### MEASURE Evaluation: Child Questionnaire, Ages 10‒17 Years

## IDENTIFICATION DATA

|  |  |  |  |
| --- | --- | --- | --- |
| **001** | QUESTIONNAIRE IDENTIFICATION NUMBER |  | |
| **002** | PROVINCE OR STATE |  | |
| **003** | DISTRICT OR LOCAL GOVERNMENT AREA |  | |
| **004** | CONSTITUENCY |  | |
| **005** | WARD |  | |
| **006** | TYPE OF LOCATION  ***Circle*** | Urban  Rural | 1  2 |
| **007** | TOWN/VILLAGE |  | |
| **008** | NEIGHBORHOOD |  | |
| **009** | GPS READINGS | A) Latitude S \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º  B) Longitude E \_\_ \_\_.\_\_ \_\_ \_\_ \_\_º | |

## INTERVIEW LOG

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

**Interview comment 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **010** | INTERVIEWER | 1. CODE |  | 1. NAME |  |
| **011** | DATE INTERVIEW COMPLETED (day/month/year) | | |  | |
| **012** | START TIME | | | [\_\_|\_\_|:[\_\_|\_\_] | |

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(dd/mm/yyyy)

|  |
| --- |
| **Comments** |

## SECTION 1: CHILD HEALTH AND PROTECTION

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

| **No.** | | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- | --- |
| **101** | | **Record /Confirm the child’s name**  What is your name? |  | |  |
| **102** | | Record the child’s line number from the Caregiver’s list of children (Caregiver Questionnaire Q105a) |  | |  |
| **103\*** | | Record /Confirm the child’s sex (Caregiver Questionnaire Q105b) | Female  Male | 1  2 |  |
| **104** | | Do you have a birth certificate? | Yes  No  Don’t know | 1  2  88 | **If No or DK: 106** |
| **105** | | Could you please show me your birth certificate? | Seen /confirmed  Not seen /not confirmed | 1  2 |  |
| **106** | | In what month and year were you born?  **If the birth certificate is seen/confirmed, use the date from the birth certificate.** | Month  [\_\_|\_\_]  Year  [\_\_|\_\_|\_\_|\_\_] | |  |
| **107** | | Remind me, how old were you at your last birthday?  **Confirm with 106 and adjust if necessary. Do not leave blank. If unknown (and birth certificate not seen/verified), ask the child to estimate.** | [\_\_|\_\_] Years | |  |
| **108** | | Who takes care of you?  **Do not read the responses out loud. Record one primary response only.** | Mother and/or father  Sister and/or brother  Aunt and/or uncle  Grandmother and/or grandfather  Other relative  Neighbor  Friend  No one/I take care of myself  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  66 |  |
| **109** | At any point in the last 2 weeks, have you been too sick to participate in daily activities? | | Yes  No | 1  2 |  |
| **110** | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | | \_\_\_\_\_\_\_ Number of days  None  Don’t know/Not sure | [\_ \_]  0  88 |  |
| **111** | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | | \_\_\_\_\_\_\_ Number of days  None  Don’t know/Not sure | [\_ \_]  0  88 |  |
| **112** | Filter: If the responses to Q110 and Q111 are both “None”, skip to 114. | | | | |
| **113** | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as school, work, or recreation? | | \_\_\_\_\_\_\_ Number of days  None  Don’t know/Not sure | [\_ \_]  0  88 |  |
| **114** | Do you have a disability that makes it difficult for you to participate in daily activities? | | Yes  No | 1  2 | **If No: End section** |
| **115** | How would you describe your disability? | | Blind or partially blind  Deaf or partially deaf  I have difficulties learning  Physical  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  66 |  |

**―END OF SECTION―**

## SECTION 2: EDUCATION

| **No.** | **Questions** | | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- | --- |
| **201** | Are you currently enrolled in school? | | Yes  No | 1  2 | **If No: 206** |
| **202** | In the last school month, did you miss 4 or more days of school for any reason? | | Yes  No | 1  2 |  |
| **203** | During the last school week (that was not an exam week), did you miss any school days for any reason? | | Yes  No | 1  2 | **If No: 205** |
| **204** | Why did you miss school days during the last school month?  **Do not read the responses out loud. Circle one primary response.** | No money for school materials, transport  I am too sick to attend school  School is too far away /no school  I have to work to help my family  I have to care for sick household members  Parent/guardian does not want me to go to school  I don’t like school  School was not in session  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1  2  3  4  5  6  7  8  66 |  |
| **205** | What grade/form/year are you in now? | | [\_\_|\_\_] | | **All: 208** |
| **206** | Why are you not enrolled in school?  **Do not read the responses out loud. Circle one primary response.** | No money for school materials, transport  I am too sick to attend school  School is too far away /no school  I have to work to help my family  I have to care for sick household members  Parent/guardian does not want me to go to school  I don’t like school  School was not in session  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 1  2  3  4  5  6  7  8  66 |  |
| **207** | Have you ever attended school? | | Yes  No | 1  2 | **If No: 301** |
| **208** | Were you enrolled in school during the previous school year? | | Yes  No | 1  2 | **If No: 210** |
| **209** | What grade/form/year were you in during the previous school year? | | [\_\_|\_\_] | | **All: 301** |
| **210** | What is the highest grade/form/year that you have completed? | | [\_\_|\_\_] | |  |

