



MZANTSI WAKHO
ADOLESCENT HEALTH RESEARCH
YEAR 3 QUESTIONNAIRE
GIRAFFE



Interviewer name:

Interview date:

Serial number:

Participant date of birth:

STUDY INFORMATION

MZANTSI WAKHO is a study about young people in South Africa and how they think about their bodies, their health and their lives.

We are part of a research team from the Universities of Oxford and Cape Town that is trying to learn more about the lives and health of young people in the Eastern Cape.

You (the participant) have been invited to participate in our study. We want to learn from you, share ideas so that we can help government provide better support and services for teens.



STUDY INFORMATION

Continued...



What will happen to the results of the study?

The results of this study will be used to help the government, and health and welfare organisations, to make better policies for young people and their families.

Why should I take part in this study?

Your story is important! This study will help us to learn more about how to help young people in South Africa.

Do I have to take part?

Not at all. You can decide if you want to take part again or not. If you don't want to, it won't affect any help you are getting and you won't get into trouble. If you decide to take part, you are still free to stop at any time and you won't have to give a reason. In one year's time, we will visit you again to see how you are doing. You can choose then whether you want to talk to us again!

What will I have to do?

If you decide to take part, you will sign this consent form, and then spend a couple of hours talking together and doing activities with a researcher. Sometimes we will need to understand things about your health or about school. You might not know these things. With your permission, we might ask your school and clinic for additional information.

STUDY INFORMATION

Continued...

Will what I say be kept confidential?

Anything you tell us about yourself will be kept strictly confidential, and will not be told to anyone else. The questionnaire will not include your name and it will be completely anonymous. But during our chat it may become clear that you are suffering from serious challenges. If so, our researchers will explain to you, in private, possibilities for further help. If there is a safety issue, we might contact an organization that can help you. But we will talk to you about it first.

What if the questions upset me?

You can stop at any point, and you don't have to give a reason. You can also contact the research team at any point and say that you want your answers about certain questions to be removed, which we will do straight away.

What if I have a complaint?

If there is anything to do with the research that you are unhappy with, you can contact:

- Dr Lucie Cluver at the University of Oxford
(lucie.cluver@spi.ox.ac.uk)

- Send 'Please Call Me' to
0783079507



CONSENT FORM

	Yes	No
1) I have read and I understand the information sheet for this study and have had a chance to ask questions.		Skip to Q7
2) I understand that I have chosen to take part and that I am free to stop at any time, without giving any reason. This will not change any support or help I am getting.		Skip to Q7
3) I agree to take part in this study.		Skip to Q7
4) I agree that information from my school and clinic records can be added to my questionnaire responses.		
5) Where applicable, I allow Mzantsi Wakho to access my personal data from the National Health Laboratory Service.		
6) Do you want to be part of this study?		Skip to Q7

7) The participant has not given their consent. Please check their answers. Otherwise, **please stop the interview now.**

8) If the participant agrees, please write down the reason for their non-consent.



9) I (the participant) have given consent and would like to take part in this study. Please sign on the line below:

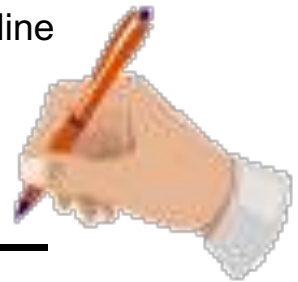


CAREGIVER INFORMATION

10) Type of caregiver consent:

- The caregiver is here and will provide a signature
- The caregiver is not here but has signed a Mzantsi Wakho consent form
(Note: For school interviews only where consent has been given at home by the caregiver. **Skip to Q12**)
- Verbal consent from caregiver has been given (**Skip to Q13**)
- The participant is over 18. Caregiver consent not required (**Skip to Q13**)

11) As the legal guardian/parent, I give consent for the participant to take part in this study. Please sign on the line below:



12) Please provide your Mzantsi Wakho consent form. The researcher will take a photograph of this.

13

Caregiver Name

15) You selected 'Other'. What is the Caregiver's relationship to the teen?

16) Today's Date (Format Day/Month/Year):

____/____/____

14) Relationship to the Teen:

- Biological Mother *
- Biological Father *
- Aunt *
- Uncle *
- Grandmother *
- Grandfather *
- Cousin *
- Neighbour *
- Family Friend *
- Sister *
- Brother *
- Other caregiver (Female)
- Other Caregiver (Male)

All answers marked with * skip to Q16

CONTACT INFORMATION

We will only use this information to help find you again in a few years' time. Or to give you an update on our findings.

17) Participant Address:

18) Participant Phone Number:

Contact Person 1:

19) Name: _____

20) Relationship to the Teen:

- | | | |
|--|--|---|
| <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Biological Father | <input type="checkbox"/> Cousin | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Neighbour | <input type="checkbox"/> Other Caregiver (Female) |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Family Friend | <input type="checkbox"/> Other Caregiver (Male) |
| <input type="checkbox"/> Grandmother | | |

21) Address: _____

22) Phone number: _____

Contact Person 2:

23) Name: _____

24) Relationship to the Teen:

- | | | |
|--|--|---|
| <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Biological Father | <input type="checkbox"/> Cousin | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Neighbour | <input type="checkbox"/> Other Caregiver (Female) |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Family Friend | <input type="checkbox"/> Other Caregiver (Male) |
| <input type="checkbox"/> Grandmother | | |

25) Address: _____

26) Phone number: _____

PARTICIPANT INFORMATION

27) Is this participant new?

- Yes
 No

28) What is the serial number of the participant? (If new, please add the number assigned in the roster. If unsure put 9999)

29) What date was the follow up for the participant?

30) What date was the baseline for the participant?

31) Who is conducting the interview?

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Amanda | <input type="checkbox"/> Sindiswa | <input type="checkbox"/> Nobathembu |
| <input type="checkbox"/> Babalwa | <input type="checkbox"/> Sisanda | <input type="checkbox"/> Nganga S |
| <input type="checkbox"/> Beauty | <input type="checkbox"/> Thabisa | <input type="checkbox"/> Nomawele |
| <input type="checkbox"/> Bongwiwe | <input type="checkbox"/> Thandokazi | <input type="checkbox"/> Zano |
| <input type="checkbox"/> Chunyiswa | <input type="checkbox"/> Thembani | <input type="checkbox"/> Deno |
| <input type="checkbox"/> Mavis | <input type="checkbox"/> Vuvu | <input type="checkbox"/> Nganga M |
| <input type="checkbox"/> Philiswa | <input type="checkbox"/> Zoliswa | <input type="checkbox"/> Xolelwa |
| <input type="checkbox"/> Phumla Mn | <input type="checkbox"/> Mazibuko | <input type="checkbox"/> Sinebhongo |
| <input type="checkbox"/> Pumla My | <input type="checkbox"/> Onela | <input type="checkbox"/> Trainee RA |
| <input type="checkbox"/> Nontuthuzelo | <input type="checkbox"/> Simphiwe | <input type="checkbox"/> Test Questionnaire |
| <input type="checkbox"/> Sibulelo | <input type="checkbox"/> Phakamami | |

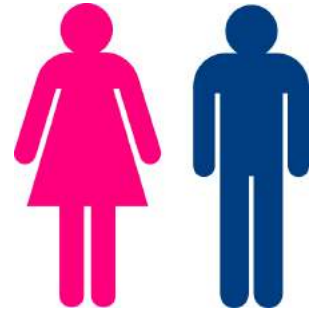
32) Record your Location:



33) Please choose if the participant is a boy or a girl:

Boy

Girl



34) Please select the participant's animal:

Giraffe

Bear

Elephant



35) Please enter the participant's full Date of Birth (*Format Day/Month/Year*):

____ / ____ / ____

36) Where are you conducting this interview?

Participant's Home

Clinic

Hospital

School

Church

Community Centre

Bakkie

Other, please write address:

INTRODUCTION

Thank you for meeting with us again. We have interviewed over 1500 teenagers and your stories have been incredibly helpful to our government and healthcare providers. By participating in Mzantsi Wakho, YOU have the power to influence what services and support will be provided to young people in South Africa.



Similar to last time, this questionnaire has 13 parts, each of which will take about 10 minutes. You can always take a break if you feel like it and we can talk or play games together. Your answers will be kept confidential and your name will not be written anywhere on this questionnaire.

If you need a break, just tell the person that is helping you and they will do some activities with you. This is not a test. There are no right or wrong answers! This research aims to help young people in South Africa.

**Thank you for taking
the time to help.**

37) What nickname would you like us to call you?

38) How old are you? (*Note: Participant must be between 10 and 24 years old*)

EXISTING PARTICIPANTS

39) Have you moved homes since we last met?

- Yes (**Skip to Q42**)
 No (**Skip to Q43**)

NEW PARTICIPANTS

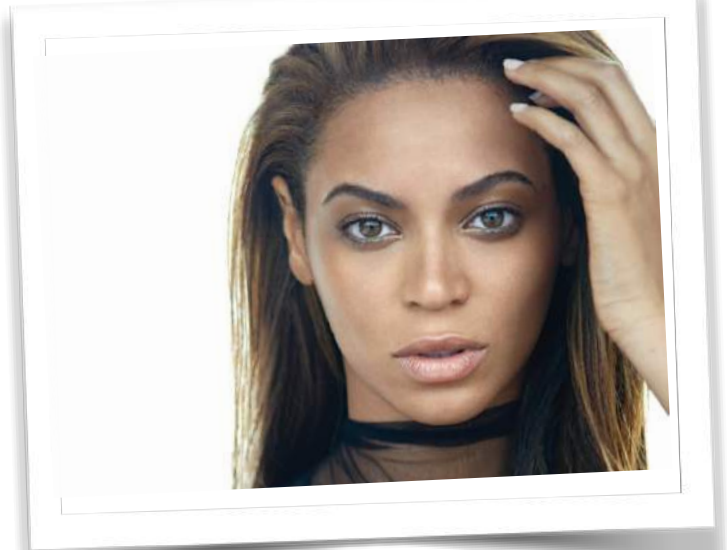
40) Have you moved homes in the last year?

- Yes
 No

41) How many different homes have you ever had?



SECTION 1: ABOUT YOU



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 use a name of a character from your favourite soapie or a celebrity name? It can be any name, such as **Lerato** or **Akhona** or **Beyoncé** or **Zola**.

42) Please tell us what type of house you live in now (*Choose only one answer*)

- 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 separate plot
 Children's home OR shelter for kids



43) My best friend says that I'm a:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Hustler | <input type="checkbox"/> Party-goer |
| <input type="checkbox"/> Nerd/Geek | <input type="checkbox"/> Heart-breaker |
| <input type="checkbox"/> Comedian | <input type="checkbox"/> Diva |
| <input type="checkbox"/> Sweetheart | <input type="checkbox"/> Princess |

44) Are you married?

- Yes (**Skip to Q46**)
 No

45) Do you currently have a boyfriend or girlfriend?

- Yes
 No

46) My best friend says that I'm a ' _____ ',
(**Use your answer from Q43**). And I see myself as:

- Hard-working
 Slacker

47) My best friend says that I'm a ' _____ ',
(**Use your answer from Q43**). And I see myself as:

- Committed/Active
 Lazy

48) What gender do you identify as?

- Male
 Female
 Neither/Other
 Both



SECTION 2: YOUR SCHOOL

49) Which school do you go to?

- Primary or secondary school (**Skip to Q54**)
- University, college, FET or another tertiary institution (**Skip to Q68**)
- I am not in school

FOR PARTICIPANTS NOT IN SCHOOL

50) If you are not currently attending school what is (are) the reason(s) for not attending school? (*Choose as many answers as apply*)

- I finished matric
- I didn't have enough money to pay for 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

51) Did you want to study more after your stopped going to school?

- Yes
- No (**Skip to Q60**)

53) You selected 'Other'. What did you want to study?

52) What did you want to study?

- Finish matric (**Skip to Q60**)
- Do a professional training course (**Skip to Q60**)
- Go to college or university (**Skip to Q60**)
- Other



FOR PARTICIPANTS AT PRIMARY OR SECONDARY SCHOOL

54) Have you changed school since we last spoke to you? (*New participant answer 'Yes'*)

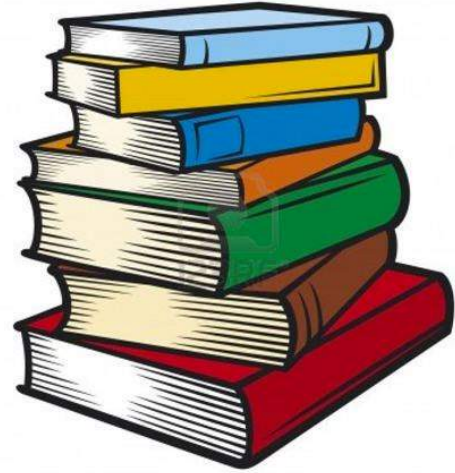
- Yes
 No (**Skip to Q57**)

55) What is the name of your school?

56) What kind of school do 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 special permission from the principal

57) What grade are you in?



EXPERIENCES AT SCHOOL

We would like to know a bit more about your experiences at school. Please tell us how true these statements are for you.

58) I look forward to going to school

Never

Sometimes

Always

59) I have been hit, beaten or slapped by a teacher at school

Never

Sometimes

Always

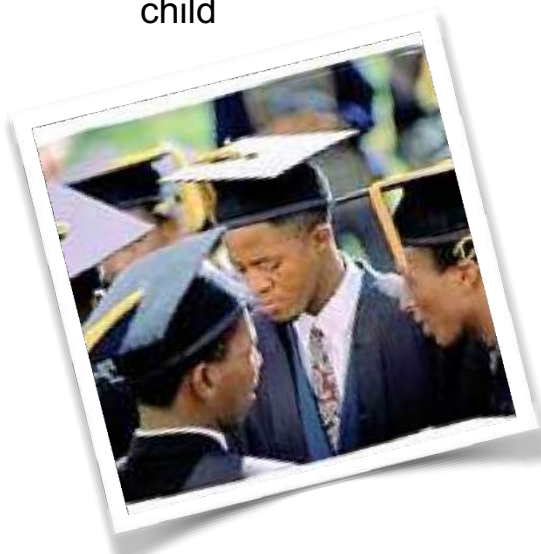
FOR PARTICIPANTS AT PRIMARY OR SECONDARY SCHOOL OR NOT IN SCHOOL

60) Did you pass your grade last year?

- Yes
 No

61) If you have ever repeated grades, why?

- I have never repeated a grade
 I failed my exams
 I moved and had to change school
 I was ill
 I was too young
 I got pregnant or had a child



65) How did you usually get to school during your last term of school?

- Walk
 Bus
 Taxi
 Driven by family member/ hospital car/ local organisations
 Bicycle
 Train

How long did it take to get to school?

66) Hours: _____

67) Minutes: _____

YOUR SCHOOL

Please think about the last full term you went to school. If you are not sure when this was, chat with the Research Assistant.

62) In the last full term of school, how many days did you miss (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
 More than a month

63) In the last full term of school, which meals did you have for free at school? (*Choose as many answers as apply*)

- Breakfast
 Lunch
 Other food
 I don't have any free food at school

64) Do/Did you receive free food every day from your school or teacher during the holidays?

- Yes
 No



**Skip to
Q74**

FOR PARTICIPANTS AT UNIVERSITY, COLLEGE, FET OR ANOTHER TERTIARY INSTITUTION

68) Did you pass your classes/exams last year?

- Yes
- No
- I was not yet at university, college, FET or another tertiary institution last year

69) If you have ever repeated classes/exams, why did you repeat classes/exams?

- I have never repeated a class/exams
- I failed my exams
- I moved and had to change school
- I did not take school serious enough
- I was ill
- I was too young
- I got pregnant or had a child

70) Where are you studying?

- University
- College (FET/TVET)
- ABET
- Re-taking matric
- Apprenticeship/Internships programme
- Other



71) Who helped you the most with information or applications to further studies?

- Nobody
- All by myself
- Family/ Friends/ Partner
- Teacher/ Principal/ Someone else at school
- Church/ Other organisation
- Someone else form the community
- Other

72) What is the of the place you are studying at?

73) What are you studying?



