it's own plot



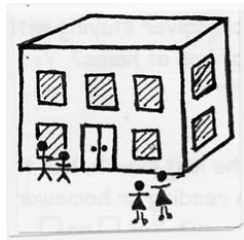
block of flats



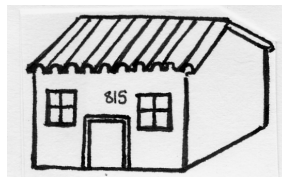
living on the street



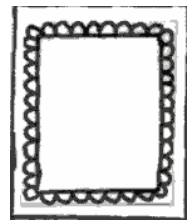
shack in a back yard



children's home or shelter for kids



house made of brick or concrete

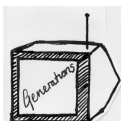


other _____

please circle the things which you have in your home (in working order)



electricity



TV



bath or shower



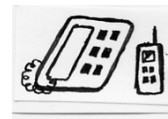
radio



fridge



water from a tap



phone/cellphone



computer

YOU AND YOUR HOME...

do you help look after younger children in your home? no yes

have you ever helped to look after unwell people in your home? no yes... who was it? _____

do you feel that you belong with the people who you live with?
 yes somewhat not at all

does someone at home praise you when you have done something well?
 often rarely never

does anyone who lives with you have a job?
 no yes who? _____

do you get the same food/clothes/school fees/school equipment as other children you live with?

Do you have brothers and sisters who do not live with you?
 Can you write their names and ages here?
 (you can use the stickers)

people who i live with

for interviewers guiding questions...

1) how many rooms are there in your home? kitchen? Bathroom? Other rooms?

2) Who sleeps in each room? Put stickers on (with name, age, relationship to you)

(for kids living in shelters/children's homes/on the street, just draw own room/where they sleep)

A large, empty rounded rectangular box with a black outline, intended for drawing or writing. The box is centered on the page and occupies most of the lower half of the document.

what i think and feel...

this part of the questionnaire looks at sadness and other difficulties which many people experience at some point in their lives. This questionnaire is arranged in groups of 3 statements. Please listen to each group carefully. Then pick out ONLY ONE statement from each group which best describes the way you have been feeling during the last 2 weeks...

-I am sad once in a while
-I am sad many times
-I am sad all the time

-I feel like crying every day
-I feel like crying many days
-I feel like crying once in a while

-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

- Things bother me all the time
-Things bother me many times
-Things bother me once in a while

-I do most things OK
-I do many things wrong
-I do everything wrong

-I look OK
-There are some bad things about my looks
-I look ugly

-I hate myself
-I do not like myself
-I like myself

-I do not feel alone
-I feel alone many times
-I feel alone all the time

-I do not think about killing myself
-I think about killing myself but I would not do it
-I want to kill myself

-I have plenty of friends
-I have some friends but wish I had more
-I don't have any friends

-Nobody really loves me
-I am not sure if anybody loves me
-I am sure that somebody loves me

slam the box!

many kids and teenagers feel nervous or anxious at times.

