

TEEN TALK 2

TEEN TALK SOUTH AFRICA

Great to see you - thank you for talking to us again! Just like last time, whatever you say is confidential. This means we will not report your real name.

Real name:

.....

Made-up name:

.....

Questionnaire number: Boy/Girl

Place of interview:

School/org: Grade:

ID number:

Interviewer: Date:

Enumeration Area Number:

GPS latitude (S): S.....°.....'.....

GPS longitude (E): E.....°.....'.....

EMIS #:

Privacy code:

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 South Africa. Thank you for taking the time to help.

YoungCarers
PROJECT SOUTH AFRICA

TEEN TALK 2 SOUTH AFRICA

Just like last time, 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 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. We may come back in the future to see how you are doing. You can choose then whether you want to talk to us again!

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 the Young Carers Team 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).

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 University of Witwatersrand, the University of KwaZulu-Natal and the University of Cape Town. The research is also working with the Department of Social Development, the Department of Health and the Department of Basic Education in Pretoria. Ethics groups in both countries have approved the research. If you have any complaints about ethics in the Western Cape, please contact the UCT Health Sciences Research Ethics Committee (E52-23 Old Main Building, Groote Schuur Hospital, Observatory, 7925). If you have any complaints in Mpumalanga or in Gauteng, please contact the University of Witwatersrand Research Ethics Committee - telephone: (011) 717 7123/4.



Contact for further information: 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



Could you give us the names, addresses and telephone numbers of 2 people (who you don't live with) who you think would know how to contact you in a few years time?

1.
.....
.....
.....
.....
.....
.....
.....
2.
.....
.....
.....
.....
.....
.....
.....

Last time, you filled in a Road of Life. We want to know what's changed in the last year.

Could you tell us...

What grade are you in now?

Are you in a different school to last year?

..... NoYes - name of new school:

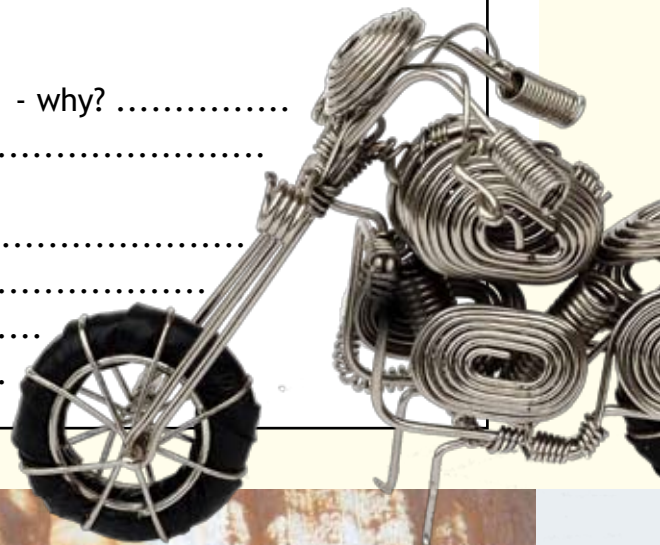
Have you left school? NoYes - why?

Have you repeated or failed a grade? NoYes - why?

Have you moved home? NoYes

Have you moved to another town or area? NoYes - why?

Has your main caregiver changed? NoYes - why?



Please circle the one which is most like your home:

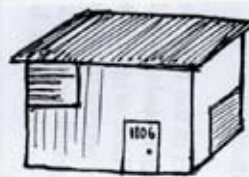
1. house made of brick or concrete



2. hut made of traditional materials

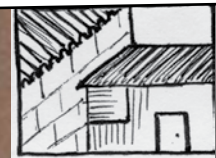


3. shack on its own plot



4. living on the street

5. shack in a back yard



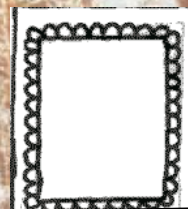
6. block of flats



7. children's home or shelter for kids



8. other (what kind?)



Where do you get your water from?

1: a tap in my house

2: a community tap that lots of people use (how long does it take you to get to it?)