Next questions are for all participants



FOR ALL PARTICIPANTS

74) What is the highest grade you have passed?
(If unsure, put 999. If not applicable, put 777. If you finished matric, please put 12)



My best friend says that I'm a
' _____ '. **And I**
see myself as:

(Use your answer from Q43 to fill in the blank and select one option from each row below)

75)	Calm <input type="checkbox"/>	Restless <input type="checkbox"/>
76)	Generous <input type="checkbox"/>	Selfish <input type="checkbox"/>
77)	Serious <input type="checkbox"/>	Playful <input type="checkbox"/>

**END OF SECTION 2,
GOOD WORK!**

SECTION 3: HEALTH & WELLBEING

We all get sick sometimes. This section asks about how your health has been in the past 12 months.

78) How has your overall health been in the past 12 months?


- Very poor health
- It has been OK (not too good, not too bad)
- Excellent health



The next questions are about problems you have had while doing certain activities because of your health, in the past 12 months.

	No, no difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do it at all
79) Did you have difficulty seeing, hearing, walking or climbing steps, washing yourself or getting dressed, speaking or being understood?				
80) Did you have difficulty remembering things or following a story or conversation?				

Which of the following illnesses have you had in the past 12 months? Please tell us how often you have felt them, never sometimes or often. *(If there's anything you don't understand, just ask the research assistant)*

	Never	Sometimes	Often
81) Asthma, lung problems and trouble breathing for more than two days			
82) Ear problems: pains and infections			
83) Fits or epilepsy			
84) Shingles or itchy rash in the skin			
85) Sores on the hands, mouth, feet or other parts of the body			
86) A cough where you spit up green or yellow stuff			
87) A bad cough lasting three weeks or longer			
88) Pains in your chest			
89) Night sweats			
90) Coughing up blood			
91) Ulcers, white patches on your mouth or problems swallowing food			
92) Diarrhoea or a runny tummy for more than 2 days			
93) Nausea or vomiting			
94) Headaches			
95) Back pain / aches			
96) Fever			
97) Tire easily, little energy			
98) Stomach problems / difficulties with digesting food			
99) Dizziness			
100) Bad dreams or problems sleeping well			
101) Lost a lot of weight, or could not put on weight			
102) Sores or warts in your private parts			
103) Burning while urinating / peeing			
104) Itching and redness in your private / intimate parts			
105) Itching, soreness or bleeding from your bum			
106) Smelly or unclear discharge from the vagina or penis			




107) In the past 12 months, have you had calling from ancestors?

- Yes, more than a year ago
- Yes, in the last year
- No, I have not had it
- I don't know

108) Have you received any of these tests for tuberculosis (TB) in the last year? (Choose all the tests for TB that you've had)

- The health worker pricked my skin with a needle, and then I had to come back to clinic so that they could see if there was a reaction
- I coughed sputum into a little bottle or container
- I had a chest x-ray
- I received one of these tests, but it was more than a year ago
- I have never received one of these tests for TB (**Skip to Q111**)

109) What were the results of your last TB test?

- It was negative
- It was positive, and I'm still sick 
- It was positive, but I took medication and I'm better now
- I don't know the results



110) For participants who answered 'Often' on Q90 or 'It was positive, and I'm still sick' on Q109.

Code T, please acknowledge

111) In the past year, have you been given medicine to take every day for TB?

- Yes
- No



NOTE: In this questionnaire we will be using clinic and hospital interchangeably. We just mean wherever you receive treatment.

112) Have you ever had a HIV test?

- Yes
- No (**Skip to Q117**)
- I don't know (**Skip to Q117**)

113) How old were you when you had your first HIV test?

114) How old were you when you had your last (most recent) HIV test?

115) What were your HIV results?

- I was told I was HIV-positive
- I was told I was HIV-negative
- I don't know, I didn't get my results

116) Did you get initiated on HIV treatment? In other words, after your test, did the nurse or doctor give you pills to take for the rest of your life?

- Yes
- No

117) When was the last time you had your blood taken in the clinic/hospital?

- In the last week
- In the past 2 weeks
- In the last month
- In the past six months
- In the past year
- More than a year ago
- I don't remember ever having my bloods taken in the clinic/hospital (**Skip to Q119**)
- I have never had my blood taken (**Skip to Q119**)



118) Did the nurse or doctor tell you the results of your blood test?

- Yes, but it was confusing and I didn't understand what it meant
- Yes, but they were angry at me and shouted at me about the results being bad
- Yes, and I understood what it meant
- Nobody spoke to me about my bloods after they took them

119) Did you have your CD4 count taken in the past year?

- Yes
- No (**Skip to Q121**)
- I don't know

120) What is your most recent CD4 count?

121) Did you have your viral load taken in the past year?

- Yes
- No (**Skip to Q123**)
- I don't know

122) What was the result of your most recent viral load?

- There is still some virus in my body
- The doctor or nurse said my viral load is low
- I don't know my viral load results



Sometimes when we are not feeling well, we go to see a doctor or a nurse. Sometimes we go straight to the pharmacy or we visit a sangoma or a herbalist.

123) In the last year, where have you gone for help? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Chemist/pharmacy | <input type="checkbox"/> Traditional Healer |
| <input type="checkbox"/> Public Clinic | <input type="checkbox"/> A healer at church or medicines from the church or spiritual healer |
| <input type="checkbox"/> Public Hospital | <input type="checkbox"/> Traditional Pharmacy or Herbalist |
| <input type="checkbox"/> Private Doctor (Ugqirha) or Private Hospital | <input type="checkbox"/> I have not been to get help anywhere in the last year |

124) How do you usually get to your local clinic/hospital?

- | | |
|-------------------------------|----------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Driven |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Train |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Bicycle |



How long does it take you to get to your local clinic/hospital?

125) Hours: _____

126) Minutes: _____

127) How much does it cost to get to your clinic (in Rand)?

128) Who goes to the clinic or hospital with you usually? (Choose only one answer)

- I go alone
- My parent/caregiver goes with me
- Another family member goes with me
- My friend goes with me
- My boyfriend/girlfriend goes with me
- My village or community healthcare worker goes with me
- Someone else goes with me
- I don't go - somebody else going instead of me to pick up my medication
- I have never gone. No one else has ever gone on my behalf



129) Who goes to the traditional pharmacy, igqirha, Sangoma, Healer or Herbalist with you usually? (Choose only one answer)

- I go alone
- My parent/caregiver goes with me
- Another family member goes with me
- My friend goes with me
- My boyfriend/girlfriend goes with me
- My village or community healthcare worker goes with me
- Someone else goes with me
- I don't go - somebody else going instead of me to pick up my medication
- I have never gone. No one else has ever gone on my behalf

AT THE CLINIC

130) Think about going to the clinic last year... Who did you talk to about your health at the clinic during the last year?

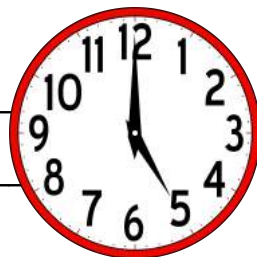
- | | |
|--|--|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Data Capturer |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Patient Advocate |
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Someone else who works at the clinic who is living with HIV |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> I have not been to a clinic in the last year |
| <input type="checkbox"/> Village or Community Health | |
| <input type="checkbox"/> Care Worker | |
| <input type="checkbox"/> Social Worker | |



How long do you wait to see someone at the clinic usually?

131) Hours: _____

132) Minutes: _____



133) Please choose the clinic that you go to most often when you're sick?
(Remember, all your answers are completely confidential)

- | | | | |
|--------------------------|---|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Beacon Bay Clinic | <input type="checkbox"/> | Imidange Clinic |
| <input type="checkbox"/> | Berlin Clinic | <input type="checkbox"/> | John Dube Clinic |
| <input type="checkbox"/> | Bhisho Hospital - ARV Clinic | <input type="checkbox"/> | Mt. Coke Community Healthcare Centre |
| <input type="checkbox"/> | Bhisho Hospital - ANC Clinic | <input type="checkbox"/> | Ncerha Clinic |
| <input type="checkbox"/> | Bhisho Gateway Clinic | <input type="checkbox"/> | Ndevana Clinic |
| <input type="checkbox"/> | Braelyn Clinic | <input type="checkbox"/> | Needs Camp Clinic |
| <input type="checkbox"/> | Breidbach Clinic | <input type="checkbox"/> | NU1 Philani Clinic |
| <input type="checkbox"/> | Bulembu Clinic | <input type="checkbox"/> | Nontyatyambo Clinic |
| <input type="checkbox"/> | Cata Clinic | <input type="checkbox"/> | NU3 Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - ARV/ adult Clinic | <input type="checkbox"/> | NU5 Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> | NU 7 Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - Pediatric Clinic | <input type="checkbox"/> | NU8 Nobuhle Clinic |
| <input type="checkbox"/> | Central Clinic | <input type="checkbox"/> | NU9 Clinic |
| <input type="checkbox"/> | Duncan Village Day Hospital | <input type="checkbox"/> | NU12 Eluxolweni Clinic |
| <input type="checkbox"/> | Dimbaza Community Healthcare Centre | <input type="checkbox"/> | NU13 Siyaphilisa Clinic |
| <input type="checkbox"/> | Ethembeni Clinic | <input type="checkbox"/> | NU17 Clinic |
| <input type="checkbox"/> | Empilweni Gompo Healthcare Centre | <input type="checkbox"/> | Nonkcampa Clinic |
| <input type="checkbox"/> | Frankfort Clinic | <input type="checkbox"/> | Sweetwaters Clinic |
| <input type="checkbox"/> | Frere Gateway Clinic | <input type="checkbox"/> | Qurhu Clinic |
| <input type="checkbox"/> | Frere Hospital - ARV/ adult Clinic | <input type="checkbox"/> | Tyutyu Clinic |
| <input type="checkbox"/> | Frere Hospital - PMTCT/ ANC Clinic | <input type="checkbox"/> | Tyutyu Village Clinic |
| <input type="checkbox"/> | Frere Hospital - Pediatrics | <input type="checkbox"/> | Tshatshu Clinic |
| <input type="checkbox"/> | Grey Hospital ARV Clinic | <input type="checkbox"/> | Zanempilo Clinic |
| <input type="checkbox"/> | Grey Gateway Clinic | <input type="checkbox"/> | Zikhova Clinic |
| <input type="checkbox"/> | Ginsberg Clinic | <input type="checkbox"/> | Zwelitsha Clinic zone 5 |
| <input type="checkbox"/> | Ilitha Clinic | <input type="checkbox"/> | Zwelitsha Clinic zone 8 |
| | | <input type="checkbox"/> | Other |
| | | <input type="checkbox"/> | I have never been to a clinic |

134) You selected 'Other', please tell us which clinic:



Please tell us how often you have experienced any of the following in the past year?

	Never	Once or Twice	Several Times	Most of the time
135) I didn't have enough money for transport to get to the doctor, clinic or hospital				
136) No one was available to go with me				
137) It was not safe for me to go to the doctor, clinic or hospital				
138) I did not get the help that I needed				
139) The doctor, clinic or hospital staff were too busy to give me the help I needed				
140) I felt my information would be kept safe and confidential				
141) They did not know the answers to my questions				
142) They got angry with me about how I take my pills and they scolded me				
143) I had to miss school to go to the doctor, clinic or hospital				
144) I felt comfortable talking to the healthcare worker about getting something to prevent pregnancy				
145) They got angry with me because I am having sex and they shouted at me				
146) I could get condoms if I needed them				
147) Nobody helped me because I didn't have my health card				
148) They could not find my patient file				
149) I go to more than one government doctor, clinic or hospital for my health				
150) I go to a different doctor, clinic or hospital for things to do with sex and HIV to avoid gossip				

151) In the last year, how did you feel about the service you received at the doctor, clinic or hospital?

- Satisfied
- Neither satisfied, nor dissatisfied
- Not satisfied
- I haven't been to a clinic in the last year

152) Have you ever changed doctor, clinic or hospital because of how you were treated?

- Yes
- No

153) Do your family have a person who visits you at least once a month to help with health issues, who is not a family member (like a nurse, community health worker, home-based carer, village health worker or social worker)?

- Yes
- No

154) Where would you prefer to receive healthcare services or treatment when you are not well?

- At hospital
- At a local clinic
- At my home
- At school
- At a community centre
- A sangoma/traditional healer
- A church
- A pharmacy
- A private doctor/hospital

155) Sometimes when we get sick, we need to stay in hospital overnight. How many times have you spent at least one night in the hospital in the last year because you were too sick to go home?

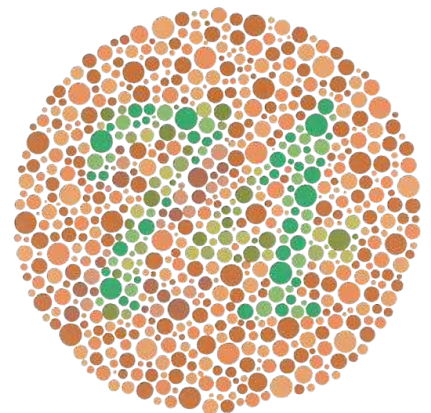


FOR BOYS ONLY

156) Have you been circumcised in the last year?

- I have not been circumcised yet
- I was initiated through a traditional ceremony
- I went to a clinic or hospital

157) Can you see a number in the circle? If so, please tell us what it is. *(If no number, put 0)*



158) Please be aware that the participant may have difficulty distinguishing red from green and may need extra support during ACASI.

Code Colour, please acknowledge

SECTION 4: YOU & YOUR HEALTH



Sometimes we get sick and we need to take medicine to get better. Other medication helps us stay healthy. We'd like to ask you some questions about any medicine you might be taking, or have taken in the past. We know that taking medicine regularly can be a big job, and that it is challenging.

Do not worry about telling us if you are not taking any or all of your medicines. We need to know what is really happening, not what you think we may want to hear.

We know the questions that we are going to ask you are difficult to answer, everyone finds them hard. But it is really, really important that you tell us the truth in order to help other young people like yourself in South Africa.

If you are not honest with us, we can't help. So please help other teens and policy-makers by being totally truthful.

Are you ready to begin? Let's start!

We'd like to know if you are currently taking any of the following forms of medicine:



	Yes	No
159) Are you taking any pills?		
160) Are you taking any liquids/syrups?		
161) Are you taking any injections?		
162) Are you taking any other form of medicine?		

If you answered 'No' to Q159 – skip to Q173



FOR PARTICIPANTS TAKING PILLS

We'd like to understand why you are taking these medicines:

	Yes	No
163) Are you taking these medicines for your chest?		
164) Are you taking these medicines for diarrhoea?		
165) Are you taking these medicines for tuberculosis (TB)?		
 166) Are you taking these medicines to prevent getting pregnant? (Girls Only)		
167) Are you taking these medicines for treating HIV/AIDS?		
168) Are you taking these medicines for epilepsy?		
 169) Are you taking these medicines to prevent your child from getting HIV/AIDS? (Girls Only)		
170) Are you taking these medicines for your ears?		
171) Are you taking these medicines for ONE MONTH ONLY to prevent HIV infection (this would happen after a severe injury or rape and the medicine probably made you feel very ill)?		
172) Are you unsure why you are taking these medicines?		

FOR ALL PARTICIPANTS

173) Are you currently taking any antiretrovirals (ARVs) or HIV medicine?

- Yes (**Skip to Q175**)
 No

174) Have you ever taken any antiretrovirals (ARVs) or HIV medicine in the past?

- Yes
 No



**Thank you for
answering these
questions so
honestly.**

Now, if you answered **NO** to Q173, please skip to Q238 (Section 4.2: Defaulter)

SECTION 4.1: ADHERENCE

You're doing great! We would like to ask you specific questions about your ARVs or your HIV medicine.

175) How old were you when you started taking these antiretrovirals (ARVs) or HIV medicine?

176) How many ARVs or HIV pills do you have to take every day?

177) How many times a day do you have to take your ARVs or HIV medicine?



Sometimes people get busy and forget to take their ARVs or HIV medicine. We would like to understand if you have similar experiences when you take your ARVs or HIV medicine so we can help other teens. We need to know what is really happening, not what you think we want to hear. Nobody will get angry at you and your answers.

Please be honest.

178) How many times did you take your ARVs or HIV medicine yesterday?

179) How many times did you take your ARVs or HIV medicine the day before yesterday?

180) How many times did you take your ARVs or HIV medicine three days ago?