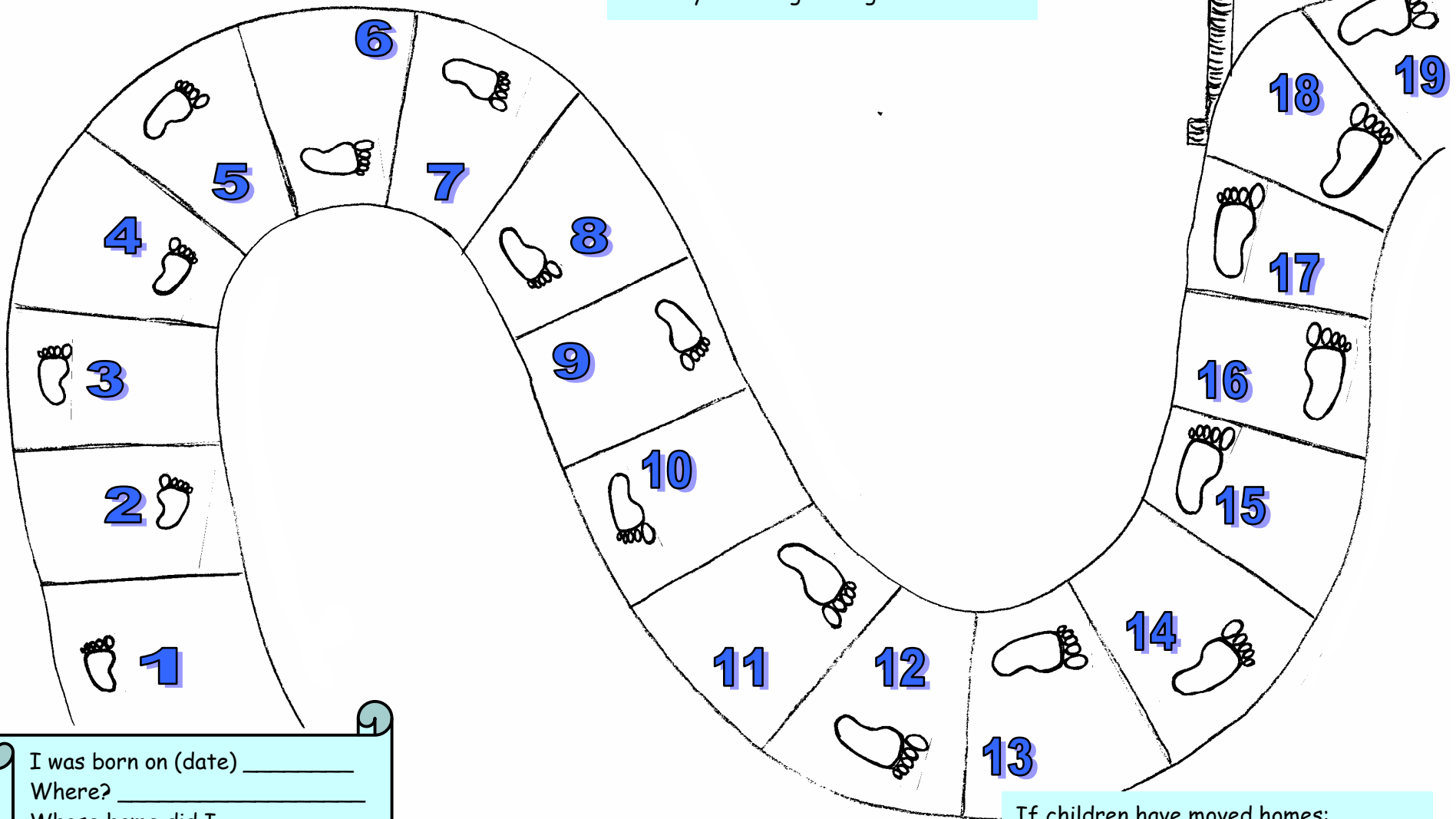
Please take a card for each question and put it into the box which best describes you. The boxes are marked 'yes' and 'no'

I have trouble making up my mind	no	yes
I get nervous when things do not go the right way for me	no	yes
Others seem to do things easier than I can	no	yes
Often I have trouble getting my breath	no	yes
I worry a lot of the time	no	yes
I am afraid of a lot of things	no	yes
I get angry easily	no	yes
I worry about what my carers will say to me	no	yes
I feel that others do not like the way I do things	no	yes
It is hard for me to get to sleep at night	no	yes
I worry about what other people think about me	no	yes
I feel alone even when there are people with me	no	yes
Often I feel sick in my stomach	no	yes
My feelings get hurt easily	no	yes
My hands feel sweaty	no	yes
I am tired a lot	no	yes
I worry about what is going to happen	no	yes
Other children are happier than I	no	yes
I have bad dreams	no	yes
My feelings get hurt easily when I am criticised	no	yes
I feel someone will tell me I do things the wrong way	no	yes
I wake up scared some of the time	no	yes
I worry when I go to bed at night	no	yes
It is hard for me to keep my mind on my schoolwork	no	yes
If 'yes', are you thinking about any particular thing which makes concentration difficult?		
<hr/>		
I wiggle in my seat a lot	no	yes
I am nervous	no	yes
A lot of people are against me	no	yes
I often worry about something bad happening to me	no	yes

