

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10 to 17) of Female Sex Workers

IDENTIFICATION DATA

01.	QUESTIONNAIRE IDENTIFICATION NUMBER	
02.	PROVINCE OR STATE	
03.	DISTRICT OR LOCAL GOVERNMENT AREA	
04.	WARD	
05.	TYPE OF LOCATION <i>Circle</i>	<div>Urban 1</div> <div>Rural 2</div>
06.	TOWN/VILLAGE	
07.	NEIGHBORHOOD	
08.	GPS READINGS	<div>Latitude S _____._____°</div> <div>Longitude E _____._____°</div>
09.	NAME OF COMMUNITY-BASED/CIVIL SOCIETY ORGANIZATION	
010.	DATE OF REGISTRATION	<div>Month Day Year</div> <div>[][] [][] [][][][]</div>
011.	NAME OF SUPERVISOR	
012.	PROGRAM IDENTIFICATION NUMBER	

INTERVIEW LOG

	VISIT 1	VISIT 2	VISIT 3
DATE (day/month/year)			
INTERVIEWER COMMENTS			

Interviewer comments codes: Interview completed 1; Appointment made for later today 2; Appointment made for another day 3; Refused to continue and no appointment made 4; Other (Specify) 5

013.	INTERVIEWER	A) CODE	B) NAME
014.	DATE INTERVIEW COMPLETED (day/month/year)		

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

015.	START TIME	[][]:[][]
------	------------	---------------

CHECKED BY TEAM LEADER: Signature _____ Date _____

Comments:

Data entered by:		Date (dd/mm/yyyy)	
-------------------------	--	--------------------------	--

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 1: BACKGROUND INFORMATION

Let's start by you telling me a little about yourself.

No.	Questions	Coding Categories	SKIP
101.	Record / Confirm Child's Name What is your name?		
102.	Record Child's Line Number from FSW Caregiver Questionnaire		
103.	Record / Confirm Child's Sex	Female 1 Male 2	
104.	In what month and year were you born? Record 98 in Month and 9998 in Year for don't know.	Month [][] Year [][][][]	
105.	How old were you at your last birthday? Confirm with 104 and adjust if necessary. Do not leave blank. If child does not know, ask caregiver to estimate the age of the child.	[][] years	
106.	Do you have a birth certificate or other valid form of identification?	Yes 1 No 2 Don't know 88	If no, don't know, or refused, skip to 108.
107.	Could you please show me your birth certificate or other valid form of identification?	Seen/confirmed 1 Not seen/not confirmed 2	
108.	Who takes care of you? Do not read the responses. Circle one primary response only.	Mother and/or father 1 Sister and/or brother 2 Aunt and/or uncle 3 Grandmother and/or grandfather 4 Other relative 5 Neighbor 6 Friend 7 No one/self 8	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
		Other: _____ 66	
109.	What is your current marital status?	Married and living together 1 Married and not living together 2 Cohabiting and not married 3 Have boyfriend (not married) and not living together 4 Single (no boyfriend, never married) 5 Divorced or separated 6 Widowed 7 Other (specify) 66	
110.	Where do you most frequently sleep?	Streets or public spaces 1 Shelter (residential center) 2 Divide time between street and shelter/home 3 Alone in rented accommodation 4 Rented accommodation with friends 5 In relative's home (i.e., with family of origin) 6 In rented accommodation with caregiver 7 In own home (with caregiver) 8 Other (specify) 66	
111.	In the past 30 days, have you been too sick to work, study, do chores, or participate in daily activities?	Yes 1 No 2 Don't know/refused 88	

—END OF SECTION—

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 2: CHILD EDUCATION AND LABOR