Sometimes unexpected things get in the way and prevent people from taking their ARVs or HIV medicine at the same time. Some days people do not take their ARVs or HIV medicine at all or don't take them at the right time.

This is not their fault.

We would like to ask you about the times you were not able to take your ARVs or HIV medicine. We simply want to better understand why teens have a hard time taking their ARVS or HIV medicine.

181) How days did you take all of your ARVs or HIV medicine at the right time last week?

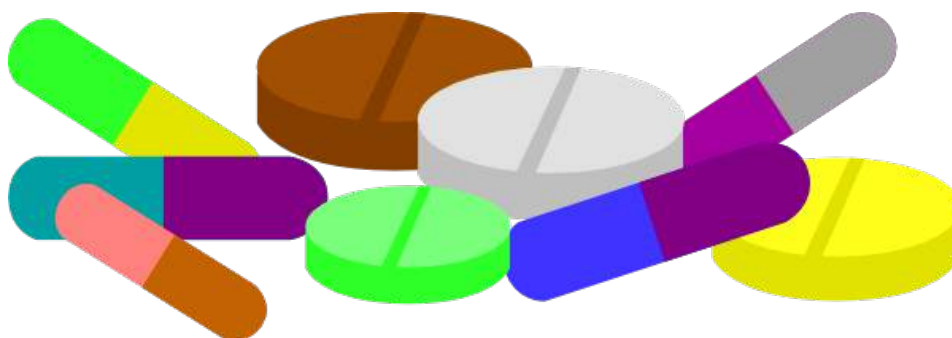
Remember, your answers to our questions will help us understand what makes it easier and harder to take pills or medicine. Please answer as truthfully as you can. Your answers are completely confidential and you will not be judged.

	Yes	No	I don't know
182) Have you ever missed a pill or medicine?		Skip to Q186	
183) Did you miss taking any of your ARV pills or HIV medicine in <u>the last year</u> ?		Skip to Q186	
184) Did you miss taking any of your ARV pills or HIV medicine in <u>the last month</u> ?		Skip to Q186	Skip to Q186
185) Did you miss taking any of your ARV pills or HIV medicine in <u>the last week</u> ?			

186) In the past year, have you changed the type of ARVs or HIV medicine treatment you take? For example: name of medicines, number of pills, times you had to take them.

- Yes
- No (**Skip to Q188**)
- I don't know (**Skip to Q188**)

187) How many times have you changed the type of ARVs or HIV medicine treatment you take?





	Yes	No
188) Do you usually go yourself to get your ARV pills or HIV medicine treatment you take?	Skip to Q195	
189) Do you know who collects your ARVs or HIV medicine from the clinic or hospital?		Skip to Q195
190) Does someone in your family usually go without you to get your ARV pills or HIV medicine from the hospital or clinic?	Skip to Q195	
191) Do you usually go together with someone from your family to get your ARV pills or HIV medicine from the clinic or hospital?	Skip to Q195	
192) Does a health worker usually bring the ARVs or HIV medicine to your home?	Skip to Q195	
193) Does a treatment buddy usually collect your ARVs or HIV medicine from the clinic or hospital?	Skip to Q195	
194) Are your ARVs or HIV medicine delivered straight to your home?		

	Yes	No	I don't know
195) Do you get your ARV pills or HIV medicine <u>every month</u> ?	Skip to Q198		
196) Do you get your ARV pills or HIV medicine <u>every 2 months</u> ?	Skip to Q198		
197) Do you get your ARV pills or HIV medicine <u>every 3 months</u> ?			
198) In the last year, were you always able to get your ARVs or HIV medicine from the clinic?	Skip to Q200		Skip to Q200

199) How many times in the last year were you not able to get your ARVs or HIV medicine from the clinic?

200) In the last year, were you always able to get your clinic appointment?

- Yes (**Skip to Q202**)
 No
 I don't know (**Skip to Q202**)

201) How many times in the last year were you not able to get to your clinic appointment?

202) In the last year, how many times were you not able to get your ARVs or HIV medicine because the clinic had run out of medication (stock-out)?

Sometimes we have trouble getting our medication and cannot take them for a few days in a row. Other times, we must visit family and cannot take our medication with us.

203) In the last year, how many times were you not able to take your medication for more than 2 days in a row?

204) Since you started taking your medication, have you had to stop taking it for more than a month?

- Yes
 No
 I don't know

You're doing a great job! Thank you!

Taking ARVs or HIV medicine can make us feel better or worse. It can also change over time.

The next set of questions ask how often you have felt or thought the following about your ARVs or HIV medicine in the last year. You can answer 'Never', 'Sometimes' or 'Often'.

	Never	Sometimes	Often
205) In the last year, how often have you felt that you don't need ARVs or HIV medicine anymore, because you can stay healthy without it?			
206) In the last year, how often have you felt that you remember to take your ARVs or HIV medicine when you do something else, for example, brush your teeth or eat breakfast?			



	Never	Sometimes	Often
207) In the last year, how often have you felt that taking ARVs or HIV medicine caused you to have other physical symptoms (e.g., rash, headache, getting fat in unusual places, nausea, vomiting, diarrhoea)?			
208) In the last year, how often have you felt that taking ARVs or HIV medicine makes you feel stronger and healthier?			
209) In the last year, how often have you not taken your ARVs or HIV medicine because you ran out of them?			
210) In the last year, how often did you forget to take your ARVs or HIV medicine?			
211) In the last year, how often have you felt that you remembered to take your ARVs or HIV medicine because a soapie or a TV programme started on TV?			
212) In the last year, how often have you felt that your ARVs or HIV medicine got in the way of your daily life, school and friends?			
213) In the last year, how often have you felt fed up with taking your ARVs or HIV medicine and needed a break?			
214) In the last year, how often have you felt that it has been hard to take your ARVs or HIV medicine when you have changed homes or schools?			
215) In the last year, how often have you felt that taking your ARVs or HIV medicine is hard because you are worried people would find out about your HIV?			

	Never	Sometimes	Often
216) In the last year, how often have you felt you needed to use an alarm to remember to take your ARVs or HIV medicine?			
217) In the last year, how often have you felt that you struggle to take your ARVs or HIV medicine when you get sick with another illness?			
218) In the last year, how often have you felt that it is hard to take your ARVs or HIV medicine when your family and/or friends don't help you remember?			
219) In the last year, have you carried your ARVs or HIV medicine with you all the time?			
220) In the last year, how often have you felt that you do not have anywhere to keep your ARVs or HIV medicine e.g. at school or home?			
221) In the last year, how often have you felt that you understand why you have to take your pills?			
222) In the last year, how often have you felt that you keep getting sick even when you do take your ARVs?			
223) In the last year, how often have you felt that your girlfriend/ boyfriend helps you to remember to take your ARVs?			
224) In the last year, how often have you felt that taking your ARVs reminds you of HIV?			
225) In the last year, how often has your doctor/ nurse told you to stop taking ARVs for some time?			

	Never	Sometimes	Often
226) In the last year, how often have you felt that it has been difficult for you to take your ARVs when you haven't eaten?			
227) In the last year, how often have you felt like the ARVs are toxic or harmful?			
228) In the last year, how often have you felt that you have had too many ARVs or HIV medicine to take?			
229) In the last year, how often have you felt that, when you have a boyfriend/ girlfriend, you struggle to take your ARVs?			
230) In the last year, how often did you use a cellphone to remember to take your ARVs?			
FOR BOYS ONLY			
231) In the last year, how often did you feel that, when you were in circumcision camp, it was hard to take your ARVs?			
232) In the last year, how often have you not been able to take your ARVs because your pills got damaged or lost?			
233) In the last year, how often did you feel that it was difficult to take your ARVs because you drank too much alcohol?			
234) In the last year, how often did someone at the clinic/ hospital tell you that you should not take ARVs when you drink alcohol or take other drugs?			
235) In the last year, how often could you not take your ARVs because someone robbed you?			

236) Has anyone ever told you that you have an illness such as epilepsy, HIV or diabetes?

- Yes
 No (**Skip to Q280**)

237) Has anyone ever told you that you have HIV?

- Yes
 No (**Skip to Q280**)



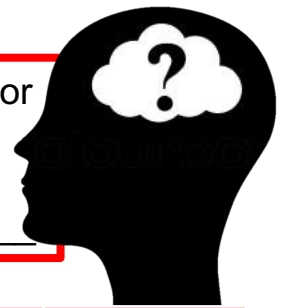
**GREAT
WORK!**

SECTION 4.2: DEFAULTER

Previously you said you took ARVs or HIV medicine in the past, but not now. This is totally okay. We would still like to ask you about the time when you were taking antiretrovirals (ARVs) or HIV medicine in the past. First, we'd like to ask you about any medicine that you've ever taken for longer than 2 weeks..

	Yes	No
238) Have you ever taken any medicine for your chest for longer than 2 weeks?		
239) Have you ever taken any medicine for diarrhoea for longer than 2 weeks?		
240) Have you ever taken medicine for tuberculosis (TB) for longer than 2 weeks?		
 241) Have you ever taken medicine to prevent getting pregnant for longer than 2 weeks? (Girls Only)		
242) Have you ever taken medicine for treating HIV/AIDS for longer than 2 weeks?		
243) Have you ever taken medicine for epilepsy for longer than 2 weeks?		
 244) Have you ever taken medicine to prevent your child from getting HIV for longer than 2 weeks? (Girls Only)		
245) Have you ever taken medicine for ONE MONTH ONLY to prevent HIV infection (this would happen after a severe injury or rape and the medicine probably made you feel very ill)?		
246) Have you ever taken medicine for your ears for longer than 2 weeks?		
247) Have you ever taken any other medicine for longer than 2 weeks?		
248) Do you know how old you were when you first started taking ARVs or HIV medicine?		

249) How old were you when you first starting taking ARVs or HIV medicine?



	Yes	No
250) Do you remember when you last took your ARVs or HIV medicine?		Skip to Q254
251) Was the last time you took your ARVs or HIV medicine a long time ago?		
252) Have you taken your ARVs or HIV medicine in the last year?	Skip to Q254	
253) Was the last time you took your ARVs or HIV medicine more than a year ago?		




Taking ARVs or HIV medicine can make us feel better or worse. It can also change over time. Please tell us how you felt about taking your ARVs or HIV medicine?

	Yes	No
254) Did you feel that you didn't need ARVs or HIV medicine anymore, because you could stay healthy without it?		
255) Did you feel that taking ARVs or HIV medicine caused you to have other physical symptoms (e.g., rash, headache, getting fat in unusual places, nausea, vomitting, diarrhoea)?		
256) Did you stop taking your ARVs or HIV medicine because you ran out of them?		
257) Did you sometimes forget to take your ARVs or HIV medicine?		
258) Did you feel that your ARVs or HIV medicine got in the way of your daily life, school and friends?		
259) Did you feel fed up taking your ARVs or HIV medicine and felt you needed a break?		
260) Did you feel it was hard to take your ARVs or HIV medicine when you changed homes or schools?		

	Yes	No
261) Was taking your ARVs or HIV medicine hard because you were worried people would find out about your HIV?		
262) Did you struggle to take your ARVs or HIV medicine because you got sick with another illness?		
263) Was it hard to take your ARVs or HIV medicine when your family and/or friends didn't help you remember?		
264) Do you feel that you did not have anywhere to keep your ARVs or HIV medicine at school or home?		
265) Did you feel like you didn't understand why you had to take your ARVs or HIV medicine?		
266) Did you feel that you kept getting sick even when you did take your ARVs or HIV medicine?		
267) Did you feel that taking your ARVs or HIV medicine reminded you of HIV?		



	Yes	No
268) Did your doctor/ nurse tell you to stop taking your ARVs or HIV medicine for some time?		
269) Did you feel that it was difficult for you to take your ARVs or HIV medicine on an empty stomach?		
270) Did you feel like the ARVs or HIV medicine was poisonous or harmful?		
271) Did you feel you had too many ARVs or HIV medicine to take?		
272) Did you get a new boyfriend/girlfriend, and did you struggle to take your ARVs or HIV medicine around them?		
 273) Did you feel that when you were in circumcision camp, it was hard to take your ARVs or HIV medicine? (Boys Only)		
274) Did you struggle to take your ARVs or HIV medicine because they got damaged or lost?		

	Yes	No
275) Did you feel it was difficult to take your ARVs or HIV medicine because you drank too much alcohol?		
276) Did someone at the clinic/ hospital tell you that you should not take ARVs or HIV medicine when you drink alcohol or take other drugs?		
277) Did you struggle to take your ARVs or HIV medicine because someone robbed you?		
278) Has anyone ever told you that you have an illness such as epilepsy, HIV or diabetes?		Skip to Q280
279) Has anyone ever told you that you have HIV?		

SECTION 4.3: YOU & YOUR MEDICINE (CONTINUED)



280) How do you take your medicine?

- I take my medicine myself
- An adult at home gives me my medicine
- Sometimes I take them myself, sometimes an adult gives them to me
- I do not take any medicine

281) Do you remember where you were given your HIV medicine for the first time?

- Hospital
- Clinic
- Healthcare centre
- Not sure

282) Who told you that you have to take your HIV medicine or ARVs for the first time?

- Doctor
- Nurse
- Counsellor
- Pharmacist
- Village or Community healthcare worker
- Caregiver/ Parent
- Other
- I don't remember

283) Please choose the clinic that you go to get your ARVs:

- | | | | |
|--------------------------|------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Participant not taking ARVs | <input type="checkbox"/> | Ilitha Clinic |
| <input type="checkbox"/> | Beacon Bay Clinic | <input type="checkbox"/> | Imidange Clinic |
| <input type="checkbox"/> | Berlin Clinic | <input type="checkbox"/> | John Dube Clinic |
| <input type="checkbox"/> | Bhisho Hospital - ARV Clinic | <input type="checkbox"/> | Mt. Coke Community |
| <input type="checkbox"/> | Bhisho Hospital - ANC Clinic | <input type="checkbox"/> | Healthcare Centre |
| <input type="checkbox"/> | Bhisho Gateway Clinic | <input type="checkbox"/> | Ncerha Clinic |
| <input type="checkbox"/> | Braelyn Clinic | <input type="checkbox"/> | Ndevana Clinic |
| <input type="checkbox"/> | Breidbach Clinic | <input type="checkbox"/> | Needs Camp Clinic |
| <input type="checkbox"/> | Bulembu Clinic | <input type="checkbox"/> | NU1 Philani Clinic |
| <input type="checkbox"/> | Cata Clinic | <input type="checkbox"/> | Nontyatyambo Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - | <input type="checkbox"/> | NU3 Clinic |
| <input type="checkbox"/> | ARV/ adult Clinic | <input type="checkbox"/> | NU5 Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - | <input type="checkbox"/> | NU 7 Clinic |
| <input type="checkbox"/> | PMTCT/ ANC Clinic | <input type="checkbox"/> | NU8 Nobuhle Clinic |
| <input type="checkbox"/> | Cecilia Makiwane Hospital - | <input type="checkbox"/> | NU9 Clinic |
| <input type="checkbox"/> | Pediatric Clinic | <input type="checkbox"/> | NU12 Eluxolweni Clinic |
| <input type="checkbox"/> | Central Clinic | <input type="checkbox"/> | NU13 Siyaphilisa Clinic |
| <input type="checkbox"/> | Duncan Village Day Hospital | <input type="checkbox"/> | NU17 Clinic |
| <input type="checkbox"/> | Dimbaza Community Healthcare | <input type="checkbox"/> | Nonkcampa Clinic |
| <input type="checkbox"/> | Centre | <input type="checkbox"/> | Sweetwaters Clinic |
| <input type="checkbox"/> | Ethembeni Clinic | <input type="checkbox"/> | Qurhu Clinic |
| <input type="checkbox"/> | Empilweni Gompo Healthcare | <input type="checkbox"/> | Tyutyu Clinic |
| <input type="checkbox"/> | Centre | <input type="checkbox"/> | Tyutyu Village Clinic |
| <input type="checkbox"/> | Frankfort Clinic | <input type="checkbox"/> | Tshatshu Clinic |
| <input type="checkbox"/> | Frere Gateway Clinic | <input type="checkbox"/> | Zanempilo Clinic |
| <input type="checkbox"/> | Frere Hospital - ARV/ adult | <input type="checkbox"/> | Zikhova Clinic |
| <input type="checkbox"/> | Clinic | <input type="checkbox"/> | Zwelitsha Clinic zone 5 |
| <input type="checkbox"/> | Frere Hospital - PMTCT/ ANC | <input type="checkbox"/> | Zwelitsha Clinic zone 8 |
| <input type="checkbox"/> | Clinic | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Frere Hospital - Pediatrics | | |
| <input type="checkbox"/> | Grey Hospital ARV Clinic | | |
| <input type="checkbox"/> | Grey Gateway Clinic | | |
| <input type="checkbox"/> | Ginsberg Clinic | | |



Sometimes we take other medicines to make our body and soul feel better. We visit sangomas, healers, preachers, or local doctors and pharmacists to help us. Sometimes they give us medication or advice to help us feel better.