my road of life

- Whose home were you living in?
- Who was the person who looked after you most?
- Why did things change?

THE FUTURE



I was born on (date) _____
Where? _____
Whose home did I
live in? _____
Who looked after me most?

If children have moved homes:

- Were there any problems around who got the house and/or money when you moved? _____
- (if yes) who moved into your old house? _____

friends and other kids...

Other kids and teenagers can be great. They can also be really mean to each other.

For each question, please say whether you think it is ‘not true’, ‘sometimes true’ or ‘certainly true’. Think about it as how things have been for you in the last 6 months. It would help if you answered all the questions even if you are not certain or if it seems silly!

	Not true for me	Somewhat true for me	Certainly true for me
I am usually on my own. I generally play alone or keep to myself			
I have one good friend or more			
Other people my age generally like me			
Other children or young people pick on me			
I get on better with adults than with people my age			

Now we want to know about this past year. During this year other kids...

	Not at all	Once	2-3 times	4 or more times
Called me names or swore at me				
Tried to get me into trouble with my friends				
Took something without permission or stole things from me				
Made fun of me for some reason				
Made me uncomfortable by standing too close or touching me				
Punched, kicked or beat me up				
Hurt me physically in some way				
Tried to break or damaged something of mine				
Refused to talk to me or made other people not talk to me				

Did this happen mainly in school outside school both

stuff that's been difficult for me...

Here are Buntu and Lindiwe, showing us some things which many kids in Cape Town have experienced. Could you tell us whether these things have happened to you also?



Buntu has been robbed and had his things stolen.

This year, how many times have you had things stolen? _____

Buntu has been unwell this year with TB. Lindiwe has had stomach upsets.

Have you been unwell this year? _____ what with? _____

There are inappropriate ways to touch Buntu and Lindiwe. Has anyone ever touched you in a way that made you feel uncomfortable? _____. Has anyone ever made you do anything with your private parts or their private parts that you did not want to do? _____



Lindiwe's carer shouts at her a lot.

How many times in an ordinary week do you get shouted at in your home? _____

Buntu was attacked and hit when he was out. Have you ever been hit or attacked outside? _____



Lindiwe's friend Andile is hit by adults at home. Have you been hit at home? _____ what with? _____

Buntu saw someone in his neighbourhood being shot. Lindiwe saw someone being stabbed one evening. Have you seen someone being shot _____? or stabbed _____?



Have you seen something else that has upset you? _____

Andile's family have lots of arguments. Sometimes adults shout at each other and sometimes there is fighting. This last week, how many days were there arguments with adults shouting in your home? _____ How many days were there arguments with adults hitting each other in your home? _____



Lindiwe and Buntu often don't have enough food in their home. How many days this week did you not have enough food? _____

Buntu and Lindiwe's mother was ill for some time before she died. Their father is unwell at the moment. Some people have been unkind to them because of this.

Have you ever been teased or treated badly because of people in your family being unwell?

Teased: not at all sometimes often *Treated badly:* not at all sometimes often

Have people gossiped behind your back about it?

not at all sometimes often

Did all this upset you? not at all somewhat very much



Buntu and Lindiwe's mother died a few years ago. They had a little brother who also died.

Has anyone close to you died? Could you tell us who they were? And when? Do you know what happened? (you can write, or draw them)

Sometimes it helps to talk to someone about our feelings when a person close to us has died. Did you or do you talk to anyone about this? yes no
who? _____

Has anything happened which we have not mentioned which has upset you? _____



how do you feel about...?