No.	Question	Coding Categories	SKIP
201.	Are you currently enrolled in school?	Yes 1 No 2	If no, skip to 204.
202.	In the past school month, did you miss four or more days of school for any reason?	Yes 1 No 2	
203.	What grade/form/year are you in <u>now</u> ?	[][]	All, skip to 206.
204.	Why are you not enrolled in school? Do not read the responses. Circle one primary response only.	No money for school materials, transport 1 I am too sick to attend school 2 School is too far away / no school 3 I have to work to help my family 4 I have to care for sick household members 5 Parent/guardian does not want me to go to school 6 I don't like school 7 School was not in session 8 Other: 66 _____	
205.	Have you <u>ever</u> attended school?	Yes 1 No 2	If no, skip to 209.
206.	Were you enrolled in school during the previous school year?	Yes 1 No 2	If no, skip to 208.
207.	What grade/form/year were you in during the <u>previous school year</u> ?	[][]	All, skip to 209.
208.	What is the highest grade/form/year that you have <u>completed</u> ?	[][]	
	Now I would like to ask about any work you may do. Since last (day of the week), did you do any of the following activities, even for only one hour?		

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Question	Coding Categories	SKIP
209.	Did you do any work or help on your own on the household's plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing, or milking animals?	Yes 1 No 2	
210.	Did you help in a family business or a relative's business with or without pay, or run your own business?	Yes 1 No 2	
211.	Did you produce or sell articles, handicrafts, clothes, food, or agricultural products?	Yes 1 No 2	
212.	Since last (day of the week), did you engage in any other activity in return for income in cash or in kind, even for only one hour?	Yes 1 No 2	
213.	Check 209–212:	At least one "Yes" 1 All answers are "No" 2	If no, skip to 224.
214.	Since last (day of the week), about how many hours did you engage in (this activity/these activities), in total? If less than one hour, record "00"	Number of hours [_ _]	
215.	Where did you carry out your main work during the past week?	At family dwelling 1 Formal office 2 Factory/workshop 3 Farm/garden 4 Construction site 5 Mine/quarry 6 Brothel 7 Shop/kiosk 8 Restaurant/hotel/café/bar 9 Different places (mobile) 10 Fixed, street, or market stall 11 Pond/lake/river 12	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Question	Coding Categories	SKIP
		Other: _____ 66 Don't know/refused 88	
216.	(Does the activity/do these activities) require carrying heavy loads?	Yes 1 No 2	
217.	(Does the activity/do these activities) require working with dangerous tools, such as knives and similar tools or operating heavy machinery?	Yes 1 No 2	
	How would you describe your work environment?		
218.	Are you exposed to dust, fumes, or gas?	Yes 1 No 2	
219.	Are you exposed to extreme cold, heat, or humidity?	Yes 1 No 2	
220.	Are you exposed to loud noise or vibration?	Yes 1 No 2	
221.	Are you required to work at heights?	Yes 1 No 2	
222.	Are you required to work with chemicals, such as pesticides, glues, and similar chemicals, or explosives?	Yes 1 No 2	
223.	Are you exposed to other things, processes, or conditions that are bad for your health or safety?	Yes 1 No 2	
224.	Since last (day of the week), did you fetch water or firewood for household use?	Yes 1 No 2	If no, skip to 226.
225.	In total, how many hours did you spend fetching water or firewood for household use since last (day of the week)? If less than one hour, record "00"	Number of hours []	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Question	Coding Categories	SKIP
	Since last (day of the week), did you do any of the following?		
226.	Shopping for the family?	Yes 1 No 2	
227.	Cooking?	Yes 1 No 2	
228.	Washing dishes or cleaning the dwelling?	Yes 1 No 2	
229.	Washing clothes?	Yes 1 No 2	
230.	Caring for children?	Yes 1 No 2	
231.	Caring for someone old or sick?	Yes 1 No 2	
232.	Other tasks?	Yes 1 No 2	
233.	Check 226–232:	At least one “Yes” 1 All answers are “No” 2	If 213 is no and 233 is no, skip to 301.
234.	Since last (day of the week), about how many hours did you engage in (this activity/these activities), in total? If less than one hour, record “00”	Number of hours [_ _]	
235.	What do you do with the money you get? Anything else? Circle all responses mentioned. Probe with response categories, if necessary.	Give to parents / guardians 1 Pay for my school expenses 2 Pay for school expenses of others 3 Buy food for myself 4	

**MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers,
Version 1.0**

No.	Question	Coding Categories	SKIP
		Buy food for others 5 Buy other things for myself 6 Save it 7 Other:_____ 66	
236.	How often does work or chores interfere with your school?	Always 1 Sometimes 2 Never 3 Don't know 88	
237.	How often does work or chores interfere with your sleep?	Always 1 Sometimes 2 Never 3 Don't know 88	

—END OF SECTION—

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 3: MENTAL WELL-BEING

For the next series of questions, please respond Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best as you can, even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the past six months.

No.	Questions	Coding Categories	SKIP
301.	I try to be nice to other people. I care about their feelings	Not true 1 Somewhat true 2 Certainly true 3	
302.	I am restless; I cannot stay still for long	Not true 1 Somewhat true 2 Certainly true 3	
303.	I get a lot of headaches, stomachaches, or sickness	Not true 1 Somewhat true 2 Certainly true 3	
304.	I usually share with others, for example, CD's, games, food	Not true 1 Somewhat true 2 Certainly true 3	
305.	I get very angry and often lose my temper	Not true 1 Somewhat true 2 Certainly true 3	
306.	I would rather be alone than with people my age	Not true 1 Somewhat true 2 Certainly true 3	
307.	I usually do as I am told	Not true 1 Somewhat true 2 Certainly true 3	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
308.	I worry a lot	Not true 1 Somewhat true 2 Certainly true 3	
309.	I am helpful if someone is hurt, upset, or feeling ill	Not true 1 Somewhat true 2 Certainly true 3	
310.	I am constantly fidgeting or squirming	Not true 1 Somewhat true 2 Certainly true 3	
311.	I have one good friend or more	Not true 1 Somewhat true 2 Certainly true 3	
312.	I fight a lot. I can make other people do what I want	Not true 1 Somewhat true 2 Certainly true 3	
313.	I am often unhappy, depressed, or tearful	Not true 1 Somewhat true 2 Certainly true 3	
314.	Other people my age generally like me	Not true 1 Somewhat true 2 Certainly true 3	
315.	I am easily distracted; I find it difficult to concentrate	Not true 1 Somewhat true 2 Certainly true 3	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
316.	I am nervous in new situations. I easily lose confidence	Not true 1 Somewhat true 2 Certainly true 3	
317.	I am kind to younger children	Not true 1 Somewhat true 2 Certainly true 3	
318.	I am often accused of lying or cheating	Not true 1 Somewhat true 2 Certainly true 3	
319.	Other children or young people pick on me or bully me	Not true 1 Somewhat true 2 Certainly true 3	
320.	I often offer to help others (parents, teachers, children)	Not true 1 Somewhat true 2 Certainly true 3	
321.	I think before I do things	Not true 1 Somewhat true 2 Certainly true 3	
322.	I take things that are not mine from home, school, or elsewhere	Not true 1 Somewhat true 2 Certainly true 3	
323.	I get along better with adults than with people my own age	Not true 1 Somewhat true 2 Certainly true 3	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
324.	I have many fears; I am easily scared	Not true 1	
		Somewhat true 2	
		Certainly true 3	
325.	I finish the work I'm doing. My attention is good	Not true 1	
		Somewhat true 2	
		Certainly true 3	

—END OF SECTION—

SECTION 4: SOCIAL SUPPORT AND CAREGIVER-CHILD RELATIONSHIP

No.	Questions	Coding Categories	SKIP
401.	I'm going to ask you a few questions about people in your life. Please respond yes or no. Do you have someone in your life to turn to for support and suggestions about how to deal with a personal problem?	Yes 1 No 2	
402.	Do you have someone in your life who shows you love and affection?	Yes 1 No 2	
403.	Do you have regular contact with a social worker, community volunteer, or other kind of community worker?	Yes 1 No 2	
	<p>Note that this set of questions refers to the child's primary caregiver. Be sure the child understands who that person is by referring to that person according to their relationship to the child.</p> <p>I am going to read you several statements about your living situation here. Please tell me how often each has happened in the past month (four weeks). Please answer these questions with your primary caregiver in mind. The possible answers are: Never, Almost Never, Sometimes, Often, and Always.</p>		
404.	How often do you have a friendly talk with your caregiver?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
405.	How often does your caregiver help you with some of your special activities (such as sports, clubs, church youth groups)?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
406.	How often do you fail to let your caregiver know where you are going?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
407.	How often do you play games or do other fun things with your caregiver?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
408.	How often does your caregiver ask you about your day in school?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
409.	How often do you stay out in the evening past the time you are supposed to be home?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
410.	How often does your caregiver help you with your homework (work that comes from school)?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
411.	How often does your caregiver ask you what your plans are for the coming day?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
412.	How often does your caregiver accompany you to a special activity?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
413.	How often does your caregiver NOT know the friends you are with?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
414.	How often do you go out without a set time to be home?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
415.	How often does your caregiver talk to you about your friends?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
416.	How often do you go out after dark without an adult with you?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
417.	How often do you help plan family activities?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
418.	How often does your caregiver get so busy that s/he forgets where you are and what you are doing?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
419.	How often does your caregiver go to a meeting at school, like a parent's association meeting or a parent/teacher conference?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
420.	How often do you stay out later than you are supposed to and your caregiver knows it?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
421.	How often does your caregiver leave and not tell you where s/he is going?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
422.	How often do you come home from school more than one hour past the time your caregiver expects you to be home?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	
423.	How often are you at home without an adult being with you?	<div>Always 1</div> <div>Often 2</div> <div>Sometimes 3</div> <div>Almost never 4</div> <div>Never 5</div>	

—END OF SECTION—

SECTION 5: DRUG AND ALCOHOL USE

No.	Questions	Coding Categories		SKIP
501.	In the past 30 days, on how many days did you drink alcohol to the point that you became drunk?	0	1	
		1–30	2	
		Don't know/refused	88	
502.	Do you want to stop using alcohol but you feel unable to do so?	Yes	1	
		No	2	
		Don't know/refused	88	
503.	In the past 30 days, have you ever used drugs, such as marijuana, pills, or ecstasy, or sniffed any chemical, such as petrol or glue?	Yes	1	If no, don't know, or refused, skip to 601.
		No	2	
		Don't know/refused	88	
504.	Have you ever injected drugs?	Yes	1	If no, don't know, or refused, skip to 506.
		No	2	
		Don't know/refused	88	
505.	If yes, did you inject drugs in the past 30 days?	Yes	1	
		No	2	
		Don't know/refused	88	
506.	Do you want to stop using drugs but you feel unable to do so?	Yes	1	
		No	2	
		Don't know/refused	88	

—END OF SECTION—

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 6: SEXUAL BEHAVIOR AND REPRODUCTION

These next questions ask you about sex. By sex, I mean vaginal, oral, or anal sex, or the insertion of an object into your vagina or anus. These questions may be awkward to answer. If you do not want to answer, you do not have to. Please just say PASS. If you do choose to answer, please be as honest as you can. The information you provide will help us improve our programs to meet the needs of children like you. Everything that you tell me will be held in strict confidence.

No.	Questions	Coding Categories	SKIP
601.	Have you ever had sex?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 701.
602.	How old were you when you had sex for the first time? If unknown, ask respondent to estimate. If no response, record "99."	<div>AGE (YEARS)</div> <div>[]</div>	
603.	The first time you had sex, was it because you wanted to or because you were forced to?	<div>Wanted to 1</div> <div>Forced to 2</div> <div>Don't know/refused 88</div>	
604.	In total, with how many different people have you had sex in the past 12 months? If unknown, ask respondent to estimate. If no response, record "99."	<div>NUMBER</div> <div>[]</div>	
605.	Thinking about the last time you had sex, did you or your partner use a condom?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
606.	Some people have received food, favors, or gifts in exchange for sex. For example, good grades, employment, or transportation. Have you ever received food, favors, or gifts in exchange for sex?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	If no, don't know, or refused, skip to 701.
607.	Have you received food, favors, or gifts in exchange for sex in the past six months?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
608.	The next questions are about pregnancy. Have you ever been pregnant?	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	GIRLS ONLY. If no, don't know, or refused, skip to 701.
609.	How old were you the first time that you got pregnant?	<div>Age [] []</div> <div>Don't know/refused 88</div>	
610.	<p>Have you ever had a pregnancy that resulted in a live birth?</p> <p>A live birth is when the baby shows signs of life, such as breathing, beating of the heart, or movement.</p>	<div>Yes 1</div> <div>No 2</div> <div>Don't know/refused 88</div>	
611.	Have you ever had a pregnancy that did not end in a live birth?	<div>Yes 1</div> <div>No 2</div> <div>Currently pregnant 3</div> <div>Don't know/refused 88</div>	

—END OF SECTION—

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 7: HIV/AIDS & SEXUALLY TRANSMITTED INFECTION PREVENTION, STATUS, AND TREATMENT

We are nearly done. Now we will ask a few questions about your sexual health. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.

No.	Questions	Coding Categories		SKIP
701.	In the past six months, have you had any abnormal discharge from your penis, an ulcer or sore on or near your penis, or pain on urination? Abnormal discharge may include an unusual smell, color, or texture.	Yes	1	BOYS ONLY
		No	2	
		Don't know/refused	88	
702.	During the past six months, have you had an abnormal discharge from your vagina, pelvic pain, or a sore or ulcer on or near your vagina? Abnormal discharge may include an unusual smell, color, or texture.	Yes	1	GIRLS ONLY
		No	2	
		Don't know/refused	88	
703.	In the past six months, did a healthcare provider tell you that you had a sexually transmitted infection, other than HIV?	Yes	1	
		No	2	
		Don't know/refused	88	
704.	Check 701–703:	At least one "Yes"	1	If no, skip to 706.
		All answers are "No"	2	
705.	Did you get treatment for these problems?	Yes	1	
		No	2	
		Don't know/refused	88	
	The next questions are about HIV and AIDS. Remember that everything that you say will be confidential. You can ask to skip any question that you do not want to answer.			
706.	Now I would like to talk about something else. Have you ever heard of an illness called HIV or AIDS?	Yes	1	If no, skip to 801.
		No	2	
707.	Have you ever been tested for HIV?	Yes	1	If no, don't know, or refused, skip to 801.
		No	2	
		Don't know/refused	88	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
708.	How many months ago was your most recent HIV test?	Months [_ _] Two or more years 95	
709.	I would like to know the results of your most recent HIV test so that we can find out more about how people living with HIV and AIDS are receiving medical care and treatment. You do not need to tell me the result of your most recent test if you don't want to, but if you do tell me, please know that I won't tell anyone in your family or in this community. Was the result of your last test positive, negative, or would you prefer not to say?	HIV positive 1 HIV negative 2 Unknown/indeterminate 3 Did not receive results 4 Don't know/refused 88	If not HIV positive (2–4 or 88), skip to 801.
710.	Have you ever received HIV medical care from a doctor, clinical officer, or nurse?	Yes 1 No 2 Don't know/refused 88	
711.	Antiretrovirals (ARVs) are medications that reduce the multiplication of the HIV virus in an HIV-infected person and make it possible for them to live longer with HIV. Have you ever taken antiretroviral drugs to treat your HIV infection?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 801.
712.	Are you currently taking antiretroviral drugs? By currently, I mean you may have missed some doses but are still taking ARVs?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 801.
713.	When did you start taking ARVs? Estimate month and year.	Month Year [_ _] [_ _ _ _]	
714.	Have you taken ARVs in the past six months?	Yes 1 No 2 Don't know/refused 88	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
715.	Have you ever missed an appointment for a blood test, or failed to pick up your medications in the past six months?	Yes 1 No 2 Don't know/refused 88	
716.	Have you ever stopped taking ARVs since you started taking them in the past six months?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 718.
717.	What are the reasons why you stopped taking ARVs? Circle all responses mentioned.	They made me sick 1 They did not work 2 I could not afford them 3 Distance to get them is far 4 I was feeling better and did not need them 5 A doctor/nurse told me to stop taking them 6 The pharmacy ran out of medicine 7 Other (specify) 66	
718.	People sometimes forget to take their ARVs. In the past 30 days, how many days have you missed taking any of your ARV pills? CODE "00" IF NONE	[__ __] Number of days Don't know/refused 88	

—END OF SECTION—

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

SECTION 8: VIOLENCE

Sometimes people, even children, experience violence or abuse in their households or in other places outside the household. I want to ask you some questions about violence and abuse. I will ask you some questions about whether you yourself have witnessed or experienced violence and abuse. All your answers are confidential, and I will not tell anyone what you said. If you have been mistreated, it is not your fault.

No.	Questions	Coding Categories	SKIP
801.	In the past six months, how many times did you see or hear your mother/caregiver getting punched, kicked, or beaten up?	Never 1 Once 2 Few times 3 Many times 4 Don't know/refused 88	
802.	In the past six months, has anyone ever ridiculed you or put you down, for example, to say that you were stupid or useless?	Yes 1 No 2 Don't know/refused 88	
803.	In the past six months, have you been punched, kicked, or beaten by anyone?	Yes 1 No 2 Don't know/refused 88	
804.	Girls and women may experience unwanted sexual contact by people they know well, such as a romantic partner, family member, friend, or by strangers. In the past six months, has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.	Yes 1 No 2 Don't know/refused 88	
805.	In the past six months, has anyone tried to make you have sex against your will? Please answer "yes" even if this person was a spouse or partner, and even if they tried but did not succeed in making you have sex.	Yes 1 No 2 Don't know/refused 88	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
806.	In the past six months, has anyone forced you to have sex with them by sexually assaulting or raping you?	Yes 1 No 2 Don't know/refused 88	
807.	CHECK 801–806:	At least one "Yes" 1 No "Yes" responses 2	If 2, skip to 901.
808.	Did you receive any help for any of these experiences from a hospital/clinic, helpline, social welfare, or legal office?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 901.
809.	What kind of help did you receive? Select all that apply.	Post-exposure prophylaxis 1 Medical exam 2 Counseling by a professional 3 Session with the police or local child protection authority 4 Placement in emergency shelter care/facility 5 Legal assistance 6 Other: _____ 66 Don't know/refused 88	

—END OF SECTION—

SECTION 9: PROGRAM SERVICES RECEIVED

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

No.	Questions	Coding Categories	SKIP
901.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
		Y N DK	
01.	Individual health insurance coverage or health access card	1 2 8	
02.	Family health insurance coverage or health access card	1 2 8	
03.	Insecticide-treated mosquito net	1 2 8	
04.	HIV treatment literacy	1 2 8	
05.	Counseling and HIV disclosure support	1 2 8	
06.	<p>HIV adherence support</p> <p>Define adherence, as necessary: Adherence means that the patient is taking drugs correctly. It involves taking the right drug, in the right dose, with the right frequency, at the right time. It also means that the patient attended all scheduled clinic appointments, lab tests, and prescription refills.</p> <p>Provide examples as necessary: Examples of adherence support include visits from health workers to discuss treatment adherence, education and advice about tools to increase adherence, and referral to support services as needed.</p>	1 2 8	
07.	Completed a referral for or was facilitated to obtain HIV testing services	1 2 8	
08.	Completed a referral for or was facilitated to obtain testing for tuberculosis	1 2 8	
09.	Completed a referral for or was facilitated to obtain CD4 and viral load testing	1 2 8	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
901.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
010.	Completed a referral for or was facilitated to obtain HIV treatment and care	1 2 8	
011.	Completed a referral for or was facilitated to obtain treatment for an HIV-related opportunistic infection such as tuberculosis, hepatitis B, or hepatitis C	1 2 8	
012.	Completed a referral for or was facilitated to obtain treatment for sexually transmitted infection(s) such as hepatitis B, herpes, genital warts, chlamydia, gonorrhea, or syphilis	1 2 8	
013.	Completed a referral for or was facilitated to obtain routine healthcare	1 2 8	
014.	Completed a referral for or was facilitated to obtain emergency healthcare	1 2 8	
015.	Structured support group for people living with HIV	1 2 8	
016.	Completed a referral for or was facilitated to obtain pre-exposure prophylaxis	1 2 8	
017.	Completed a referral for or was facilitated to obtain condoms and/or lubricant	1 2 8	
018.	Completed a referral for or was facilitated to obtain voluntary medical male circumcision	1 2 8	BOYS ONLY
019.	Completed a referral for or was facilitated to obtain women's health counseling and/or products, including condoms	1 2 8	
020.	Completed a referral for or was facilitated to obtain substance abuse support by a trained provider	1 2 8	
021.	Household hygiene counseling and messaging on water, hygiene, and sanitation	1 2 8	
022.	Safety plan [as defined in context]	1 2 8	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
901.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
023.	Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect	1 2 8	
024.	Structured psychosocial support related to family conflict mitigation and family relationships	1 2 8	
025.	Post-violence trauma-informed counseling from a trained provider	1 2 8	
026.	Completed a referral for or was facilitated to obtain post-violence medical care	1 2 8	
027.	Session with a child-protection officer, the police, or other local child protection authority	1 2 8	
028.	Project-filed report of suspected abuse to a child protection office, the police, or other local authority	1 2 8	
029.	Emergency shelter/care facility	1 2 8	
030.	Kinship care placement and monitoring	1 2 8	
031.	Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation	1 2 8	
032.	Structured safe spaces intervention, such as [include a list of context-specific interventions]	1 2 8	
033.	Participated in an intervention on preventing HIV and violence and in reducing and avoiding sexual risk, such as [include a list of context specific interventions]	1 2 8	
034.	Received regular assistance/support with homework (e.g., homework club participation)	1 2 8	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
901.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
035.	Received a school uniform, books, or other materials	1 2 8	
036.	Received bursary, tuition, school fees, or fee exemption	1 2 8	
037.	Received assistance for reenrollment (i.e., for dropouts or teen mothers)	1 2 8	
038.	Legal & other administrative fees related to guardianship, civil registration, or inheritance	1 2 8	
039.	Succession plan to ensure inheritance and financial security of family members	1 2 8	
040.	Cash transfer or another social grant	1 2 8	
041.	Short-term emergency cash support	1 2 8	
042.	Evidenced-based food security intervention	1 2 8	
043.	<p>Regularly participated in a <u>market-linked</u> economic strengthening activity, such as:</p> <ul style="list-style-type: none"> a. financial literacy training b. business skills training c. entrepreneurship training and support d. agribusiness training e. women's economic empowerment f. savings groups g. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.) h. numeracy training i. soft skills training (job readiness, borrower training, career planning, etc.) j. small business support (business planning, market linkages, etc.) 	1 2 8	

MEASURE Evaluation: Questionnaire for Adolescent Children (Ages 10–17) of Female Sex Workers, Version 1.0

No.	Questions	Coding Categories	SKIP
901.	<p>Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.</p> <p>I am going to read a list of items and services. Please tell me if you received or accessed any of these items or services in the past three months from [insert the name of the community-based organization].</p> <p>This could include receiving the item(s) or service(s)</p> <ul style="list-style-type: none"> • at home • at a community event/community space • completing a referral for the item/service • being transported/accompanied to a facility that provides the item/service. <p>Read each item(s)/service(s). Circle the final responses.</p> <p style="color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
044.	Safe shelter-related repair or construction	1 2 8	

—END OF SECTION—

I have come to the end of my questions.

No.	Question	Coding Category
016.	<p>Is there anything you would like to add or ask us?</p> <p>Record questions or comments.</p>	<hr/> <hr/> <hr/> <hr/>

Thank you for participating in this interview!

017.	END TIME	[_]:[_]:[_]
------	----------	-------------