3: a river or stream



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) Please circle anyone in the house who is sick.

6) Now, could you put a tick next to anyone in the home who has a job? Write down next to them whether it is a regular job (every day) a part-time job (some days each week) or a 'sometimes' job (like just over harvest, or on a building project).

7) If you don't live with a parent/s, could you say where they are?

Mom	Dad

Please tick the things which you can afford at home:

☐ 3 meals a day



☐ toiletries to be able to wash every day



☐ school fees



☐ school uniform

☐ school equipment



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

☐ enough clothes to keep you warm and dry



☐ more than one pair of shoes



Do you have an ID book?
Yes No

Do you have a birth certificate?
..... Yes No

Is the household receiving any grants?

(XX)

- 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?)

.....
.....)

..... Not applicable

Plants and animals

Some kids grow food to eat or have animals to take care of. Can you answer these quick questions about your home?

Do you or your family grow food to eat in any of these?

- a school garden,
- a community garden
- at home

List any vegetables or fruit that you grow in a garden, and any animals that your family owns!

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

Sometimes kids don't have enough food in their home. How many days in the past 7 days did you not have enough food in your home?

How many days did you go to bed hungry?

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

- More
- The same
- Less



people looking after other people

If you do, please write their name here:

How old is this person?

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

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?)

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

..... Yes No

If they have, who will that person
be?

.....

.....

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)

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

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...

1

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

6

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

2

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

7

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

3

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

8

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

4

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

9

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

5

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

10

..... Things bother me all the time
..... Things bother me many times
..... Things bother me 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?

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

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

Questionnaire no:

In the past year, how often did your caregivers or other adults...

	Weekly	Monthly	At least once this year	Never	Has happened to me but not in the last year	Caregiver	Other... Please state if a - Teacher - Relative - Neighbour - Other (who?)	If yes, where... Where did it happen? Please state if - Home - Community - School - Home of neighbour - Other (where?)
Use a stick, belt or other hard item to hit you								
Make you stand or kneel in an uncomfortable position for a long period of time								
Slap, punch, hit, pinch or pull your ear/hair so that you were hurt or had marks								
Single you out to do household chores all day instead of school or play								
Threaten to hurt you or give you bad grades								
Say they would call ghosts or evil spirits, or harmful people								
Tell you they wished they did not have to look after you or make you feel you are a burden								
Make you feel unwelcome in the home								
Say that you would be sent away or kicked out of the house								
Call you dumb, lazy, or other names								
Insult members of your family that have passed away								
Threaten to leave you and never come back								
Threaten to hurt or kill a person or an animal that you care about								
Withhold a meal to punish you								

Please remove this page and seal in envelope for privacy. Please DO NOT write your name on this page.

Questionnaire no:

There are inappropriate ways to touch children. How often in the past year has the following happened to you?

	Weekly	Monthly	At least once this year	Never	Has happened to me but not in the last year	Caregiver	Other person... - Boyfriend/girlfriend - Teacher - Relative - Neighbour - Other (who?)	If yes, where... - Home - Community - School - Home of neighbour - Other (where?)
Someone told you, you look sexy in a way that made you feel uncomfortable								
Someone touched or kissed you in a way that made you feel uncomfortable								
Someone touched your private parts or asked you to touch their private parts even though you did not want this to happen								
Someone forced you to have sex with them in any way when you did not want to								
Someone forced you to watch sexual things or pictures with nude images								

If this happened to someone you knew, where would you tell them to get help?
(all kids)

.....

.....

.....

.....

.....

Have you asked for help before?

..... Yes No

Who did you ask?

.....

What actions were taken?

.....

.....

.....

.....

.....



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					
Your carer gave you a small gift at the end of the year to show you they were proud of your school results					

How about these kinds of help?
And how reliable are they?

	Regular (at least once a month)	Sometimes	Never
A food parcel			
A meal at a soup kitchen			

Has your family had help from a traditional healer with sickness or death?

..... Yes (what kind of help?
.....)
..... No

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

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

	A lot	Some	A little	None
How much comfort does my religion give me?				