Group C) Many kids go through things that are very upsetting or frightening, We would like to know about them and how you felt about it. They might have happened recently or they might have happened a long time ago, but still upset you. They might have been in the list we asked you, or something else.






Can you tell us what was the most upsetting or frightening thing that has happened to you?





Group A & B) Many kids go through things that are very upsetting or frightening, We would like to know about them and how you felt about it. They might have happened recently or they might have happened a long time ago but still upset you. You said that your parent/s died a while ago. Would this be the right thing to ask you about, or has something else happened which has upset you even more?

Can you tell us what was the most upsetting or frightening thing that has happened to you?

Now take the tennis ball!

Please listen to each question, and stick the tennis ball on the board to show whether you have felt this way 'not at all', 'some of the time', 'most of the time' or 'all the time' in this past month

		not	some	most	all
	Do you get nightmares or bad dreams about what happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get upset when you think about what happened?					
When something reminds you of what happened, do you get tense or upset?					
	Do you go over and over what happened in your mind?				
Do you think about (or see pictures in your head of) what happened even when you don't want to?					
Do you worry that it might happen again?					
Do you try not to think about what happened?					
Do you try to stay away from things that remind you of what happened?					
Do you have trouble remembering important parts of what happened?					
Do you act out things or repeat things like what happened?					
	Do you feel like its happening all over again even when it's not?				

	not	some	most	all
Do you feel it's hard to have any feelings any more, like you feel numb?				
Do you make yourself very busy and do things so you won't think about what happened?				
Do you get physically upset when something reminds you of what happened - like getting sweaty, shaking, your heart pounding, getting short of breath, or stomach aches?				
 Do you have trouble falling asleep or staying asleep?				
Is it hard for you to pay attention - like listening to your teacher, or doing your work - because you can't concentrate well?				
Do you feel you need to stay 'on guard', like something could happen and you need to be ready?				
Do you get jumpy or startle easily?				
Do you get annoyed (grouchy) or irritable (kind of angry) real easy?				
 Do you get angry or upset at people for no reason?				
Do you get so angry at people you hit or hurt someone?				
Do you ever think you won't grow up and be what you want to be?				
 Do you feel it's hard to have fun doing things?				
Do you ever feel it's hard to feel happy?				
 Do you feel alone even when other people are around?				
Do you feel bad or guilty - like what happened was your fault?				
Do you wet your pants or bed by accident?				
Do you feel like you are 'tuned out' or in a 'trance' so you can go away in your mind and not think?				

stuff i do in an ordinary week...

Please circle the ones you usually do



playing an instrument



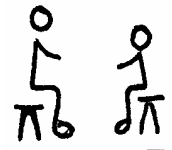
singing



playing a game like marbles or dice



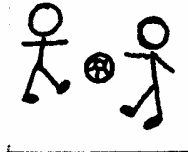
listening to music



seeing a counselor



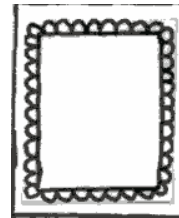
playing netball



playing soccer



swimming



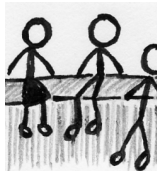
doing another sport (which one?)



dancing



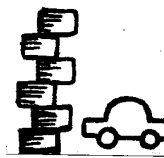
begging



socializing with friends



using the computer



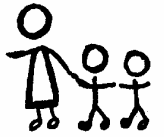
playing with toys



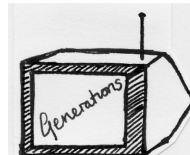
doing housework (how many hours a day?)



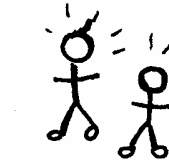
a job outside the home (how many hours a day?)



going out with family



watching TV



playing games



reading

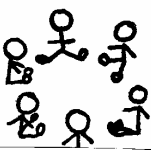
YOUTH CLUBS AND GROUPS
Do you go regularly to any youth groups?