286) In the last year how often did you go to a herbalist, traditional healer or church healer?

- I did not go to a traditional healer or herbalist (**Skip to Q289**)
- Once
- 2-3 times
- 4 or more times

287) If you went to a traditional healer or herbalist in the last year, did they tell you to:

- Take ARVs
- Take ARVs together with traditional medicine
- Stop taking your ARVs and take traditional medicine
- Stop taking your ARVs and DO NOT take traditional medicine

288) If you went to a healer at church in the last year, did they tell you to:

- Take ARVs
- Take ARVs with prayer
- Stop taking your ARVs and pray only
- Stop taking your ARVs and DO NOT pray

289) Have you taken any other medicine to help keep you healthy and happy over the last year?

- Medicine to eat or drink
- Herbal medicine to carry or use on my skin
- Vitamin pulls or nutritional supplements
- I have not taken any medication



Now we would like to test adolescents' general knowledge of HIV medicine...



Andiwe is confused about how to take his ARVs or HIV medicine. Can you please help him and tell him whether he is doing the right thing?

Please help Andiwe:

	Right	Wrong
290) Andiwe is two hours late in taking his ARVs or HIV medicine. He should still take it.		
291) If Andiwe misses taking his ARVs or HIV medicine one day, it is ok to take two doses the next day.		
292) Andiwe has just vomited up his ARV pill or HIV medicine. He should take another pill or more medicine.		



293) How often do you go to a support group?

- Weekly
- Monthly
- Every year
- Once in a while
- I don't go to one/I don't have a support group (**Skip to Q295**)

294) What kind of support group do you go to?

- A group for anyone who is HIV-positive
- A group for HIV-positive youth/teens only
- The group changes

FOR PARTICIPANTS WHO DON'T GO TO/HAVE A SUPPORT GROUP

295) Would you like to go to a support group?

- Yes
- No (**Skip to Q298**)

296) Who would you like the support group to let in?

- Only HIV-positive teens
- HIV-positive and HIV-negative teens
- Anyone who is HIV-positive including adults

297) Where would you like the support group to happen?

- In a hospital/Clinic
- Somebody's home
- At church
- At school



A treatment buddy is someone who was there when you started medication, who often attends clinic appointments with you, knows information about your pills, reminds you to take your treatment, and the clinic contacts them when they need to contact you.

They can be your parent/ caregiver, friend, sibling, support group member or another patient. They can be taking ARVs or they can be HIV-negative.

298) Do you have a treatment buddy?

- Yes No (**Skip to Q301**)

299) What is your relationship?

- My treatment buddy is a friend of mine
 My treatment buddy is my parent or caregiver
 My treatment buddy is a sister/brother of mine
 My treatment buddy is a mentor mother at the clinic

300) Has your treatment buddy talked to you about your ARVs in the last month?

- No
 Yes once
 Yes more than once

SECTION 5: MORE ABOUT YOU

Now we would like to ask you a bit about your body. Please tell us how often you have felt these things about your body in the past year?



	Never	Sometimes	Always
301) I look as good as others my age.			
302) I like how my skin looks.			
303) My body is small for my age.			
304) I would like to put on weight.			
305) Other young people think I am sexy/ attractive.			
306) Some of my body parts have changed.			



HOW YOU THINK AND FEEL

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 best describes how you have felt in the last 2 weeks.

307

- 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

313

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

308

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

314

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

309

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

315

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

310

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

316

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

311

- I do not feel alone
- I feel alone often
- I feel alone all the time

312

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



Sometimes we get extremely sad.
In the past month did you:

	Yes	No
317) Wish you were dead?		
318) Want to hurt yourself?		
319) Think about killing yourself?		
320) Think of a way to kill yourself?		
321) Try to kill yourself?		Skip to Q325



322) When did you try to kill yourself?

- Yesterday
- In the past week
- In the past month
- In the past year (**Skip to Q235**)
- More than a year ago (**Skip to Q325**)

323) If the participant has tried to kill themselves recently (yesterday, in the past week or in the past month).

Code Black, please acknowledge.



324) Guidance questions:

- When did you try to kill yourself?
- How did you attempt suicide?
- Are you still thinking about killing yourself now?
- Would you like us to assist you in finding help? (E.G. emergency contraception, counselling, social worker)



Please acknowledge that you have covered these questions with the participant.



325) Do you have a birth certificate?

Yes

No

FOR PARTICIPANTS AGED 16 AND OVER

326) Have you got an ID book?

Yes

No

327) What is your ID number?

PARTICIPANTS AGED 17 YEARS AND UNDER PLEASE SKIP TO Q335. PARTICIPANTS AGED 18 YEARS AND OVER CONTINUE TO ANSWER Q328-334)

FOR PARTICIPANTS AGED 18 AND OVER

328) Are you registered to vote?

Yes

No

Thinking about the last election in 2016, to what extent do you agree or disagree with the following statements:

	Agree	I am not sure	Disagree
329) Adolescents/youth don't have any say about what the government does.			
330) Public officials don't care much about what adolescents/ young people think.			
331) I feel that I have a pretty good understanding of the important political issues facing our country.			

Still thinking about the last election in 2016, did you:

	Yes	No
332) Vote?		
333) Attend a meeting or rally organised by a political party or organisation?		
334) Volunteer or work for a political party or candidate?		

335) Are you a member of any youth organisations?

- A youth centre/club where I can do things like use computers, homework and play sports
- Gospel Choir/Singing group
- Sports team
- Music/Arts performance group
- Activist organisation (E.G. Equal Education, TAC, LoveLife/Groundbreakers etc)
- No, I am not a member of a group



On weekends, Andiwe spends time with friends and family. Sometimes he travels to visit family members, or stays out late with his friends. Some weekends he stays at home, goes to church and helps out his parents and grandparents. It is not always easy for him to take his medication during Saturdays and Sundays, but he does his best. Think about last weekend – Friday night, Saturday and Sunday.

336) What did you do last weekend?
(Select all that apply).

- Stayed at home
- A trip (relatives, church group, sports event or with friends)
- Played sports with friends
- Go out with friends
- Spent time with my boyfriend/girlfriend
- Other

337) How many times did you NOT take your medicine last weekend (Friday night, Saturday and Sunday)?

338) How many days in the last month did you want to take ARVs or HIV medicine but you couldn't?

339) Were there times in the past (when you were younger) that you couldn't take ARVs?

- Yes
- No

340) Researchers are developing many different types of medicines. If you had a choice, how would you prefer to take your ARVs/HIV medicine?

- Several Pills
- One pill a day
- Monthly injection
- Injection every 3 months
- Implant that lasts for several months
- Vaginal ring that lasts for a long time
- Other



341) You selected 'Other'. How else would you prefer to take your ARVs/HIV medicine?



Akhona loves going to school and helping out at home. But sometimes it is difficult for her to sit still, concentrate or finish the work that she has been asked to do by her teacher or parents. Some days, she can get bored or tired or even angry. Could you tell us a bit more about whether you have felt these in the last 6 months?

	Not true for me	Somewhat true	Definitely true
342) I am restless, I cannot stay still for very long.			
343) I am constantly moving around and turning.			
344) I am easily distracted, I find it difficult to concentrate.			
345) I think before I do things.			
346) I finish the work I am doing. My attention is good.			



MEMORY AND AGILITY GAME!

You will need the support of the research assistant to do this activity. Please return the questionnaire to them if you are answering it by yourself.

cIHDS Scale

Today we are going to be doing a quick activity which will give us really useful information. Some parts of the tasks will be easy, others parts will be difficult. You are not expected to get everything right. Just try to do the best you can.

I'm going to time some parts of the tests and write the answers down. If you don't understand something, please ask me to explain it again.

Do you have any questions?

INSTRUCTIONS FOR INTERVIEWER

Answer any questions the participant might have without going into too much detail about what the cIHDS entails.

Remember to use your own phone to time the participant.

Memory Registration

INSTRUCTIONS FOR INTERVIEWER

Read the words to the participant at 1 word per second.

I am going to read four words to you. Please repeat the words back to me.

INSTRUCTIONS FOR INTERVIEWER

Do this until the participant recalls all four words.

Good. I am going to ask you to repeat these four words again later.

DOG

HAT

BEAN

RED

Motor Speed



INSTRUCTIONS FOR INTERVIEWER

Instruct the participant to show which hand is their dominant hand. Demonstrate finger tapping of non-dominant hand as follows: open and close the first finger and thumb as widely as possible.

Please can you do the same with your first two fingers of your non-dominant hand like this.

You need to do it as widely and quickly as possible.

INSTRUCTIONS FOR INTERVIEWER

Do this until the participant gets this correct.

Good. Now I am going to time you. When I say go, tap your first two fingers as widely and as quickly as possible.

Ready?

INSTRUCTIONS FOR INTERVIEWER

Wait for ready signal from the participant. Start the timer and count the number of correct taps and assign scores according to the scale below.

FOR INTERVIEWER

347) Record the number of Finger Taps:

- 15+ correct taps in 5 seconds (4 points)
- 11-15 correct taps in 5 seconds (3 points)
- 7-10 correct taps in 5 seconds (2 points)
- 3-6 correct taps in 5 seconds (1 point)
- 0-2 correct taps in 5 seconds (0 points)

Psychomotor Speed

INSTRUCTIONS FOR INTERVIEWER

Demonstrate the hand sequence of non-dominant hand as follows: clench hand in fist on flat surface, then put hand flat on surface with palm down, then put hand perpendicular to flat surface on the side of the 5th digit.

Please can you do the same with your non-dominant hand like this.

You need to do it as quickly as possible.

INSTRUCTIONS FOR INTERVIEWER

Do this until the participant gets this correct.

Good. Now I am going to time you. When I say go, do the hand movements as quickly as possible.

Ready?

INSTRUCTIONS FOR INTERVIEWER

Wait for ready signal from the participant. Start the timer and count the number of correct sequences and assign scores according to the scale below.

FOR INTERVIEWER

348) Record the number of Hand Sequences:

- 4 correct sequences in 10 seconds (4 points)
- 3 correct sequences in 10 seconds (3 points)
- 2 correct sequences in 10 seconds (2 points)
- 1 correct sequence in 10 seconds (1 point)
- 0 correct sequences in 10 seconds (unable to perform any correct sequences) (0 points)

Memory Recall

INSTRUCTIONS FOR INTERVIEWER

Ask participant to recall the words given at the start, if the participant cannot recall the words a semantic clue can be given as follows: animal (for dog), piece of clothing (for hat), vegetable (for bean) and colour (for red).

Please can you tell me the four words I gave you at the start of this task.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

INSTRUCTIONS FOR INTERVIEWER

Count the number of correct words recalled without prompting and assign scores to the scale below. The combination of words recalled with and without prompting must equal 4.

FOR INTERVIEWER

349) Number of words recalled without prompting:

- All 4 words recalled without prompting (4 points)
- 3 words recalled without prompting (3 points)
- 2 words recalled without prompting (2 points)
- 1 word recalled without prompting (1 point)
- 0 words recalled without prompting (0 points)

350) Number of words recalled after prompting with semantic clue:

- All 4 words recalled after prompting with semantic clue (2 points)
- 3 words recalled after prompting with semantic clue (1.5 points)
- 2 words recalled after prompting with semantic clue (1 point)
- 1 word recalled after prompting with semantic clue (0.5 points)
- 0 words recalled after prompting with semantic clue (0 points)

351) Total score _____ points!
Well done!

352) Participants scoring 10.5 or less should be evaluated for further possible cognitive impairment/dementia.



Code M, please acknowledge.

Thank you for taking part in our activity! You scored a little low on our test. This is totally okay, but we just want to check that you are feeling okay, if you have support or would like more support.

Guidance questions:

- Do you have trouble remembering things at school or work?
- Do you have trouble performing tasks? (e.g. writing, playing sports or helping at home)
- Do you have people you can talk to about this? Who?
- Do others help you e.g. at home, school or work?
- Would like us to assist you in finding help? (e.g. an LSA, a special school, or social worker)

People are all different shapes and sizes. We would like to know how the height and weight of young people in South Africa changes with age and gender. Remember, your answers will be kept confidential.

353) How tall are you? (cms)

Note: If you don't know, the research assistant has a measuring tape and can help you figure it out.

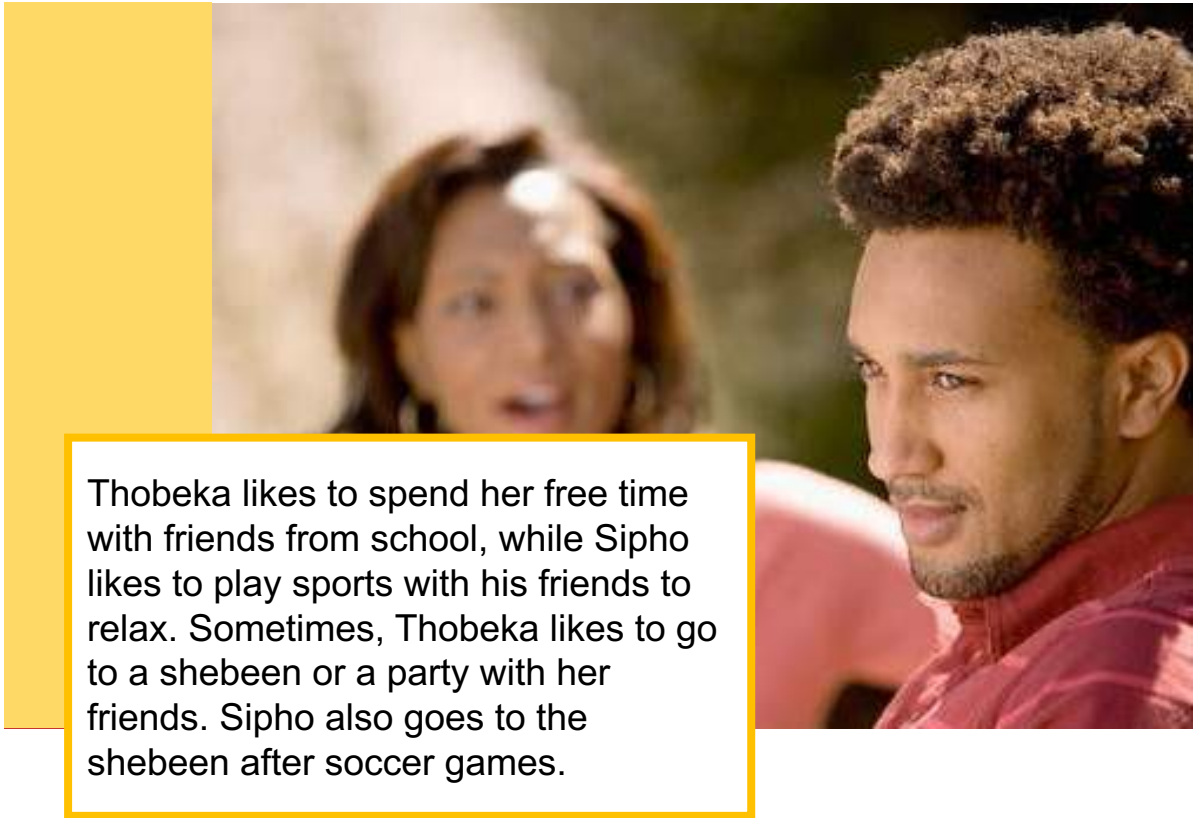
_____ cm

354) How much do you weigh?
(kgs)

_____ kg



SECTION 6: YOUR FRIENDS & FREE TIME



Thobeka likes to spend her free time with friends from school, while Siphon likes to play sports with his friends to relax. Sometimes, Thobeka likes to go to a shebeen or a party with her friends. Siphon also goes to the shebeen after soccer games.

355) What do you like to do with your friends in your free time or when you are not in class?

Do you have a cell phone?
(Select as many as apply)



	My own	Share one	No
356) Basic			
357) Smart phone			
358) Apple (iPhone)			
359) Blackberry			
360) Sim			

Which social media platforms do you currently use?

	2 or more times a day	Once a day	Once a week	Once a month	Never
361) SMS only					
362) WhatsApp					
363) Facebook					
364) Mixit					
365) Instagram					
366) Snapchat					
367) Other					Skip to Q369

368) What other social media platforms do you currently use?

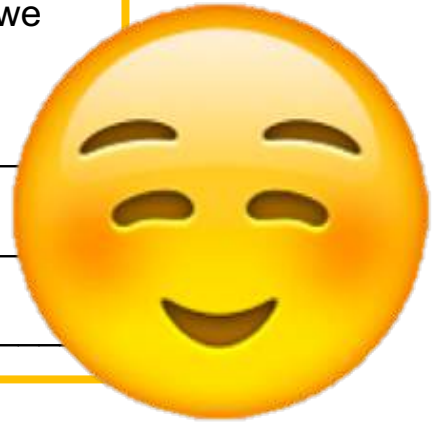


What do you use your phone for?

	2 or more times a day	Once a day	Once a week	Once a month	Never
369) Checking email					
370) Health information					
371) Information about jobs					
372) Information about sex					
373) Listening to music					
374) HIV information					
375) Games					
376) Keeping in touch with friends					
377) Checking the news					
378) Dating					
379) Downloading music or films					
380) To arrange transport					
381) Maps					
382) Looking up information					
383) Work or school					
384) Take photos					
385) Other					Skip to Q387

386) You selected 'Other' For what else do you use your cell phone?

387) What's the nicest thing that has happened since we last chatted a year ago?



Andiwe likes to go out and he meets friends in a shebeen almost every night. Sizwe does not like going out too much, she prefers to stay home and play with her little sister.

388) How often do you go out to a night club, tavern or shebeen?

- A few times a week
- Every week
- Once in a while
- Never

389) In the last 3 months, have you ever drunk enough alcohol or taken enough drugs to make you forget what happened, or you couldn't walk or talk properly?

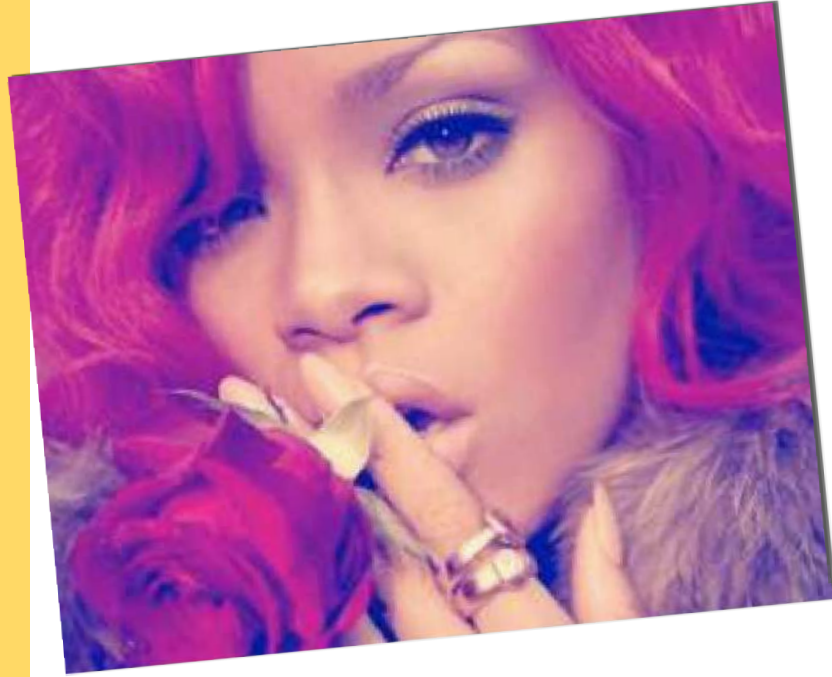
- Never
- Sometimes
- Often
- Every day

Sipho has gotten drunk in the past. Thobeka smokes dagga sometimes. A few of their friends also use drugs: dagga, sniff glue or petrol, use pills, or take other drugs like tik.



Teen Confidential

Teenagers have different ideas and feelings about sex. Nobuhle often discusses with her girlfriends their thoughts about relationships, pregnancy and HIV. Sithembele and his friends sometimes chat about other teens he is attracted to and his ideas about sex.



Can you tell us how your friends at school and home feel about these things?

390) How many of your friends think that having sex at your age with as many people as possible is a cool thing for a boy or girl to do?

- None Most
 Some All

391) How many of your friends think that using condoms is like eating sweets in their wrapper?

- None Most
 Some All

392) How many of your friends have had sex because they were drunk or high on drugs?

- None Most
 Some All

393) How many of your friends have been pregnant or have gotten someone pregnant?

- None Most
 Some All

Could you tell us a little bit about what people in your community think about HIV?

394) People in the community think that a person with HIV is disgusting.

- Never
 Sometimes
 Most of the time

395) People in my community think that HIV is a punishment from God or from ancestors.

- Never
 Sometimes
 Most of the time

395) Do you play or did you play a sport at school, like soccer, netball, running, rugby, drum majorettes, or cricket?

- Yes
 I don't/didn't play any sports at school
 I was told not to play sports at school

Other Teens & You

Other kids and teenagers can be great. They can also be really mean to each other. Think about 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 it seems silly!

In the past 6 months have other kids:

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



Acting & Reacting



Sometimes, Buliswa and Themba get upset, or just plain angry. They react by doing things that show their anger. Can you tell us about your actions in the past 6 months?

	Not true for me	Somewhat true	Definitely true
406) I cut or bunk classes or skip school			
407) I run away from home			
408) I drink alcohol to have a good time, without my caregivers knowing or approving			
409) I don't feel guilty after doing something I shouldn't			
410) I hang around with kids who get in trouble			
411) I would rather be with older kids than with kids my own age			
412) I steal at home			
413) I steal things from places other than home			
414) I swear or use dirty language			
415) I lie or cheat			
416) I get very angry and often lose my temper			
417) I fight a lot. I can make other people do what I want			
418) I usually do as I am told			
419) I try to be nice to other people			
420) I carry a gun or knife on me for protection			
421) I am part of a gang			
422) I bet money or gamble			

423) Do you know your current partner's HIV status? By partner we mean your husband/wife, boyfriend/girlfriend.

- Yes, they are negative
- Yes, they are positive
- I don't know



424) Have you ever had romantic or sexual experiences (that is more than friends) with someone of the same gender?

- Yes
- No

WELL DONE!



SECTION 7: SHARING & CARING

Learning about one's HIV positive status can be difficult but also valuable. We would like to know more about your experience so we can make it better for other teenagers in the future.

425) How did you learn about your HIV for the first time?

- I learned it myself without anyone telling me
- I was told at the clinic by a doctor/nurse
- I was told at home by my family
- I was told at the clinic by my family and a doctor/nurse
- I overheard people talking about my HIV status
- I was told by my family and a social worker



426) At which age did you first suspect you were HIV-positive?

427) At which age did someone first tell you you were positive?

428) Did you ever take ARVs without knowing what they are for?

- Yes
- No

429) How did you feel when you learned about your HIV status?

- Surprised
- Upset
- Relieved
- I didn't care
- I don't remember



FOR BOYS ONLY

Girls skip to Q435

Remember Lundi? He is getting older now and is a cool teenager. But living with HIV is still difficult for him sometimes. Some days Lundi feels ashamed and he struggles to feel good about himself. Could you say how much these things have been true for you in the past year?

430) Sometimes Lundi feels that he is not as good as other kids because he has HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time



431) Sometimes Lundi feels that he would rather die than live with HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

432) Sometimes Lundi feels like he is a bad person because he has HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

433) Sometimes Lundi feels ashamed that he is HIV positive. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

434) Sometimes having HIV makes Lundi feel contaminated and dirty inside. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

**Thank you for
answering these
difficult and private
questions.**



FOR GIRLS ONLY

Boys skip to Q440

Remember Nosizi? She is getting older now and is a cool teenager. But living with HIV is still difficult for her sometimes. Some days Nosizi feels ashamed and she struggles to feel good about herself. Could you say how much these things have been true for you in the past year?

435) Sometimes Nosizi feels that he is not as good as other kids because he has HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time



436) Sometimes Nosizi feels that he would rather die than live with HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

437) Sometimes Nosizi feels like he is a bad person because he has HIV. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

438) Sometimes Nosizi feels ashamed that he is HIV positive. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

439) Sometimes having HIV makes Nosizi feel contaminated and dirty inside. Have you felt this way in the past year?

- Never
- Sometimes
- Most of the time

**Thank you for
answering these
difficult and private
questions.**

FOR BOYS & GIRLS

Some teens have parents who were ill for some time before they died. Or their parent is unwell at the moment. It's difficult for teens to handle sometimes.

Could you say how much these things have been true for you in the past year?

	Not at all	Sometimes	All the time
440) I've been teased about my family member			
441) I've been treated badly because of my family member			
442) People have gossiped about my family behind my back			
443) I worry about being rejected			
444) I avoid making new friends			
445) I feel different and alone			



Each of us has different people who we share secrets with and go to when we need help or support.

446) Please tell us which of these people know about your HIV? (*Select all that apply*)

- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/Principal at school
- People at church
- Others who live near my house
- Nobody knows about my HIV status
- My boyfriend/girlfriend

We would like to know how much information about your health you share with others in your life. Please tell us how much you have shared with each person in your life:

447) Parent or caregiver:

- They don't know
- They know I'm sick/taking meds but not what
- I talk to them about my HIV and taking ARVs

449) My boyfriend or girlfriend:

- They don't know
- They know I'm sick/taking meds but not what
- I talk to them about my HIV and taking ARVs

448) My best friends:

- They don't know
- They know I'm sick/taking meds but not what
- I talk to them about my HIV and taking ARVs

450) Class teachers or school principal:

- They don't know
- They know I'm sick/taking meds but not what
- I talk to them about my HIV and taking ARVs

SIMILARITIES & DIFFERENCES



BOYS:



Remember Lundi? He is having a hard time because of his HIV status. Lundi knows that people often think bad things about HIV-positive people. Sometimes people treat Lundi differently from other kids just because he is HIV-positive. This is not fair. Could you say how much these things have been true for you in **the past year?**



GIRLS:



Remember Nosizi? She is having a hard time because of her HIV status. Nosizi knows that people often think bad things about HIV-positive people. Sometimes people treat Nosizi differently from other kids just because she is HIV-positive. This is not fair. Could you say how much these things have been true for you in **the past year?**

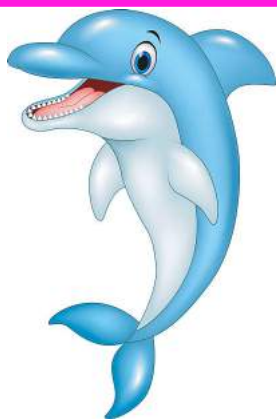
	Not at all	Sometimes	Most of the time
451) My family mistreats me because of my HIV status			
452) I have stopped spending time with some kids because of their reactions to my HIV status			
453) I have lost friends by telling them I have HIV			
454) I've been teased because of my HIV status			

455) Some teens avoid clinics that are closest to their home so that neighbours and friends don't see them and gossip. What about you?

- I always go to the clinic that is closest to my home
- I sometimes go to a clinic that is further from my home, and sometimes go to a closer clinic
- I always go to a clinic that is further from my home, even though there is a closer clinic
- My caregiver choose the clinic, or goes to the clinic instead of me

456) Which animal are you most like?

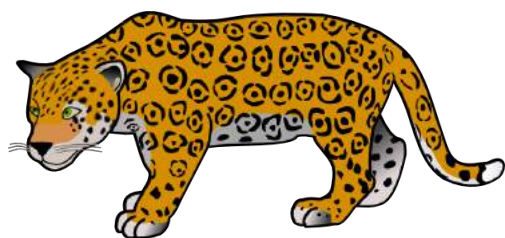
Dolphin



Eagle



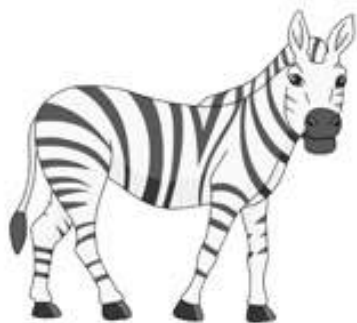
Cheetah



Lion



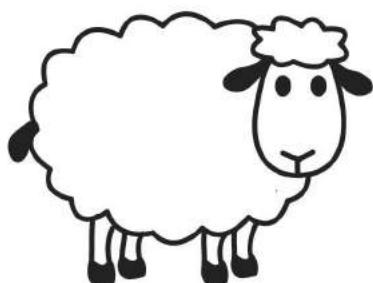
Zebra



Springbok



Sheep



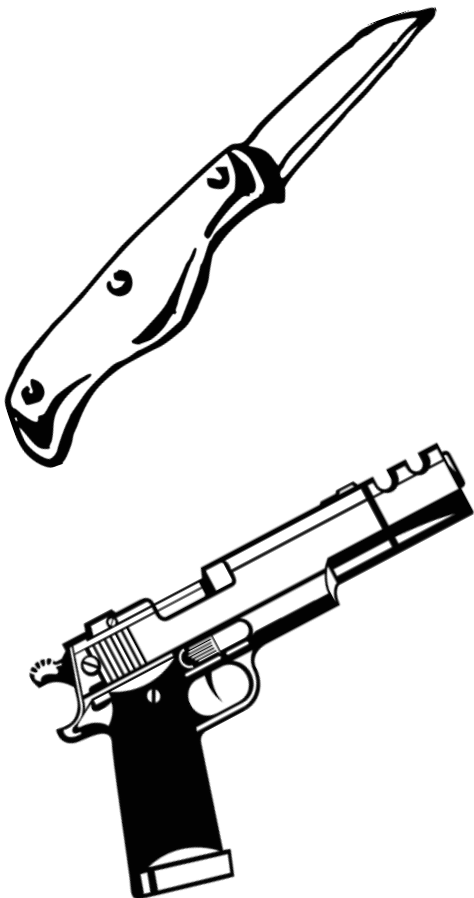
Penguin



SECTION 8: STUFF THAT HAS BEEN HARD

Scary things may also happen in our neighbourhood, community or city. Buntu has been robbed and had his things stolen.

457) How many times have you had things stolen in the last year?



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

- Yes, in the last year
- Yes, more than a year ago
- Never

459) Bantu saw someone in his neighbourhood being shot. Lindiwe saw someone being stabbed one evening. Have you seen someone being shot or stabbed?

- Yes, in the last year
- Yes, more than a year ago
- Never

Young people in many parts of the world experience bad treatment and violence by family members, at school, in their communities, or at work. This is an important problem for youth in many places, even though many times they don't speak about this. We would like to ask you about your experiences of violence.

We'd like to ask you some more personal questions. This time we'd like to know about experiences of violence at home, school and the community. Remember that everything you answer will be absolutely confidential, and no-one else will find out about it.

We know the questions we are going to ask you are difficult to answer, everyone finds them hard. But it is really, really important that you tell us the truth in order to help other teens and caregivers in South Africa. If you are not honest with us, we can't help.

460) How often has anyone in your family or who is living in your home used a stick, belt or other hard item to hit you?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

461) How often has anyone in your family or who is living in your home slapped, punched, hit, pinched or pulled your ear/hair so that you were hurt or had marks?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

462) How often has anyone in your family or who is living in your home threatened to hurt you?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

463) How often has anyone in your family or who is living in your home cursed you or say they would call ghosts or evil spirits, or harmful people to harm you?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

464) How often has anyone in your family or who is living in your home told you they wished they did not have to look after you or make you feel you are a burden?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

465) How often has anyone in your family or who is living in your home made you feel unwelcome in the home?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

466) How often has anyone in your family or who is living in your home said that you would be sent away or kicked out of the house?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

467) How often has anyone in your family or who is living in your home called you dumb, lazy, or other names?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

468) How often has anyone in your family or who is living in your home insulted members of your family that have passed away?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

469) How often has anyone in your family or who is living in your home threatened to leave and never come back?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

470) How often has anyone in your family or who is living in your home threatened to hurt or kill a person or an animal that you care about?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

471) How often has anyone in your family or who is living in your home withheld a meal to punish you?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

472) Has anyone made you look at their private parts or wanted to look at yours when you did not want to?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

473) Has anyone touched your private parts, or made you touch theirs, or tried to have sex with you when you did not want to?

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> At least once this year |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Monthly |
| | <input type="checkbox"/> Weekly |

474) Has anyone had sex with you when you did not want them to?

- Never (**Skip to Q476**)
- It has happened but more than a year ago (**Skip to Q476**)
- At least once this year
- Monthly
- Weekly

475) If this has happened in the last three days, would you like the research assistant to help you access emergency contraception and support?

- Yes
- No

We're really sorry this happened to you. Thank you for answering those difficult questions. We have a few more questions to ask you, so let's continue.

Relationships are hard. Look at Brangelina, Rihanna and Chris Brown, DJ Euphonic and Bonang, Mandla and Kanyi Mbau, Kelly Khumalo and Jubjub.

Sometimes we get upset, sometimes angry. At other times, we hurt our boyfriend or girlfriend, even if we love them a lot. Sometimes we can sort things out, at other times they get very rough.

Now we would like to know a bit more about any romantic relationship that you might have or want to have in the future. If you don't currently have a boyfriend / girlfriend, please answer this question for your most recent relationship in the past year.



How often did this happen in your relationship:

476) My boyfriend/girlfriend always insisted on knowing where I was:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

477) My boyfriend/girlfriend insulted, swore or said something to spite (hurt) me:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

478) My boyfriend/girlfriend pushed, shoved, grabbed or slapped me:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

479) I had sex (vaginal, anal or oral) with my partner even when I did not want to, because I was afraid of what they may do:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

How often did this happen in your relationship:

480) I always insisted on knowing where my boyfriend/girlfriend was:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

481) I got angry and I insulted, swore or said something to spite (hurt) my boyfriend/girlfriend:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

482) I pushed, shoved, grabbed or slapped my boyfriend/girlfriend:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |

483) I had sex (vaginal, anal or oral) with my boyfriend/girlfriend even when they did not want to:

- | | |
|---|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> It has happened but more than a year ago | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> At least once this year | <input type="checkbox"/> I did not have a boyfriend/girlfriend in the last year |



FOR PARTICIPANTS WHO ANSWERED 'AT LEAST ONCE THIS YEAR', 'MONTHLY' OR 'WEEKLY' ON Q474:

484) Code RED 1, please acknowledge.



485) Code RED 1 – Forced Sex, please acknowledge.



Guidance questions:

We're really sorry this has happened to you. Can we please ask a few questions?

- Have you told anyone?
- Did they believe you?
- When did it happen?
- Has it been reported to the police?
- Would you like support in telling your caregiver?
- Is that person still around?
- Would like us to assist you in finding help? (e.g. emergency contraception, counselling, social worker)

486) Who did you ask for help?
(Please choose all that apply)

- I didn't ask anyone for help
- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/principal at school
- People at church
- Others who live near my house
- Police
- Social Worker
- My nurse/doctor
- Other

FOR PARTICIPANTS WHO DID NOT ANSWER 'I DIDN'T ASK ANYONE FOR HELP' ON Q486:

487) How did the person you asked for help react? (Please choose all that apply)

- They believed me and supported me
- They believed me, but did not care
- They believed me, but told me not to tell anyone or ask for help
- They blamed me for causing it
- They did not believe me at all
- They took me to the clinic, police or social worker

FOR PARTICIPANTS WHO ASKED FOR EMERGENCY CONTRACEPTION (Answered 'Yes' to Q475):



488) Code RED 2, the participant has asked for help to access emergency contraception and support. Please acknowledge.

489) Code RED 2 – Emergency Contraception. The participant has asked for help to access emergency contraception and support. Please acknowledge that you have discussed the options available to them.



FOR PARTICIPANTS WHO ANSWERED 'AT LEAST ONCE THIS YEAR', 'MONTHLY' OR 'WEEKLY' ON Q473:

490) Code RED 3, please acknowledge.



491) Code RED 3 – Touching or looking at private parts, please acknowledge.



Guidance questions:

We're really sorry this has happened to you. Can we please ask a few questions?

- Have you told anyone?
- Did they believe you?
- When did it happen?
- Has it been reported to the police?
- Would you like support in telling your caregiver?
- Is that person still around?
- Would like us to assist you in finding help? (e.g. emergency contraception, counselling, social worker)

492) Who did you ask for help?
(Please choose all that apply)

- I didn't ask anyone for help
- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/principal at school
- People at church
- Others who live near my house
- Police
- Social Worker
- My nurse/doctor
- Other

FOR PARTICIPANTS WHO DID NOT ANSWER 'I DIDN'T ASK ANYONE FOR HELP' ON Q492:

493) How did the person you asked for help react? (Please choose all that apply)

- They believed me and supported me
- They believed me, but did not care
- They believed me, but told me not to tell anyone or ask for help
- They blamed me for causing it
- They did not believe me at all
- They took me to the clinic, police or social worker

FOR PARTICIPANTS WHO ANSWERED 'AT LEAST ONCE THIS YEAR', 'MONTHLY' OR 'WEEKLY' ON Q479:

494) Code RED 4, please acknowledge.



495) Code RED 4 – Intimate partner violence, please acknowledge.



Guidance questions:

We're really sorry this has happened to you. Can we please ask a few questions?

- Have you told anyone?
- Did they believe you?
- When did it happen?
- Has it been reported to the police?
- Would you like support in telling your caregiver?
- Is that person still around?
- Would like us to assist you in finding help? (e.g. emergency contraception, counselling, social worker)

496) Who did you ask for help?
(Please choose all that apply)

- I didn't ask anyone for help
- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/principal at school
- People at church
- Others who live near my house
- Police
- Social Worker
- My nurse/doctor
- Other

FOR PARTICIPANTS WHO DID NOT ANSWER 'I DIDN'T ASK ANYONE FOR HELP' ON Q496:

497) How did the person you asked for help react? (Please choose all that apply)

- They believed me and supported me
- They believed me, but did not care
- They believed me, but told me not to tell anyone or ask for help
- They blamed me for causing it
- They did not believe me at all
- They took me to the clinic, police or social worker

FOR PARTICIPANTS WHO ANSWERED 'WEEKLY' ON Q460 OR Q461:

498) Code A - Physical, please acknowledge.



499) Code A – Physical, please acknowledge.



500) Guidance questions:

We're really sorry this has happened to you. Can we please ask a few questions?

- Do you have any issues/problems at home?
- Is there any conflict?
- Who do you live with?
- Do you feel safe at home? Give example. Why?
- Have you ever feared for your life?
- Is there anywhere where you feel safe?
- Would you like us to assist you in finding help? (e.g. emergency contraception, counselling, social worker)

501) Who did you ask for help?
(Please choose all that apply)

- I didn't ask anyone for help
- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/principal at school
- People at church
- Others who live near my house
- Police
- Social Worker
- My nurse/doctor
- Other

FOR PARTICIPANTS WHO DID NOT ANSWER 'I DIDN'T ASK ANYONE FOR HELP' ON Q501:

502) How did the person you asked for help react? (Please choose all that apply)

- They believed me and supported me
- They believed me, but did not care
- They believed me, but told me not to tell anyone or ask for help
- They blamed me for causing it
- They did not believe me at all
- They took me to the clinic, police or social worker

FOR PARTICIPANTS WHO ANSWERED 'WEEKLY' ON ANY QUESTION FROM Q462- 471:

503) Code A - Emotional, please acknowledge.



504) Code A – Emotional, please acknowledge.



Guidance questions:

We're really sorry this has happened to you. Can we please ask a few questions?

- Do you have any issues/problems at home?
- Is there any conflict?
- Who do you live with?
- Do you feel safe at home? Give example. Why?
- Have you ever feared for your life?
- Is there anywhere where you feel safe?
- Would you like us to assist you in finding help? (e.g. emergency contraception, counselling, social worker)

505) Who did you ask for help?
(Please choose all that apply)

- I didn't ask anyone for help
- Parent or person who cares for me
- Rest of my family
- Friends at home
- Friends at school
- Other friends
- Teachers/principal at school
- People at church
- Others who live near my house
- Police
- Social Worker
- My nurse/doctor
- Other

FOR PARTICIPANTS WHO DID NOT ANSWER 'I DIDN'T ASK ANYONE FOR HELP' ON Q505:

506) How did the person you asked for help react? (Please choose all that apply)

- They believed me and supported me
- They believed me, but did not care
- They believed me, but told me not to tell anyone or ask for help
- They blamed me for causing it
- They did not believe me at all
- They took me to the clinic, police or social worker

Thank you for answering the questionnaire so honestly so far. Many of you have shared that you experienced some harm in the last year, for example, someone beat you, shouted at you or touched you sexually when you did not want them to.

We would like to protect young people from harm. To make services and protection better, we would like to know who did this so that we can make sure the programmes we design are appropriate. Like everything else in this questionnaire we will keep this information confidential unless you ask us to help you or we think you are in danger.

507) If you were hurt, beaten or physically harmed in the last year, who was it?:

- Caregiver/Parent
- Another family member/adult living at home
- A teacher or principal at school
- Friends or young person same age as me
- Boyfriend/girlfriend or husband/wife
- Non-family adult or stranger
- This has not happened to me in the last year

508) If someone yelled at you, called you names or threatened you in the last year, who was it?:

- Caregiver/Parent
- Another family member/adult living at home
- A teacher or principal at school
- Friends or young person same age as me
- Boyfriend/girlfriend or husband/wife
- Non-family adult or stranger
- This has not happened to me in the last year

509) If someone touched you sexually or made you touch them sexually when you did not want to in the last year, who was it?:

- Caregiver/Parent
- Another family member/adult living at home
- A teacher or principal at school
- Friends or young person same age as me
- Boyfriend/girlfriend or husband/wife
- Non-family adult or stranger
- This has not happened to me in the last year

Responding to Challenges



We'd like to know how you feel about challenges you may face and how you have responded to them. Your answers will help us support other teens who might be facing the same difficulties. Let's think about this and answer these questions.

	Not at all	A little bit true	Sort of true	Exactly true
510) I can always manage to solve difficult problems if I try hard enough.				
511) I am certain that I can achieve/reach my goals.				
512) I can stay calm because I have ways of solving problems when they come up.				
513) I can handle whatever comes my way				



514) If you could fly to one of these places , which one would you pick?

- Somewhere else in Africa
- North America
- South America
- Asia
- Europe
- Australia
- Antarctica

SECTION 9: HOME & FAMILY

We'd like to understand what living in your home is like. Can you please answer the following to the best of your ability? If there's anything you don't understand just ask the Research Assistant.



515) Who do you live with? (*Choose as many as apply*)

- I live on my own
- I live with my caregiver/parent/grandparents
- I live with my child(ren)
- I live with other family members
- I live with my partner (wife/husband, boyfriend/girlfriend)
- I live with friends
- I live with a child's home worker

516) Who is the person that takes care of you at home?

- Biological mother
 - Biological father
 - Grandmother
 - Grandfather
 - Aunt
 - Brother
 - Sister
 - Uncle
 - Partner (wife/husband, boyfriend/girlfriend)
 - Other
 - I am at boarding school
- Nobody supports me, I alone support my family

517) You selected 'Other', please tell us who takes care of you at home?



518) How old is this person? _____ years

519) How many different caregivers (parents or guardians) have you had? (*Hint: If you are currently living with your partner [wife/husband, boyfriend/girlfriend] think about previous caregivers you have had, e.g. parents or guardians*)

Living at home

520) How many children (person from 0-18 years old) live in the same home as you (including yourself if you are between 0-18 years old)?

521) How many adults (person over 18 years old) live in the same home as you (including yourself if you are other than 18 years old)?

522) How many of them are working?

523) Please tick the things which you can afford at home: (*Choose as many as apply*)

- 3 meals a day
- School fees
- Visit to the doctor when you are ill, and 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
- More than one pair of shoes
- None of these

524) Sometimes kids don't have enough food in their home. How many days in the past week (7 days) did you NOT have enough food in your home?

_____ days



**FOR PARTICIPANTS
WHO ANSWERED 3+
DAYS ON Q524:**

525) Code F, please acknowledge.



526) Are you or your household receiving any grants?

- Yes
- No (**Skip to Q533**)
- I don't know (**Skip to Q533**)

526) Are you or your household receiving any grants?

- Yes
- No (**Skip to Q533**)
- I don't know (**Skip to Q533**)

527) How many **child support** grants does your household receive? _____

528) How many **foster care** grants does your household receive? _____

529) How many **disability** grants does your household receive? _____

530) How many **pension** grants does your household receive? _____

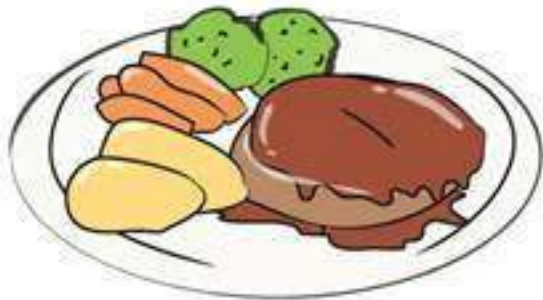
531) How many **care dependency** grants does your household receive? _____

532) Do you directly receive any of these grants?

- Yes
- No

533) Do you get food parcels or free meals at church or clinic/hospital at least once a month?

- Yes
- No



534) Do you or your family grow food to eat in a school garden, community garden or at home?

- Yes
- No



Do you have any working experience(s)? If yes, please list them below:

535) Work experience 1:

536) Work experience 2:

537) Work experience 3:

538) Work experience 4:

539) Work experience 5:

540) Do you have a CV/resume?

- Yes
- No
- Participant doesn't know what a CV/resume is

541) Do you have a reference letter/professional reference contacts?

- Yes
- No



542) Do you have a driver's licence?

- Yes
- No

Has anyone helped you with:

543) Your CV/resume and job applications?

- No
- Yes, someone from my family helped me
- Yes, I had help from my friends
- Yes, someone from my community, school or another organisation helped me
- Yes, my partner (boyfriend/ girlfriend, husband/wife, blesser/ blessee) helped me
- Yes, someone from work/ colleague helped me
- Other

544) Skills like using a computer, mechanics, first aid, sewing, etc?

- No
- Yes, someone from my family helped me
- Yes, I had help from my friends
- Yes, someone from my community, school or another organisation helped me
- Yes, my partner (boyfriend/ girlfriend, husband/wife, blesser/ bless) helped me
- Yes, someone from work/ colleague helped me
- Other

545) You selected 'Other' on either Q543 or Q544. Who else helped you with your CV/resume and job applications or skills?

546) Are you currently being paid a wage or salary to work on a regular basis for an employer (that is not yourself), whether full time or part time?

- Yes
- No

547) Have you done any casual work to earn money in the past 30 days?

- Yes
- No

548) Have you save any money in the last year?

- Yes
- No
- I don't know



549) How would you and your family get R1000 if there was an emergency?

- Use existing income
- Use savings
- Use remittances (money from a relative who works far away) or gifts
- Borrow money from relatives or friends
- Borrow money from a loan shark or money lender
- Sell your personal belongings
- Spend less money on healthcare/medication
- Spend less money on food
- I don't know

550) What would be the first thing you'd do if you won the lottery?



We would like to find out about experiences that happen to children at home, in the family. These questions may seem strange or hard to answer. Please try to answer them as best you can, this is not a test. There is no right or wrong answer, just say what you remember happened to you. If at any point you feel too uncomfortable to continue you can stop. If you want to get help about any of the things we ask about, talk to the Research Assistant. Buntu's family has lots of arguments. Sometimes adults shout at each other and sometimes there is fighting.

551) How many days in the last week were there arguments with adults **shouting** in your home?

_____ days

552) How many days in the last week were there arguments with adults **hitting** each other in your home?