Have you gone to see a religious leader when things have been difficult?
.....YesNo

If yes, who was this person?

..... minister imam traditional leader
..... member of the congregation other - who?.....

Did this person try to help you?YesNo

If yes, what did they do?.....

Fill this out only if someone is unwell in the home.

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.

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

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?

XX

- ☐ 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?)

Fill this out only if a parent has died.

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?

Can you get their death certificate when you need it for grants? ☐ Yes ☐ No

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

(XX)

- ☐ 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?
- ☐ Were they bewitched?
- ☐ 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?

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?

Never
 Every day
 Several times per week
 Once a week
 Once a month

In the past year, have you used any drug to make yourself feel high? Tick any you have: (XX)

..... not at all dagga
 mandrax glue
 petrol tik
 heroin benzene
 other (what?)
)

Have you been drunk in the past month?

Yes
 No



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!

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.

Questionnaire no:

1 How old were you the first time you had sex? Age / I have not had sex

Sometimes people have sex from choice and sometimes they are forced.

Have you ever had sex?YesNo

Or been forced?YesNo

If you have not ever had sex, go straight to Q.9 and Q.11.

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

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?

..... someone who forced you to have sex

3

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

4

Has anyone that you've had sex with been more than 5 years older than you?

..... Yes No

5

Have you ever had sex when you were drunk?

..... Yes No

6

Have you ever had sex when you were high on a drug like tik, dagga or anything else?

..... Yes No

7

8

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

Have you ever heard of HIV/AIDS?

..... Yes No

9

Quickly write down any things you think a person can do to avoid getting HIV, the virus that causes AIDS.

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

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:

10

Money

Buying you drinks

Clothes

Cellphone airtime

A place to stay

Lifts in a car/taxi

Better marks at school

School fees

Food

Anything else

(XX)

HIV can be spread when people have sex. What do you think your chances of getting HIV/AIDS are?

..... no chance at all

..... a little chance

..... pretty much 50/50

..... a very big chance

..... I have been tested in the past 3 months and know my status

..... I don't know what HIV/AIDS is

11

Do you have any children?

Please write their ages:

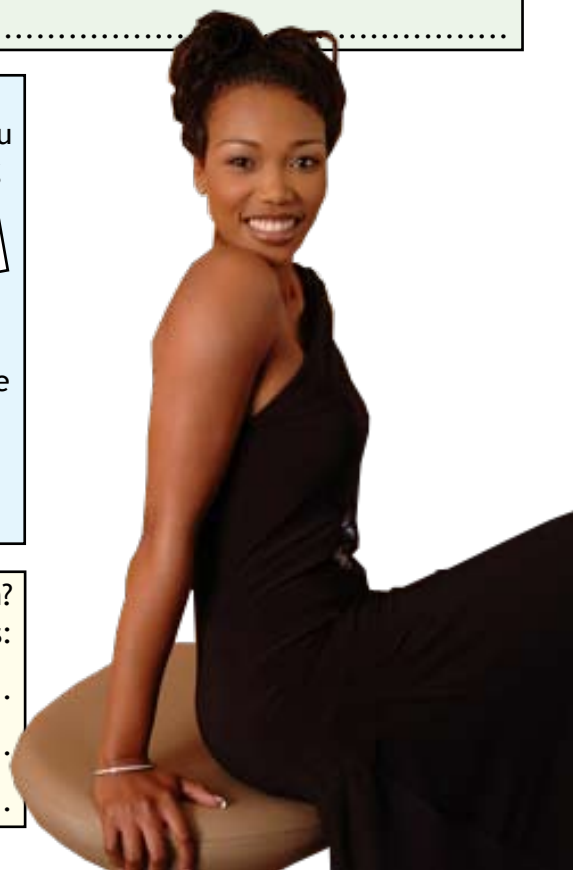
13

Have you ever been pregnant or made someone pregnant?

..... Yes

..... No

12





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

1

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?

What were these arguments mainly about?

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

2

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

3

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

4

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

Have you seen someone being shot?
Or stabbed?

5

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

.....

.....

.....

.....

.....

.....



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

We all get sick sometimes. Can you tell us whether you've had any of these in the past year?

Do you have any of these?

Asthma	Yes	No	
How many asthma attacks in the last month?			
When you have an attack, do you have a puffer spray you can take?	Yes	No	
Epilepsy	Yes	No	
How many seizures in the last month?			
Are you taking your treatment every day?	Yes	No	
Diabetes	Yes	No	
How many times have you been sick in the past month? times			
Are you taking your injections or medicine every day?	Yes	No	
<i>If yes to any of these...</i>			
When did you last go to hospital for this?			
Are you able to keep your clinic appointments:	always	sometimes	never

How do you usually get to your local clinic?
 Walk Taxi Bus
 Driven Train

How long does it take to get there? minutes

Does your family have a home-based carer who visits you?

..... yes no

How many times did they visit in the last month? times

On the last visit, did they spend time with you? yes no

(XX)

How did they spend time with you?

..... time spent with emotional support

..... time showing me how to help the sick person

..... bringing protective gloves or other medical resources

..... time spent talking to me about my health

..... time spent helping me with my schoolwork

..... bringing food parcels or clothes or things to help me

Have you had these in the past month?

Cold or flu	Yes	No
General body pain (headaches, backaches etc)	Yes	No
Worms	Yes	No
Skin conditions (like a rash, or white itchy skin, or acne)	Yes	No

Have you had these in the past 6 months?

Pneumonia or bronchitis (really sick with cough, chest pain and yellow spit for at least 1 week)	Yes	No
Vomiting, diarrhoea or a runny tummy	Yes	No
Any injury or burn	Yes	No

Do you have these problems?

I have problems seeing properly	Yes	No
I have another kind of disability (what kind?	Yes	No

Could you tell us how your health has been recently?

A cough where you spit up green or yellow stuff?	Yes	No
A bad cough lasting 3 weeks or longer	Yes	No
Pains in your chest	Yes	No
Tiredness and weakness	Yes	No
Have you lost weight without meaning to?	Yes	No
Do you have night sweats?	Yes	No
Are you coughing up blood?	Yes	No
Are you having a fever?	Yes	No
Has a nurse or doctor asked you to cough sputum into a little bottle test?	Yes - TB	Yes - not TB
Have you had TB in the past 2 years?	Yes	No
Were you given pills to take every day for TB?	Yes	No
If yes, how long did you take pills for? months / none at all		

For anything above (like TB, diabetes, flu...) could you tell us whether you visited these kinds of healthcare in the past two years?

	Yes	No, I didn't need to	I needed to but I couldn't
Chemist/pharmacy			
A public clinic			
A private doctor			
A traditional healer			
A healer at a church or medicines from the church			
A public hospital			
A private hospital			
Other (what kind?)			

If you needed to see someone but you couldn't, could you tell us why?

	Tick: (XX)
I saw the person I needed to see	
I didn't have enough money for transport	
I was too busy helping out at home to go	
No one was available to go with me	
The health facility was too far away	
The queue or wait was too long	
The staff were unhelpful or lacked the skills to help me	
I could not decide what to do	
I didn't go for a religious reason	
I was afraid/embarrassed	
Another reason (what reason?)	
I don't know	

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. Wash other people's clothes		
2. Clean your home, yard, or other parts of the house		
3. Work in a food garden or tend animals		
4. Fetch water		
5. Collect firewood and/or make fires		
6. Do the grocery shopping		
7. Cook for other people		
8. Wash the dishes		
9. Do jobs for money (what kind?)		
10. Walk your siblings or other children to school/crèche		
11. Wash your siblings or other children		
12. Feed your siblings/other children		
13. Collect medicine from the clinic for a sick person		
14. Remind a sick person to take their medicine		
15. Give a sick person their medicine/treatment (what kind?)		
16. Take a sick person to the clinic		
17. Help a sick person to get dressed		
18. Massage a sick person/rub their body		
19. Stay with a sick person (to keep company or to watch them)		
20. Wash or bathe a sick person (feet, face, or other parts)		
21. Help sick person get around the house		
22. Help sick person to use the toilet		
23. Clean up after person has been sick (vomit, diarrhoea or other bodily fluids)		

Doing these things makes me feel: (XX)

☐ proud to help ☐ frustrated or irritated ☐ closer to the sick person ☐ sad

Some kinds of caring mean we should be washing our hands or wearing protective gloves (made of a plasticky material).