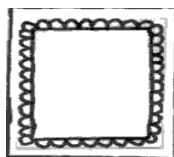
music, theatre or dance



sports



support group



another kind of youth group

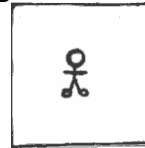
When you are feeling down or sad, do you do any of these things to cheer yourself up?



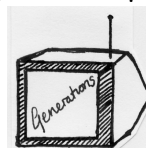
reading



playing



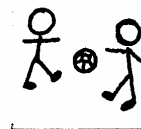
being alone



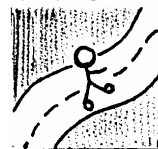
TV



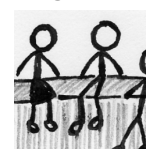
listening to music



sport



going for a walk



seeing friends



going to the library



homework



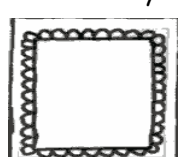
comfort from a friend



going to bed



writing or drawing your feelings down



other things



feeling unwell or angry

Only one more page to go! For each question, please say whether you think it is 'NOT TRUE' 'SOMEWHAT TRUE' or 'CERTAINLY OR ALWAYS TRUE'. Think about it as how things have been for you in the last 6 months.

	Not true	Somewhat true	Certainly true
I feel dizzy			
I don't feel guilty after doing something I shouldn't			
I hang around with kids who get in trouble.			
I usually do as I am told			
I would rather be with older kids than with kids my own age			
I run away from home			
I set fires			
I steal at home			



	Not true	Somewhat true	Certainly true
I steal things from places other than home.			
I swear or use dirty language.			
I use alcohol or drugs for non-medical purposes.			
I lie or cheat.			
I feel overtired			
I am unwell (without knowing why) with these problems:			
Aches or pains (not headaches)			
Headaches			

	Not true	Somewhat true	Certainly true
Nausea, feeling sick			
Problems with eyes describe.....			
Rashes or other skin problems			
Stomachaches or cramps			
Vomiting, throwing up			
I get very angry and often lose my temper			
I cut classes or skip school.			
I fight a lot. I can make other people do what I want			



the last page!

In some communities people know and talk to each other, while in other communities there is not this sense of closeness. How close do you feel to other people in this community?

- very close somewhat close not too close not close at all

how important is religion in your everyday life?

- most important somewhat important
 very important not important at all

Aside from weddings and funerals, how often do you attend religious services (church, temple, mosque etc)?

- more than once a week 1-2X a month never
 once a week a few times a year

For your last birthday, did you have a celebration (a cake, or a meal, or friends coming round)? no yes

How much do you like school? By that I mean how much do you enjoy learning and going to classes?

- do not like it at all do not like it much like it like it very much

I would like to know how you feel about your future opportunities to be successful and prosper, would you say...

Your opportunities
are limitless

you have many
opportunities

your opportunities
are very limited

you have no
opportunities at all

This is the last question! If you would like to, could you draw a picture of yourself in the future? (or write, or use the stickers) What will you be doing?

Thank you very much for giving up your time to talk to me. Before I go, is there anything you would like to ask me about the research? Is there anything that worries or concerns you about it?

If you would like to ask anything about the research at a later stage, please feel free to contact Lucie Cluver 021 638 3127. Thank you again for taking part.

thank you!

For interviewer/research team.

Attending school? yes no

If yes, attendance record

very good misses some days poor

if missing school, why? _____

highest grade passed _____

Q1: Cause of Parental death

Q2: household income _____

Q3: Is the household receiving any grants? no grants foster care grant child support grant pension war veterans grant disability grant care dependency grant grant in aid social relief of distress child maintenance support (from father)

Q4: (only if child is living with 1 unwell parent) ARVs? _____

Any comments: