

# TEEN TALK

CAPE TOWN, SOUTH AFRICA



Questionnaire number: ..... Boy/Girl

Place of interview: .....

School/org: ..... Grade: .....

Interviewer: ..... Date: .....

Thank you so much for taking the time to talk to us 3 years ago. We'd like to catch up on what you've been doing since then....

Just like before, what you say is confidential. This means that we will not report your real name.

Please write your name here:

.....

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

.....

Would you mind if we contacted you again? Please write your address and telephone number so we can get back in touch:

Address: .....

.....

.....

Telephone: .....

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



# CAPE TOWN TEEN TALK

Please take time to read this sheet carefully and decide whether you do or don't want to take part. Ask the research team if there is anything that is not clear or if you have questions. Thank you for reading this.

**What is this study about?** This study is about young people and their feelings about their lives. The government wants to know more about them so they can plan how to help young people and families better.

**Do I have to take part?** Not at all. It is up to you to decide whether or not to take part. If you do not want to, this will not affect any help you may be getting from anyone. You will not get in any trouble if you do not want to take part.

If you decide to take part, you are still free to stop at any time. You don't have to give a reason. Again, this will not affect any help or support you are getting from anyone.

**What would I have to do?** If you decide to take part, you will first sign a consent form (on the next page), and then spend about an hour talking together and doing activities with a researcher.

**What if the questions upset me?** You can stop at any point, and you do not have to give a reason. You can also contact the research team at any point after the group, and say that you want your answers about certain questions to be destroyed, which we will do straight away. If you want to talk to someone about anything that has come up from this, you can tell one of the researchers or contact Somaya Latief at Cape Town Child Welfare (021 638 3127).

**Why should I take part in this study?** This may help us to know more about what can help young people in South Africa. What you tell us will help inform future government policy.

**What if I have a complaint?** If there is anything to do with this research which you are unhappy with, you can complain to Dr. Lucie Cluver at Oxford University ([lucie.cluver@socres.ox.ac.uk](mailto:lucie.cluver@socres.ox.ac.uk)).

**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. Any information about you would have your name and address changed so that you cannot be recognised from it.


But during this study, it may become clear that you are suffering from serious difficulties. If so, the interviewer will explain to you some possibilities for further help. If there is a safety issue, we may contact a welfare organisation for you. All this will be talked over with you first.

**What will happen to the results of the research study?** The results of this study will be used to help the government and others to make policies for young people and families in situations much like yours.

**Who is organising and reviewing the research?** The research is being organised by the University of Oxford in England, the Department of Social Development in Pretoria and Cape Town Child Welfare. Ethics groups in both countries have approved the research. If you have any complaints about ethics, please contact the UCT Health Sciences Research Ethics Committee (E52-23 Old Main Building, Groote Schuur Hospital, Observatory, 7925).

**Contact for further information:** Somaya Latief or Dr Lucie Cluver  
Cape Town Child Welfare, Lower Klipfontein Road, Gatesville, Athlone, South Africa 8000  
Email: lucie.cluver@socres.ox.ac.uk

Thank you for reading this sheet. If you feel comfortable with everything, you can fill in the box:



## Do I want to take part?

Tick:

1. I have read and understand the information sheet for this study and have had the chance to ask questions
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
3. I agree that any words I may say during the interview can be used, without giving my name, in the presentation of the research. I agree to take part in the study

☐☐☐

Sign:

.....  
Name of participant:

.....  
Signature:

.....  
Name of researcher:

.....  
Date:



Cape Town Child Welfare



Department of Social  
Development



University of Oxford



# My house

Please circle the one which is most like your home:

shack on its own plot



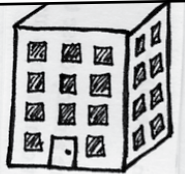
house made of brick or concrete



hut made of traditional materials



block of flats



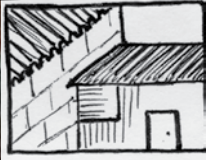
living on the street



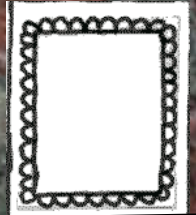
children's home or shelter for kids



shack in a back yard



other (what kind?  
.....)



## people looking after other people

Do you have a parent, guardian or caregiver staying with you and taking care of you at home?  
..... yes ..... no

If you do, please draw this person or write their name here.



How old is this person? .....

Is this person your:

- |                     |                                |
|---------------------|--------------------------------|
| ..... Brother       | ..... Uncle                    |
| ..... Stepfather    | ..... Neighbour/family friend  |
| ..... Grandma       | ..... Biological father        |
| ..... Sister        | ..... Aunt                     |
| ..... Foster mother | ..... Stepmother               |
| ..... Grandpa       | ..... Biological mother        |
| ..... No-one        | ..... Social worker/careworker |
| ..... Foster father | ..... Other (who? _____)       |

## My day

On a normal weekday, how many hours do you spend:

Sleeping? .....

At school? .....

Playing? .....

Doing homework? .....

Working for money? .....

Helping at home? .....



# People I live with

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

1) Who sleeps in each room? 2) Write down their relationship to you, 3) whether they are a boy or girl and 4) how old they are!



5) Now, could you put a tick next to anyone in the home who has a job?

Write down next to them whether it is a regular job (every day) a part-time job (some days each week) or a 'sometimes' job (like just over harvest, or on a building project).

# What I think and feel...

This part of the questionnaire looks at sadness and other difficulties which many people experience at some point in their lives. For each group of 3 statements, pick out which best describes how you have felt in the last 2 weeks...

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

..... 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

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

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

..... I hate myself  
..... I do not like myself  
..... I like myself

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

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

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

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

In the past month did you:

Wish you were dead? .....  
Want to hurt yourself? .....  
Think about killing yourself? .....  
Think of a way to kill yourself? .....  
Try to kill yourself? .....

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

Many kids and teenagers feel nervous or anxious at times. Please say which of these is true for you:



I worry a lot of the time	yes	no
I worry about what my carers will say to me	yes	no
I feel that others do not like the way I do things	yes	no
It is hard for me to get to sleep at night	yes	no
I worry about what other people think about me	yes	no
I feel alone even when there are people with me	yes	no
I worry about what is going to happen	yes	no
Other children are happier than I am	yes	no
I have bad dreams	yes	no
I wake up scared some of the time	yes	no
I worry when I go to bed at night	yes	no
I am nervous	yes	no
A lot of people are against me	yes	no
I often worry about something bad happening to me	yes	no



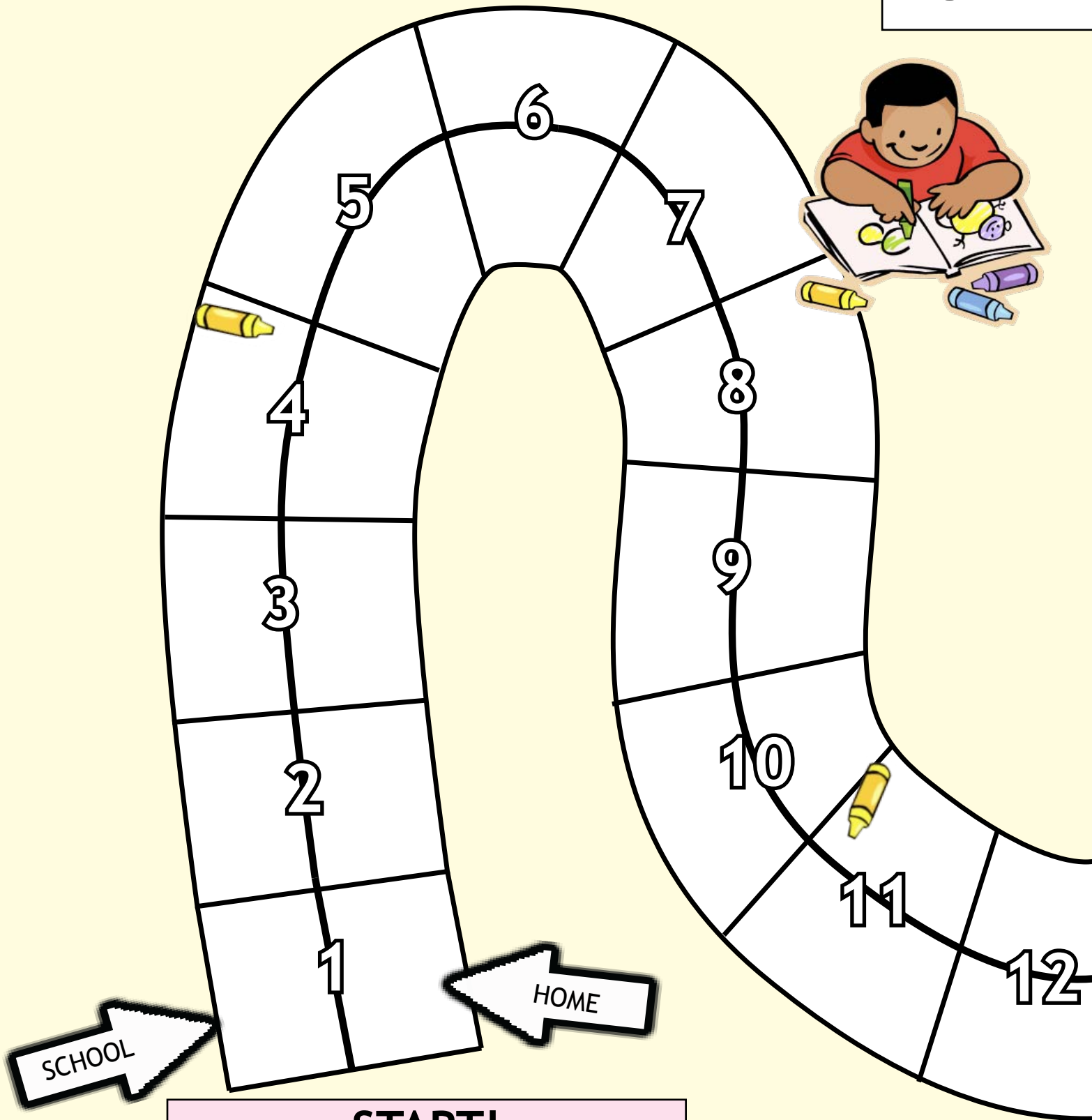
It was great to talk to you in 2005/2006, but now it's 2009! How have the past 3 years been for you? Has anything happened which you would like to tell us about? You can write it yourself, or tell us and we'll write it for you.

# Catching up

**1: For HOME, write on the road:**

- ☐ whose home were you living in?
- ☐ who was the person who looked after you most?
- ☐ why did things change?

# my road of li



**START!**

I was born on (date) .....

Where? .....

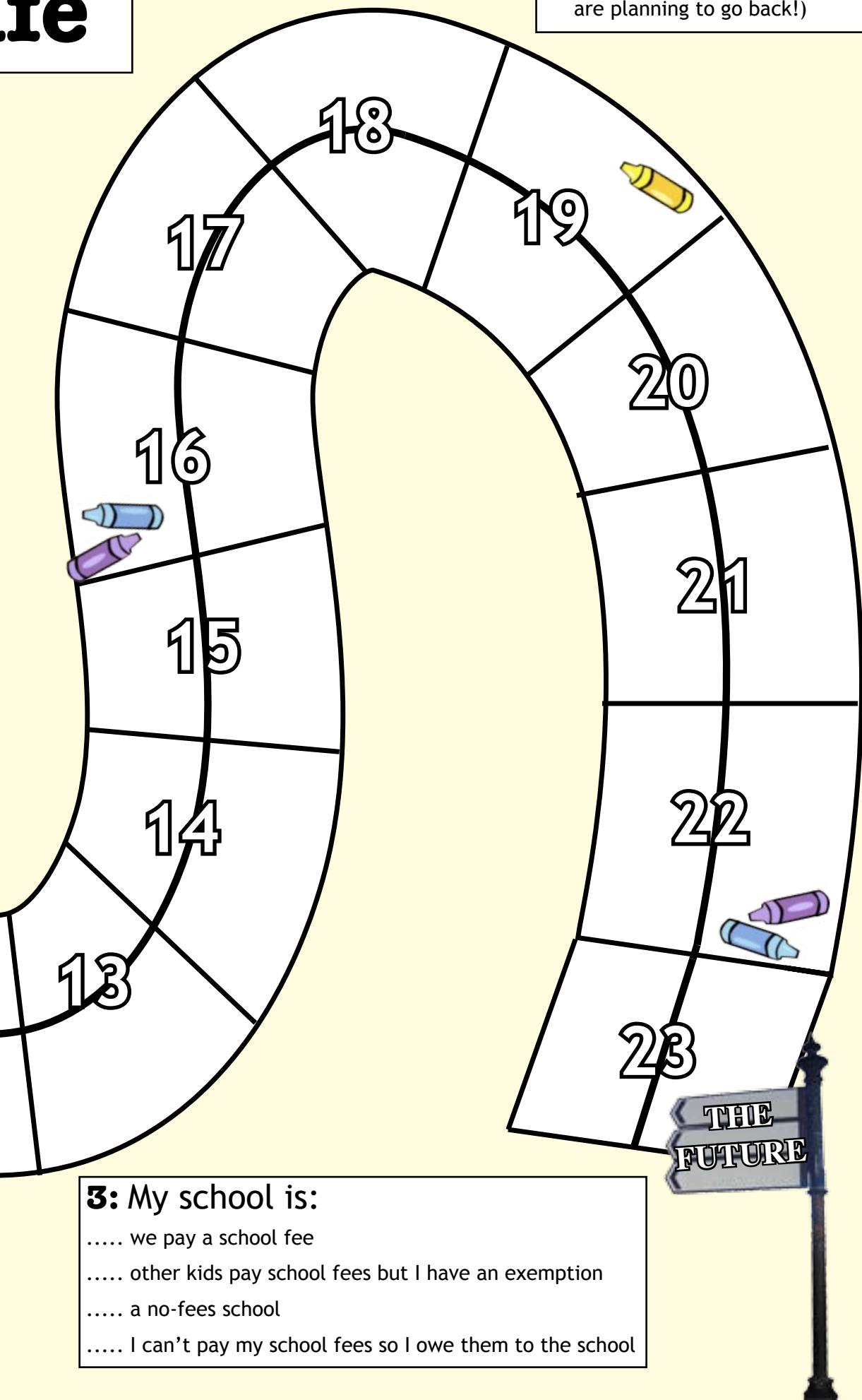
Who looked after you most? .....



fe

**2: For SCHOOL, write on the road:**

- ☐ what grade you are in now
- ☐ what are the names of your schools
- ☐ any years you repeated and why
- ☐ when you left school and why? (also say if you are planning to go back!)



**3: My school is:**

- ..... we pay a school fee
- ..... other kids pay school fees but I have an exemption
- ..... a no-fees school
- ..... I can't pay my school fees so I owe them to the school

These are some tasks which kids do to help at home. How often have you done these things in the last month, and how long do they take?

	How many days in the week?	How long does this take you?
1. Washing clothes for other people		
2. Do the food shopping		
3. Keep someone company when they are sick		
4. Watch out for a sick person to check they are OK		
5. Take brothers or sisters to school		
6. Look after brothers or sisters		
7. Remind someone to take their medication		
8. Cook for the family		
9. Feed a sick person		
10. Clean the home		
11. Take a sick person to the clinic		
12. Go to the clinic to collect medication for someone		
13. Fetching water		
14. Doing a job to earn money for the family		
15. Making the bed for a sick person		
16. Washing bedclothes when a someone has been ill		
17. Washing or feeding a younger sibling		
18. Giving a sick person treatment (what kind? .....)		
19. Giving a sick person medication		

## Helping out

Sometimes we miss school a bit, sometimes a lot! And for all sorts of reasons. Remember that this is confidential.

This year, how many times have you missed school for more than a week? .....

Why was that? .....

.....  
.....  
.....  
.....  
.....

Could you draw in this timetable for the past week:

- 1) what days you missed school and why?
- 2) When you came in late/left early and why?
- 3) When you took off lessons and why?
- 4) When you didn't do homework and why?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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 if it seems silly!

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

# OTHER TEENS AND ME



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

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

# Stuff that's been difficult for me



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

Buntu's family have lots of arguments. Sometimes adults shout at each other and sometimes there is fighting.

This last week, how many days were there arguments with adults shouting in your home? .....

How many days were there arguments with adults hitting each other in your home? .....

Do you feel safe when you are in your home? .....Yes .....No

If you don't feel safe, why is this?

..... Scared of criminals

..... scared of carers

..... scared of being alone

..... scared for another reason

(what reason? .....)

Buntu has been robbed and had his things stolen. This year, how many times have you had things stolen? ..... times

## In the past year, how often did your carers...

	weekly	monthly	less often	never
Use a stick, belt or other hard item to hit you?				
Slap, punch or hit you so you were hurt?				
Said that you would be sent away or kicked out of the house?				
Said they would invoke ghosts or evil spirits, or harmful people?				
Insulted you by calling you dumb, lazy or other names?				

There are inappropriate ways to touch Buntu and Lindiwe. Has anyone ever touched you in a way that made you feel uncomfortable? .....

Has anyone ever made you do anything with your private parts or their private parts that you did not want to do? .....

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

Buntu saw someone in his neighbourhood being shot. Lindiwe saw someone being stabbed one evening.

Have you seen someone being shot? .....  
Or stabbed? .....



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

.....

.....

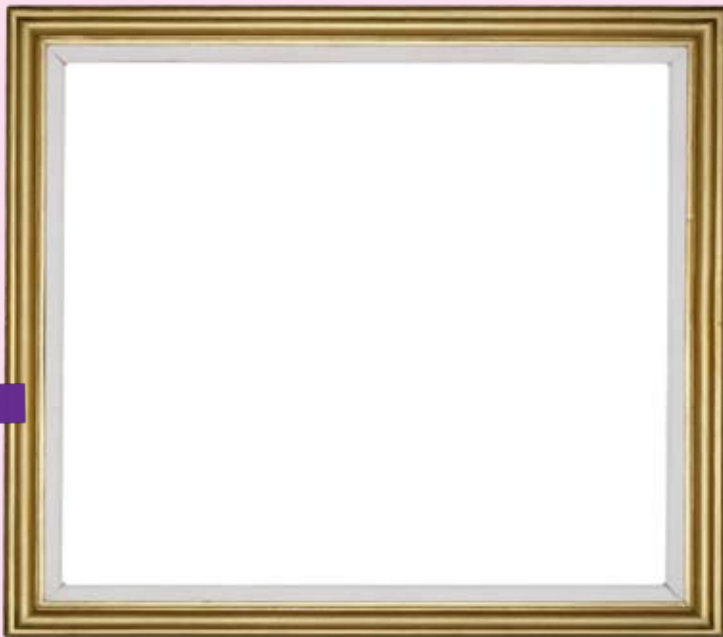
.....

.....

.....

.....

Buntu and Lindiwe's mother died a few years ago. They had a little brother who also died. Has anyone close to you died? Could you tell us who they were? And when? Do you know what happened? (you can write, or draw them)



Could you turn back to your picture of your house and circle who is sick?

Buntu and Lindiwe's mother was ill for some time before she died. Their father is unwell at the moment. It's been difficult for them. Could you say how much these things are true for you?

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

	Not at all	Sometimes	All the time
I've been teased			
I've been treated badly			
People have gossiped behind my back			
I worry about being rejected			
Parents who know don't want me around their kids			
I avoid making new friends			
I feel different and alone			
If people know, they avoid touching me			
If people know, they are afraid of me			
If people know, they think I am a bad person			

Did this upset you? ..... Not at all ..... Somewhat ..... Very much

Lindiwe and Buntu often don't have enough food in their home.

How many days this week did you not have enough food in your home? .....

How many days did you go to bed hungry? .....

# how do you feel about...?

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

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






.....








.....

.....

.....

Now for each question, could you tick one box to show whether you have felt this way 'not at all', 'some of the time', 'most of the time' or 'all the time' in this past month:

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

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

Please answer these questions about stuff that happens at home - just tick the best answer:

	Never	Almost never	Sometimes	Often	Always
Your carer says you have done something well					
Your carer threatens to punish you and then does not do it					
You go out without a set time to be home					
You talk your carer out of punishing you after you have done something wrong					
You stay out in the evening past the time you are supposed to be at home					
Your carer compliments you when you have done something well					
Your carer praises you for behaving well					
Your carer does not know who you are friends with					
Your carer lets you out of a punishment early					
Your carer tells you that they like it when you help out around the house					

## stuff at home

What kinds of support do you get from people in your life?

	This person is a person in my life yes / no	This person is helpful when I have a personal problem not at all / sort of / very	This person is helpful when I need money and other things not at all / sort of / very	I have fun with this person not at all / sort of / very
Your caregiver				
Your sisters or brothers				
A teacher, or the school principal				
Your best friend				
Your group of close friends				
Other people (tell us who: ..... .....)				

Do you get the same amount of food as other kids in your home?

- ..... More
- ..... The same
- ..... Less



Has your caregiver talked to you about who you will live with if they aren't able to look after you anymore?

..... Yes ..... No

If they have, who will that person be?  
.....



# CONFIDENTIAL SICKNESS REPORT SHEET

Questionnaire no: .....

Who is the person who you help look after most? .....

How old are they? .....

How long have they been sick for? .....

In the past month, is this person's health

☐ Very good ☐ good ☐ moderate ☐ bad ☐ very bad

Has this person been happy in the past month?

☐ very happy ☐ happy ☐ ok ☐ sad ☐ very sad ☐ angry

How often in the past month has this person been unwell?

☐ never ☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ all month

Thank you for helping us with this. These questions are totally confidential - they will be put in a sealed envelope. Please don't write your name on this sheet.

When people are unwell, they find it difficult to do everyday things. Could you think about what this person finds hard to do?

	Not at all difficult	A little difficult	Very difficult	Not able to do it
Carrying shopping				
Climbing into a taxi or bus				
Bending or kneeling				
Walking a kilometre				
Walking 100 metres				
Washing or dressing				
Getting out of bed				

Could you tell us what this person is sick with?

- ☐ Have they lost weight and become very thin?
- ☐ Have they got diabetes?
- ☐ Have they had any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in their feet, or has their skin been very dry?
- ☐ Do they have emotional problems?
- ☐ Have their eyes been yellow, and they've had a fever? Or itching?
- ☐ Have they had shingles or a rash on their skin?
- ☐ Have they got high blood pressure?
- ☐ Have they had sores on their body?
- ☐ Have they had ulcers or white patches in their mouth, or problems swallowing food?
- ☐ Do they drink alcohol too much?
- ☐ Do they have cancer? Where is the cancer? .....
- ☐ Have they had trouble breathing, or a cough for more than 2 days with fever?
- ☐ Have they had TB in the last five years?
- ☐ Do they have arthritis?
- ☐ Have they been bewitched?
- ☐ Have they had diarrhoea or a runny tummy for more than 2 days?
- ☐ Do they have HIV?
- ☐ Have they had anything else we haven't asked about? (What do they have? .....)

# CONFIDENTIAL PARENT REPORT SHEET

Questionnaire no: .....

Thank you for helping us with this. These questions are totally confidential - they will be put in a sealed envelope. Please don't write your name on this sheet.

How was this person related to you? .....

How old was this person when they died? .....

Do you know what happened?

- ☐ road accident
- ☐ illness - do you know what? .....
- ☐ attacked
- ☐ something else (Could you tell us? .....)

How long were they sick for? .....

Could we ask you about some of the symptoms of sickness your parent had before they died?

- ☐ Did they lose weight and become very thin?
- ☐ Did they have diabetes?
- ☐ Did they have any of these things: very pale, or hair changing colour, or legs swelling up, or burning feelings in their feet, or was their skin very dry?
- ☐ Did they have emotional problems?
- ☐ Were their eyes yellow, and they had a fever? Or itching?
- ☐ Did they have shingles or a rash on their skin?
- ☐ Did they have high blood pressure?
- ☐ Did they have sores on their body?
- ☐ Did they have ulcers or white patches in their mouth, or problems swallowing food?
- ☐ Did they drink alcohol too much?
- ☐ Did they have cancer? Where was the cancer? .....
- ☐ Did they have trouble breathing, or a cough for more than 2 days with fever?
- ☐ Did they have TB in the last five years?
- ☐ Did they have arthritis?
- ☐ Did they have diarrhoea or a runny tummy for more than 2 days?
- ☐ Did they have HIV?
- ☐ Did they have anything else we haven't asked about? (What did they have? .....  
.....)

**Would you like to draw or write something for your parent?**

# CAPE CONFIDENTIAL PAGE

Questionnaire no: .....

Thank you for helping us with this. These questions are totally confidential – they will be put in a sealed envelope. Please don't write your name on this sheet.

We all know that 'having sex' can mean a lot of things. Girls can sleep with boys, girls with girls, or boys with boys. Some of them have had anal sex. When we say 'had sex', we mean any one of these!

Have you ever had sex? ..... Yes ..... No

If your answer is 'No', do not fill in the rest of this page. Go on to the next page!

1

How old were you the first time you had sex? Write down the age: .....

2

How many people have you had sex with in the past year? Write down the number: .....

3

Of these people in the past year, write down how many of them were:  
..... your main boyfriend/girlfriend, or a husband/wife?  
..... someone who wasn't your main partner, but you had sex with quite regularly?  
..... a casual partner like a one-night stand?  
..... someone you paid to have sex with?

4

Has anyone that you've had sex with been more than 10 years older than you?  
..... Yes ..... No

6

Have you ever had sex when you were drunk?  
..... Yes ..... No

7

Have you ever had sex when you were high on a drug like tik, dagga or anything else?  
..... Yes ..... No

5

If you have had sex in the past year, how often did you use condoms?  
..... always  
..... more than half the time  
..... half the time  
..... less than half the time  
..... never

9

Have you ever had sex with someone when you didn't want to because they hurt you, or you were afraid that they were going to hurt you if you didn't?  
..... Yes ..... No

8

People have sex for lots of different reasons and for different benefits. Sometimes, people give presents to the person they are having sex with. Have you had any of the following presents given to you because you had sex with someone? Circle which ones:

Money	Buying you drinks	Clothes
Cellphone airtime	Food	A place to stay
Lifts in a car/taxi	Better marks at school	
School fees	Anything else	

11

Do you have any children? Please write their ages:  
.....

10

Have you ever been pregnant or made someone pregnant?  
..... Yes ..... No



# CAPE CONFIDENTIAL PAGE

Questionnaire no: .....

Thank you for helping us with this. These questions are totally confidential - they will be put in a sealed envelope. Please don't write your name on this sheet.

Sometimes we get upset, or just plain angry. Can you tell us how true these are for you in the past 6 months...?

	Not true	Somewhat true	Definitely true
I cut classes or skip school.			
I run away from home.			
I use alcohol or drugs for non-medical purposes.			
I don't feel guilty after doing something I shouldn't.			
I hang around with kids who get in trouble.			
I would rather be with older kids than with kids my own age.			
I graffiti or break windows.			
I steal at home.			
I steal things from places other than home.			
I swear or use dirty language.			
I lie or cheat.			
I get very angry and often lose my temper.			
I fight a lot. I can make other people do what I want.			
I usually do as I am told.			
I carry a knife on me for protection.			
I carry a gun on me for protection.			

During the past month, how often did you drink alcohol?

Not once .....  
 Every day .....  
 Several times per week .....  
 Once a week .....  
 Once a month .....

Have you been drunk in the past month?

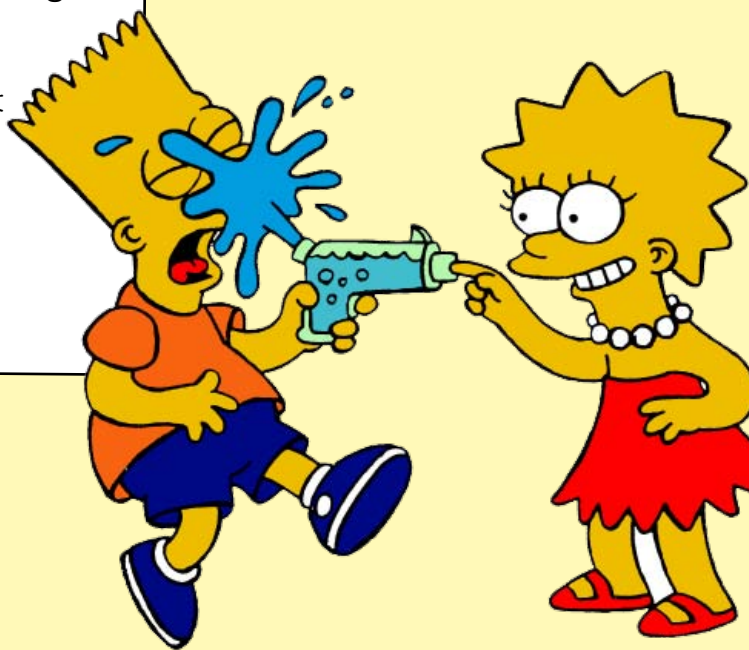
Yes .....  
 No .....

On a day or evening when you drink, how many do you usually have? .....

Have you ever used any drug to make yourself feel high? Tick any you have:

..... not once      ..... dagga      ..... mandrax  
 ..... glue      ..... heroin      ..... cocaine  
 ..... crack      ..... petrol      ..... ecstasy  
 ..... acid      ..... tik

In the past month, how many times did you take these drugs? .....





Please tick the things which you can afford at home:

☐ 3 meals a day



☐ toiletries to be able to wash every day



☐ school uniform



☐ school equipment



☐ school fees



☐ enough clothes to keep you warm and dry



☐ visit to the doctor when you are ill, and all the medicines you need

☐ more than one pair of shoes



Is the household receiving any grants?

- ..... no grants
- ..... foster care grant
- ..... child support grant
- ..... pension
- ..... disability grant
- ..... care dependency grant

If you should be getting a grant but aren't, do you know the reason why?

- ..... Didn't have the right documents (ID, birth certificate etc)
- ..... Waiting for a social worker to do an assessment
- ..... Can't afford transport to the grant office
- ..... The grant office sent us away
- ..... Another reason (tell us?.....)
- .....
- .....



# PRESIDENT FOR THE DAY!

If you were the President for a day, what would you most like to do? Write or draw your answer here!