Have you ever washed a sick person, cleaned or put bandages on a cut of a sick person, or washed the bedclothes or clothes of a sick person when they have vomited or had diarrhoea?	Yes	No
If yes, did you wear protective gloves?	Always	Sometimes
If yes, did you wash your hands before and after?	Always	Sometimes

Do you know what to do if you don't have gloves?

.....No Yes - what?.....

Do you know how to wash soiled clothes or bedclothes safely?

.....No Yes - how?.....

If you are standing close to someone who is coughing, what can you do to protect yourself from TB?Don't know / What?.....

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			
I try to be nice to other people			
I usually share with others			
I am helpful if someone is hurt, upset or feeling ill			
I am kind to younger children			
I often volunteer to help others			



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				
Did this happen mainly...?	In school	Outside school	Both	

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
- I don't go to school (*If you don't go to school, skip the rest of this page and go on to the next one!*)

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 what days you missed school and why?



Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Tick if you have any of these free at school:

- Free meal at school every day
(how many days in the past 7 days?
.....)
- Free transport (like a school bus)
- Free school uniform
- Free school textbooks

How do you usually get to school?

- walk taxi
- bus driven
- train bicycle

How long does it take you to get there?

..... minutes

Have you ever seen a counsellor at school?

..... yes no

Does your teacher understand your home situation?

..... no
..... a little bit
..... yes, a lot

Are you ever hungry at school?

..... never
..... sometimes
..... often
..... all the time

Do you have problems concentrating at school because you're worrying about something?

..... never
..... sometimes
..... often
..... all the time

Did your school have an HIV testing campaign? Yes No
Have you been tested? Yes (at school) Yes (elsewhere) No
If yes, which year were you tested?

We will give now you a blank sheet of paper and a card with some letters and information on it. If you feel you can confidentially tell us your status, please don't show it to us. Just write one of those letters on the paper.

Once you have written it down, fold it up and seal it, and put it in the envelope which does not have your name on it. We keep this envelope apart from the questionnaire, to make sure it is completely confidential.

Do you want to go to university or train more after school?

..... Yes

.....No

.....I am already doing this

Have you been given information about:

	No	Yes - at school	Yes - elsewhere
How to get a job			
Youth training			
Studying at university			
Bursaries and scholarships for study after school			
How to apply to university			

If you were President...

and you had a million rand, what would you do to help children in your situation?

Education is the most powerful weapon which you can use to change the world.

- Nelson Mandela

Dear Parents/Guardians

Last year, your child took part in research that is being run by a number of universities and by the South African Government. We would like to invite your child to speak to us again a year later!

This research will be asking young people about their everyday lives, their feelings and their relationships. If you give permission, your child will fill in a questionnaire, with the help of an interviewer. This will take about an hour. Young people can choose whether they want to take part or not, and they can stop the interview at any time. Everything we are told will be treated as entirely confidential, unless children are at risk of serious harm, in which case we will try to help.

If you have any questions or worries about the research, please tell a member of our research team and they will be very happy to discuss or explain further to you.

Please fill in the slip below and let us know whether you give permission.

Thank you,

Lucie Cluver

Dr Lucie Cluver (Researcher), Cape Town Child Welfare

Privacy code:

If you have any questions or complaints about this study, please contact Dr Lucie Cluver at Cape Town Child Welfare: 021 638 3127
Email: lucie.cluver@socres.ox.ac.uk



Name of Participant

.....

Child's grade

Can the child I care for take part in this study?

YES NO

Name of parent/guardian

.....

Date