_____ days

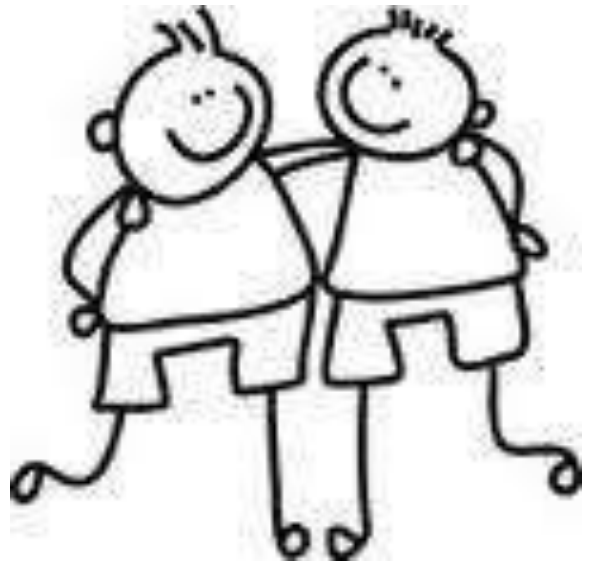
SECTION 10: YOUR PAST, YOUR PRESENT, YOUR FUTURE

Many kids go through things that are very upsetting or frightening. Now, think about something upsetting or frightening that has happened in your life. Please tell us how often you have felt the following things when you think about what happened, in this past month:



	Not at all	Some of the time	Most of the time	All of the time
553) Do you get upset when you think about what happened?				
554) When something reminds you of what happened, do you get tense or upset?				
555) Do you go over and over what happened in your mind?				
556) Do you think about (or see pictures in your head of) what happened even when you don't want to?				
557) Do you worry that it might happen again?				
558) Do you try not to think about what happened?				
559) Do you try to stay away from things that remind you of what happened?				
560) Do you make yourself very busy and do things so you won't think about what happened?				
561) Do you get jumpy or startle easily?				
562) Do you get annoyed (grouchy) or irritable (kind of angry) really easy?				
563) Do you feel it's hard to have fun doing things?				
564) Do you ever feel it's hard to feel happy?				

Other teens & you



Many teenagers feel nervous or anxious at times. Please say which of these are true for you.

	Yes	No
565) I worry a lot of the time		
566) I worry about what my carers will say to me		
567) I feel that others do not like the way I do things		
568) It is hard for me to get to sleep at night		
569) I worry about what other people think about me		
570) I feel alone even when there are people with me		
571) I worry about what is going to happen		
572) Other children are happier than I am		
573) I have bad dreams		
574) I wake up scared some of the time		
575) I worry when I go to bed at night		
576) I am nervous		
577) A lot of people are against me		
578) I often worry about something bad happening to me		

We'd like to ask what your thoughts on the future are and how likely or unlikely the following are:

579) I will have a good job

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

580) I will have a house

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

581) I will be able to afford food, clothing and shelter for myself

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

582) I will be able to take care of my health and keep strong and well

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

583) I will have a happy relationship with a long-term partner such as a husband or wife

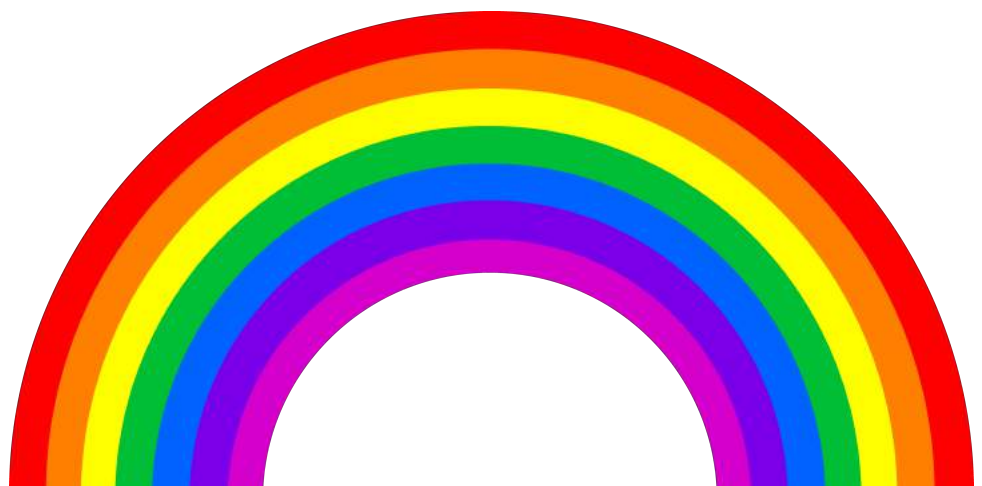
- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

584) I will have happy and healthy children

- Very unlikely
- Somewhat unlikely
- Somewhat likely
- Very likely

585) Which colour best describes how you feel at the moment?

- Red
- Orange
- Yellow
- Green
- Blue
- Purple
- Pink
- Brown
- Black
- White
- Grey
- Beige



SECTION 11: LET'S TALK ABOUT SEX



The following section has a lot of personal questions in it. Remember that everything is confidential, no one will know what you have said, and when you share your experiences with us we will use it to help healthcare workers and the government understand the needs of youth such as yourself better. Your answers will help us find out how to make health services better for youth.

Please answer the following questions to the best of your ability. For each sentence, please tell us if you think it is 'true', 'false' or if you 'don't know'.

	True	False	I don't know
586) HIV cannot be passed from an HIV-positive mother to her unborn child.			
587) If an HIV positive adolescent has sex, they need to use a condom.			
588) People living with HIV who are using the injection, pills or implant to prevent pregnancy do not need to use condoms.			

We'd like to ask you some questions about sex. We know that sex can mean a lot of things. Girls can have sex with boys, girls with girls, or boys with boys. Sometimes we choose to kiss, other times to have sex.

First, we'd like to ask you about **first time experiences**.

589) How old were you when you first kissed someone with tongue or deep kissed?

_____ years old.

590) How old were you when you touched someone else's private parts because you wanted to or someone else touched your private parts because you wanted them to?

_____ years old.

591) How old were you when you first had sex? (*Hint: when we say 'sex' we mean when a boy inserts his penis into girl's vagina*)

_____ years old.

592) Are you or your partner using anything to prevent getting pregnant?

- Yes
 No



FOR BOYS ONLY:

593) How old were you when someone first used their mouth to kiss your private parts (penis)?

_____ years old.

594) How old were you when you had sex in your bum or put your penis in someone else's bum?

_____ years old.



FOR GIRLS ONLY:

595) How old were you when someone first used their mouth to kiss your private parts (vagina)?

_____ years old.

596) How old were you when you had sex in your bum?

_____ years old.

**IF YOU ANSWERS 0,
NEVER OR NO TO Q591
OR 592 (the participant is
not sexually active)**

PLEASE SKIP TO Q648

FOR SEXUALLY ACTIVE PARTICIPANTS ONLY (THOSE WHO ANSWERED 1+ ON Q591, OR 'YES' ON Q592):

Now we will ask you some questions about your experiences using condoms and other ways to prevent a girl from getting pregnant, in the past year. Your answers will help us understand how youth preferences change over time.

597) How many people have you had sex with in the past year?

598) Think about the oldest person you had sex with in the last year. Was he or she more than 5 years older than you?

- Yes I don't know
 No

599) In the last year, how often did you use condoms for the whole time that you were having sex?

- Never
 Sometimes
 Always

In the last year....	Yes	No	I don't know
600) Did you or your partner use female condoms during sex?			
601) Did you or your partner use a birth control pill?			
602) Did you or your partner use the injection?			
603) Did you or your partner use the implant?			
604) Did you or your partner use the pulling out method during sex?			
605) Did you or your partner use an IUD?			
606) Were you or your partner sterilised?			
607) Were you or your partner having sex only with each other?			
608) Were you or your partner having sex only during certain times of the month?			
609) Did you use a condom the <u>last time</u> you had sex?			

610) Sometimes, people give or receive presents from their partner because they are having sex with him or her. Has anyone ever given you a present for having sex with them OR have you ever decided to have sex with someone in exchange for a present? For example for: money, hair extensions or a weave at the salon, drinks at a shebeen, clothes, cosmetics or jewellery, airtime, a cell phone, a place to stay, transport (like bus tickets or lifts in a car or taxi), better marks at school, school fees, or for food.

Yes No

611) Has this happened in the last 12 months?

Yes No

612) In the last year, how many times have you had sex when you were drunk or smoking dagga or any other drugs?

This section asks questions about pregnancy, having children and what you would like your family to look like.



FOR BOYS ONLY:

613) How many times have you made someone pregnant?



FOR GIRLS ONLY:

614) How many times have you been pregnant?

FOR PARTICIPANTS WHO HAVE BEEN OR MADE SOMEONE PREGNANT:

615) Have you been pregnant or made someone pregnant since we last spoke to you or in the last year?

Yes I don't know
 No

616) How many children do you have?

**Thank you for
answering those
difficult
questions**



617) Now think back to the first time you had sex with someone. What was it like for you?

(Choose as many answers as apply)

- I have never had sex
- I was scared
- I enjoyed it
- I felt shy
- It was painful
- It was something I wanted
- I was forced to have sex

618) The first time you had sex, did you or your partner use any of the following? *(Choose as many answers as apply)*

- | | |
|---|--|
| <input type="checkbox"/> I have never had sex | <input type="checkbox"/> Pulling out |
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Having sex with only one person |
| <input type="checkbox"/> Male condom | <input type="checkbox"/> Intrauterine Device (IUD – loop) |
| <input type="checkbox"/> Female condom | <input type="checkbox"/> Implant |
| <input type="checkbox"/> Birth control pill | <input type="checkbox"/> Sterilisation |
| <input type="checkbox"/> Injection | <input type="checkbox"/> Having sex only during certain times of the month |

619) Now think back to the last time you had sex. How would you describe your partner?

- I have never had sex
- Boyfriend/girlfriend
- Husband/wife
- Blesser/blessee
- A friend
- A one-night stand
- A casual partner

620) People use contraception for different reasons. Some want to please their partner, others want to avoid getting infected by an STI or HIV. Why did you use contraception in the last year? *(Choose as many answers as apply)*

- I don't know
- To prevent pregnancy
- To prevent passing on my HIV to my partner
- To prevent getting infected with STIs
- To prevent getting re-infected by HIV
- I did not use contraception in the last year

621) Where did you get contraception in the last year? (Choose only one answer)

- I did not get contraception
- Shop
- Pharmacy
- Clinic/Hospital
- HIV/AIDS treatment centre
- Other health centre
- Friends
- Shebeen

622) Have you ever had a STI or taken treatment for a STI (STIs include chlamydia, gonorrhoea, genital warts, etc)? (Choose only one answer)

- Yes, in the last year
- Yes, more than a year ago
- Never

623) If you did not use condoms the last time you had sex, why was it?

- I have never had sex
- My partner refused to use or allow me to use condoms
- I felt safe without a condom
- I wanted to become pregnant or get my partner pregnant
- I did not have a condom
- I/we were drunk
- I used a condom the last time I had sex



FOR GIRLS ONLY:

624) What happened the last time you were pregnant?

- I have never been pregnant
- I am still pregnant
- I have a baby
- The foetus did not live
- I took some herbs to stop being pregnant
- I went to the hospital to stop being pregnant
- I went to the doctor's office/practice to stop being pregnant

**GIRLS, AND
BOYS WHO
HAVE NOT
MADE
ANYONE
PREGNANT
SKIP TO Q628**



FOR BOYS WHO HAVE MADE SOMEONE PREGNANT:

Jongile has had a girlfriend for a long time. His girlfriend got pregnant last year. Jongile decided to support the child. Jongile's friend Fikile likes lots of girls and has had sex with many of them. Some of these girls have told Fikile they got pregnant, but he is not sure what happened with the baby. What about you?



625) How old were you when you last got someone pregnant?

626) Please tell us a bit more about the last time you got someone pregnant? (*Choose as many answers as apply*)

- I have never gotten anyone pregnant
- I was not planning on getting my girlfriend pregnant
- I did not want to get my girlfriend pregnant
- I wanted to get my girlfriend pregnant
- I was planning to get my girlfriend pregnant



**IF YOU
HAVE NO
CHILDREN
SKIP TO
Q648**

627) What happened the last time you got someone pregnant? (*Choose only one answer*)

- I have never gotten anyone pregnant
- I have a baby
- The foetus did not live
- My girlfriend took some herbs to stop her being pregnant
- My girlfriend went to the hospital or a doctor's office to stop being pregnant
- I don't know what happened

FOR PARTICIPANTS WHO HAVE CHILDREN:



628) Now, we would like to know about all your children. If you only have one, that is ok. Are any of your children HIV positive?

Yes
 No

I don't know

629) Do you get a child support grant for your child/children?

Yes

No

FOR PARTICIPANTS WITH 1 CHILD OR MORE:

Now we'd like to know a bit more about your first (oldest) child.

630) Name:		
631) Boy/Girl:		
632) Age:	Years:	Months:
633) Address:		
634) Main Caregiver Name:		
635) Main Caregiver Number:		

FOR PARTICIPANTS WITH 2 CHILDREN OR MORE:

Now we'd like to know a bit more about your second child.

636) Name:		
637) Boy/Girl:		
638) Age:	Years:	Months
639) Address:		
640) Main Caregiver Name:		
641) Main Caregiver Number:		

FOR PARTICIPANTS WITH 3 CHILDREN OR MORE:

Now we'd like to know a bit more about your third child.

642) Name:		
643) Boy/Girl:		
644) Age:	Years:	Months:
645) Address:		
646) Main Caregiver Name:		
647) Main Caregiver Number:		



FOR PARTICIPANTS WITH 4 CHILDREN OR MORE:

Now we'd like to know a bit more about your fourth child.

648) Name:		
649) Boy/Girl:		
650) Age:	Years:	Months:
651) Address:		
652) Main Caregiver Name:		
653) Main Caregiver Number:		

FOR ALL PARTICIPANTS:

Please answer these questions, whether you have had sex or not. Remember that all your answers will be kept private and that your name is not attached to this questionnaire.

654) Next time you have sex, do you plan to use a condom?

- Definitely yes
- Probably yes
- Not sure
- Probably no
- Definitely no

Khwezi uses condoms correctly but only with some girlfriends. Babalwa does not like condoms because she is embarrassed to ask her boyfriend to use them. What about you? Can we talk about condoms? Thank you!

What do you think about condoms?

	I have never had sex	Never true for me	Sometimes true for me	Always true for me	I have never used a condom
655) I can use a condom and make sure it's put on the whole way down every time I have sex.					
656) If the guy or girl I'm with refuses to use a condom, I can say no to sex.					
657) Condoms make sex less good.					
658) If I use a condom when I have sex this will make my partner think that I do not trust them or I am cheating on them.					
659) My religion does not support using condoms.					
660) Condoms are too expensive to buy for every time I have sex.					
661) Using contraception is my partner's problem and responsibility not mine.					

Getting & Using Contraception

662) What are you doing to prevent getting you or your partner pregnant?
(Choose as many answers as apply)

- | | |
|---|--|
| <input type="checkbox"/> I have never had sex | <input type="checkbox"/> Pulling out |
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Having sex with only one person |
| <input type="checkbox"/> Male condom | <input type="checkbox"/> Intrauterine Device (IUD – loop) |
| <input type="checkbox"/> Female condom | <input type="checkbox"/> Implant |
| <input type="checkbox"/> Birth control pill | <input type="checkbox"/> Sterilisation |
| <input type="checkbox"/> Injection | <input type="checkbox"/> Having sex only during certain times of the month |

663) Which method to prevent pregnancy do you think is best for you?
(Choose only one answer)

- | | |
|---|--|
| <input type="checkbox"/> Nothing | <input type="checkbox"/> Having sex with only one person |
| <input type="checkbox"/> Male condom | <input type="checkbox"/> Intrauterine Device (IUD – loop) |
| <input type="checkbox"/> Female condom | <input type="checkbox"/> Implant |
| <input type="checkbox"/> Birth control pill | <input type="checkbox"/> Sterilisation |
| <input type="checkbox"/> Injection | <input type="checkbox"/> Having sex only during certain times of the month |
| <input type="checkbox"/> Pulling out | <input type="checkbox"/> Not having sex |

Andisiwe went to the clinic to get condoms last week. It was terrible. But Siphesihle said her clinic is fine and the nurses are really nice! We would like to know about your experiences of going to the clinic.

664) What method has someone at the clinic offered you to prevent pregnancy? (Choose as many answers as apply)

- Nothing
- Male condom
- Female condom
- Birth control pill
- Injection
- Implant
- Intrauterine Device (IUD – loop)
- Sterilisation

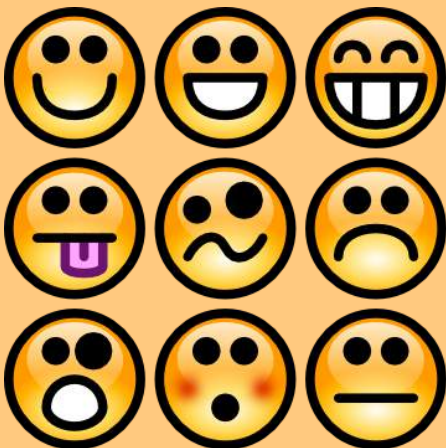


665) Think back to the first time you or your partner used a method to prevent pregnancy (pill, injection, IUD, implant, condom or sterilisation). How did you **first** start using it? (Choose only one answer)

- I have never had sex
- I asked the nurse for the method to prevent pregnancy that I or my partner wanted
- The nurse/ doctor offered me some choices and I chose one method for me or my partner
- The nurse/ doctor told me which method my partner or I should start
- The nurse gave me something without telling me what it was
- I found out from someone or somewhere else that was not a nurse/ doctor or at the clinic
- My partner or I are not using any contraception

666) How did you feel when you went to the clinic to get methods to prevent pregnancy in the last 6 months? (Choose *as many answers as apply*)

- I have not been to the clinic to get contraception (**Skip to Q669**)
- Welcomed
- Ashamed
- Respected
- Worried
- Listened to carefully and professionally
- Scared
- Scolded
- Annoyed
- Bored



FOR GIRLS ONLY:

667) Did anyone at the clinic ever tell you about the side-effects of contraception (e.g. pill, injection or implant)?

- Yes
- No

668) Have you experienced any of these side-effects from contraception (e.g. pill, injection or implant)? (Choose *as many as apply*)

- I have never used contraception
- Nausea
- Bloating
- Headaches
- Sore breasts
- Painful periods
- Weight gain
- Depression or feeling low
- Sore, dry or itchy vagina
- Not wanting to have sex
- None

669) How many children would you like to have?



Anathi is HIV-positive, but her partner Sinxolo is HIV-negative. They are married and want to have a baby, but they want to make sure that they do it in the safest way possible. How can they keep baby and each other safe? It is ok if you don't know.

	True	False	I don't know
670) An HIV person can get pregnant/ get their partner pregnant safely, as long as the HIV-negative partner takes ARVs.			
671) The couple should have unprotected sex all the time until they get pregnant.			
672) An HIV-positive mother who is pregnant can give birth in ways that are safer for the baby.			
673) There is nothing the HIV-positive mother can do to lower the risk of transmission to the child.			



SECTION 12: NEEDS AND SUPPORT



Sometimes the people we live with, our parents, grandparents, siblings or aunts/uncles, they get sick and they need our help and support to get better. At other times, we need their help to get healthy again. In this section, we will ask you about your parents the person or people that take care of you at home.

674) Has your parent or person who cares for you been sick for more than 2 weeks in the last year?

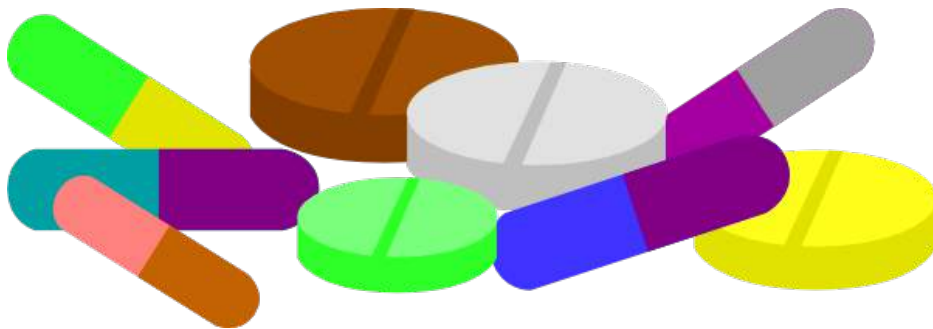
- Yes
 No (**Skip to Q679**)

675) Could we ask you about some of the symptoms of sickness your parent or person who cares for you most have had when they are sick? (*Choose all symptoms that they have*)

- | | |
|---|--|
| <input type="checkbox"/> Lost weight and become very thin | <input type="checkbox"/> Ulcers, white patches on mouth, or problems swallowing food |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Do they drink alcohol too much |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Wheezing or whistling in the chest, tight chest, and cough | <input type="checkbox"/> Trouble breathing, or a cough for more than 2 days with fever |
| <input type="checkbox"/> Any of these: very pale, hair changing colour, legs swelling up, burning feelings in feet, skin very dry | <input type="checkbox"/> TB in the past 5 years |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Eyes yellow, and fever or itching | <input type="checkbox"/> Have they been bewitched |
| <input type="checkbox"/> Shingles or a rash on the skin | <input type="checkbox"/> Diarrhoea or a runny tummy for more than 2 days |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Sores on body | <input type="checkbox"/> Had calling from the ancestors |
| | <input type="checkbox"/> I don't know |

676) Is your caregiver taking ARVs?

- Yes
 Yes but they don't take them every day
 No (**Skip to Q678**)
 I don't know (**Skip to Q678**)



FOR ADHERING PARTICIPANTS ONLY:

677) Do you take ARVs together?

- Yes
- No
- Sometimes

678) When your parent or caregiver has been sick, which of the following have you helped them with? *(Choose all the things you have done)*

- | | |
|---|--|
| <input type="checkbox"/> Help them get dressed | <input type="checkbox"/> Help clean or put bandages on a cut of theirs |
| <input type="checkbox"/> Massage or rub their body | <input type="checkbox"/> Cleaned up after they have been sick (vomit, diarrhoea, or other bodily fluids) |
| <input type="checkbox"/> Wash or bathe them (feet, face or other parts) | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Help them get around the house | |
| <input type="checkbox"/> Help them go to or use the toilet | |



CONFIDENTIAL STORIES

Langa and Sebenzile's parents both passed away in the last three years. They don't not know why their mom passed away, but they know their dad had TB and many headaches. We would like to ask you about your mom and dad. Thank you for helping us with this. These questions are totally confidential.

679) Is your Mum still alive?

- Yes (**Skip to Q684**)
- No
- Sometimes (**Skip to Q684**)

680) Do you know what happened?

- Road accident (**Skip to Q683**)
- Illness (**Skip to Q682**)
- Attacked (**Skip to Q683**)
- Something else

681) You selected 'Something else'. Could you tell us what else?

FOR MOTHERS WHO PASSED AWAY DUE TO ILLNESS:

682) Could we ask you about some of the symptoms of sickness your mother had before she died?

- Lost weight and become very thin
- Diabetes
- Asthma
- Wheezing or whistling in the chest, tight chest, and cough
- Any of these: very pale, hair changing colour, legs swelling up, burning feelings in feet, skin very dry
- Emotional problems
- Eyes yellow, and fever or itching
- Shingles or a rash on the skin
- High blood pressure
- Sores on body
- Ulcers, white patches on mouth, or problems swallowing food
- Do they drink alcohol too much
- Cancer
- Trouble breathing, or a cough for more than 2 days with fever
- TB in the past 5 years
- Arthritis
- Have they been bewitched
- Diarrhoea or a runny tummy for more than 2 days
- HIV
- Had calling from the ancestors
- I don't know

683) Was your mother taking ARVs?

- Yes
- No
- I don't know

684) Is your Dad still alive?

- Yes (**Skip to Q689**)
- No
- Sometimes (**Skip to Q689**)

685) Do you know what happened?

- Road accident (**Skip to Q688**)
- Illness (**Skip to Q687**)
- Attacked (**Skip to Q688**)
- Something else

686) You selected 'Something else'. Could you tell us what else?

FOR FATHERS WHO PASSED AWAY DUE TO ILLNESS:

687) Could we ask you about some of the symptoms of sickness your father had before he died?

- | | |
|---|--|
| <input type="checkbox"/> Lost weight and become very thin | <input type="checkbox"/> Ulcers, white patches on mouth, or problems swallowing food |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Do they drink alcohol too much |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Wheezing or whistling in the chest, tight chest, and cough | <input type="checkbox"/> Trouble breathing, or a cough for more than 2 days with fever |
| <input type="checkbox"/> Any of these: very pale, hair changing colour, legs swelling up, burning feelings in feet, skin very dry | <input type="checkbox"/> TB in the past 5 years |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Eyes yellow, and fever or itching | <input type="checkbox"/> Have they been bewitched |
| <input type="checkbox"/> Shingles or a rash on the skin | <input type="checkbox"/> Diarrhoea or a runny tummy for more than 2 days |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Sores on body | <input type="checkbox"/> Had calling from the ancestors |
| | <input type="checkbox"/> I don't know |

688) Was your father taking ARVs?

- Yes
- No
- I don't know

689) Thank you for answering these difficult questions. Would you like to share your favourite memory of your parent(s)?

People sometimes look to others for friendship and support



How often do you have:	Never	Sometimes	Always
690) Someone you can count on to listen when you need to talk.			
691) Someone to give you good advice about a crisis.			
692) Someone to share your most private worries and fears with.			
693) Someone to turn to for suggestions about how to deal with personal problems.			
694) Someone to help you if you were confined to bed.			
695) Someone to take you to the doctor if you needed it.			
696) Someone to prepare your meals if you were not well.			

697) Who is the person that supports you the most with advice, help to solve problems or make sure you are ok when you are sick?

- Parents or other family member
- Friends
- Teachers
- Health care provider (doctor, nurse or village/community health worker)
- Social worker
- Someone from church
- Other



Your relationship with your family

Please answer these questions about stuff that has happened at home in the past two months.

	Never	Rarely	Sometimes	Often	Always
698) Your parents or caregiver says you have done something well.					
699) Your parent or caregiver compliments you when you have done something well.					
700) Your parent or caregiver praises you for behaving well.					
701) Your parent or caregiver tells you that they like it when you help out around the house.					
702) Your parent or caregiver rewards or gives something extra to you for behaving well.					
703) Your parents or caregivers hug you or kiss you when you have done something well.					
704) You go out without a set time to be home.					
705) You stay out in the evening past the time you are supposed to be at home.					

	Never	Rarely	Sometimes	Often	Always
706) You fail to leave a note or let your parent or caregiver know where you are going.					
707) Your parent or caregiver does not know who you are friends with.					
708) You go out after dark without an adult with you.					
709) Your parent or caregiver gets so busy that they forget where you are and what you are doing.					
710) You stay out later than you are supposed to and your caregiver doesn't know it.					
711) Your parent or caregiver leaves the house and doesn't tell you where they are going.					
712) You come home from school more than an hour past the time your parent or caregiver expects you to be home.					
713) You are at home without an adult with you.					



We'd like to know more about how you feel talking to your parents or caregivers. Could you tell us about how much you've shared with your caregiver in the past two months?

	Strongly disagree	Disagree	Don't know	Agree	Strongly agree
714) I have no fear in discussing problems with my parent or caregiver.					
715) I am comfortable talking about sex or medication with my parents or caregivers.					
716) I am relaxed with my parent or caregiver, I can talk to them openly.					
717) When I talk to my parent or caregiver, I am anxious and careful about what I say.					
718) I have no fear telling my parents or caregivers exactly how I feel.					



SECTION 13: TELL US WHAT YOU THINK!

720) Do you have any advice for us?

Thank you very much for talking to us again!

719) We also want to know what your needs are as you grow up into a young person, and even when you have a family yourself. Would it be OK if we got in touch again in a few years time to see whether you'd like to talk again?

Yes No



721) Would you like to take a selfie?

Yes No (**Skip to Q723**)

722) Take a selfie!

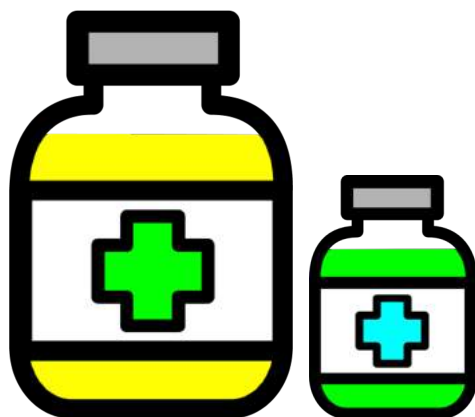
Please acknowledge

723) If you were asked about medicines in Section 4, are you willing to take a picture of them?

Yes No (**Finish interview**)

724) Take a photo of your medicine!

Please acknowledge



Thank you very much for your time. Please pass the questionnaire back to the Research Assistant so they can give you your certificate.

FOR THE RESEARCH ASSISTANT ONLY

REFLECTION FORM

The next set of questions are REFLECTION FORM questions.

725) Location and interview process. If you did the interview at the participant's home, please write any helpful directions including any buildings or landmarks nearby that will help us find the home again next year:

726) Did an adult participate at any point during the interview?

Yes No (**Skip to Q731**)

727) How did they participate?

- Spoke to another RA
- Spoke to interviewer RA
- Commented on questions or answers
- Overheard answers
- Other



728) You selected 'Other' for how they participated. Please Specify:

729) Who was it that participated?

- Family member
- Friend
- Partner
- Second RA
- Other

730) You selected 'Other' for who participated. Please specify:

731) Was another adult present at any point during the interview?

- Yes
- No (**Skip to Q735**)

732) You selected 'Yes' to another adult being present. Who?

- Family member
- Friend
- Partner
- Second RA
- Other

733) You selected 'Other' for who the other adult participating was. Please specify:

734) How was the other adult involved? Please specify:

735) Was another minor present during the interview?

- Yes
- No (**Skip to Q739**)

736) You selected 'Yes' to another minor being present. Who?

- Family member
- Friend
- Partner
- Other

737) You selected 'Other' for who the other minor participating was. Please specify:

738) How was the other minor involved? Please specify:

739) Was the interview interrupted by anything?

- Yes
- No (**Skip to Q741**)

740) You selected 'Yes' to the interview being interrupted. Please specify:

741) How much support did you provide to the participant?

- None, the participant used the tablet her/himself (they read and answered themselves)
- I read out all the questions but the participant used device
- I read out all of the questions AND put in the answers given by the participant
- Other

742) You selected 'Other' to how much support you provided the participant. Please specify:

What difficulties, if any, did the participant have during the interview?

	Yes	No
743) Did the participant have trouble understanding the meaning of the questions?		
744) Did the participant have difficulty hearing, seeing and/or another other physical difficulty?		
745) Was the participant distracted/tired/not taking the interview seriously/not concentrating?		
746) Did the participant start crying or became emotional or needed to be cheered up when a sensitive topic was mentioned?		
747) Other difficulties?		Skip to Q749

748) You selected 'Other' difficulties. Please specify:

749) Did anyone speak with a caregiver/family member before, during or after the interview?

- Yes, before
- Yes, during
- Yes, after
- No (**Skip to Q755**)

You selected 'Yes' to someone speaking with a caregiver/family member

750
Name of caregiver/family member spoken to:

751) Relationship of caregiver/family member to participant?

- Parent
- Grandparent
- Aunt/Uncle
- Sibling
- Other

752) You selected 'Other' for the relationship of the caregiver/family member to the participant. Please specify:

753) Who spoke to the caregiver?

754) Please write a brief summary of points discussed with the caregiver/family member:





SUMMARY CODES



Please only indicate those which apply

		Please acknowledge
755) CODE T	Q110	
756) CODE COLOUR	Q158	
757) CODE D (DOWN-LOW)	Q284	
758) CODE D (OPEN)	Q285	
759) CODE BLACK	Q323	
760) CODE M	Q352	
761) CODE RED 1	Q484	
762) CODE RED 2	Q488	
763) CODE RED 3	Q490	
764) CODE RED 4	Q494	
765) CODE A – Physical	Q498	
766) CODE A – Emotional	Q503	
767) CODE F	Q525	
768) OPEN GIRAFFE	N/A	N/A
769) DOWN LOW GIRAFFE	N/A	N/A