**―END OF SECTION―**

## SECTION 3: CHORES & WORK

| **No.** | **Questions** | | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- | --- |
|  | 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? | | | | |
|  | Did you do any work or help on your own with the household’s plot, farm, food garden, or look after animals? For example, growing farm produce, harvesting, or feeding, grazing, or milking animals? | | Yes  No | 1  2 |  |
|  | Did you help with a family business or a relative’s business with or without pay, or run your own business? | | Yes  No | 1  2 |  |
|  | Did you produce or sell articles, handicrafts, clothes, food, or agricultural products? | | Yes  No | 1  2 |  |
|  | 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  No | 1  2 |  |
|  | Check 301‒304: | | At least one ‘Yes’  All answers are ‘No’ | 1  2 | **If No: 315** |
|  | 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  [\_\_ \_\_] | |  |
|  | (Does the activity/do these activities) require carrying heavy loads? | | Yes  No | 1  2 |  |
|  | (Does the activity/do these activities) require working with dangerous tools, such as knives and similar tools or operating heavy machinery? | | Yes  No | 1  2 |  |
| How would you describe the work environment of your work? | | | | |  |
|  | Are you exposed to dust, fumes, or gas? | | Yes  No | 1  2 |  |
|  | Are you exposed to extreme cold, heat, or humidity? | | Yes  No | 1  2 |  |
|  | Are you exposed to loud noise or vibration? | | Yes  No | 1  2 |  |
|  | Are you required to work at heights? | | Yes  No | 1  2 |  |
|  | Are you required to work with chemicals, such as pesticides, glues, and similar chemicals, or with explosives? | | Yes  No | 1  2 |  |
|  | Are you exposed to other things, processes, or conditions that are bad for your health or safety? | | Yes  No | 1  2 |  |
|  | Since last (day of the week), did you fetch water or firewood for household use? | | Yes  No | 1  2 | **If No: 317** |
|  | 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  [\_\_ \_\_] | |  |
| Since last (day of the week), did you do any of the following? | | | | |  |
|  | Shopping for the family? | | Yes  No | 1  2 |  |
|  | Cooking? | | Yes  No | 1  2 |  |
|  | Washing dishes or cleaning the dwelling? | | Yes  No | 1  2 |  |
|  | Washing clothes? | | Yes  No | 1  2 |  |
|  | Caring for children? | | Yes  No | 1  2 |  |
|  | Caring for someone who is old or sick? | | Yes  No | 1  2 |  |
|  | Other tasks? | | Yes  No | 1  2 |  |
|  | Check 317‒323: | | At least one ‘Yes’  All answers are ‘No’ | 1  2 | **If 305= No and 324= No skip to 401** |
|  | 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  [\_\_ \_\_] | |  |
|  | What do you do with the money you get? Anything else?  **Multiple responses are possible. Circle all responses that are mentioned. Probe with response categories, if necessary.** | Give to parents /guardians  Pay for my school expenses  Pay for school expenses of others  Buy food for myself  Buy food for others  Buy other things for myself  Save it  Other:\_\_\_\_\_\_\_\_ | | 1  2  3  4  5  6  7  66 |  |
|  | How often does work or chores interfere with your school? | | Always  Sometimes  Never  Don’t know | 1  2  3  88 |  |
|  | How often does work or chores interfere with your sleep? | | Always  Sometimes  Never  Don’t know | 1  2  3  88 |  |

**―END OF SECTION―**

## SECTION 4: FOOD AND ALCOHOL CONSUMPTION

Next, I would like to ask you about what you eat and drink.

| **No.** | **Questions** | **Coding Categories** | | | | **SKIP** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Placeholder for Optional Module 1: Individual Dietary Diversity** | | | | | | | |
|  | In the past four weeks, did you have to eat a smaller meal than you felt you needed because there was not enough food? | | Yes  No | | 1  2 | **If No: 403** | |
|  | How often did this happen?  **Read response options out loud.** | | Rarely (once or twice in the past four weeks)  Sometimes (three to ten times in the past four weeks)  Often (more than ten times in the past four weeks) | 1  2  3 | | |  |
|  | In the past four weeks, did you have to skip a meal because there was not enough food? | | Yes  No | 1  2 | | | **If No: 405** |
|  | How often did this happen?  **Read response options out loud.** | | Rarely (once or twice in the past four weeks)  Sometimes (three to ten times in the past four weeks)  Often (more than ten times in the past four weeks) | 1  2  3 | | |  |
|  | In the past four weeks did you go to sleep at night hungry because there was not enough food to eat? | | Yes  No | 1  2 | | | **If No: 407** |
|  | How often did this happen?  **Read response options out loud.** | | Rarely (once or twice in the past four weeks)  Sometimes (three to ten times in the past four weeks)  Often (more than ten times in the past four weeks) | 1  2  3 | | |  |
|  | In the past four weeks did you go a whole day and night without eating anything because there was not enough food to eat? | | Yes  No | 1  2 | | | **If No: 409** |
|  | How often did this happen?  **Read response options out loud.** | | Rarely (once or twice in the past four weeks)  Sometimes (three to ten times in the past four weeks)  Often (more than ten times in the past four weeks) | 1  2  3 | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Have you ever consumed a drink containing alcohol, including beer, spirits – that is, a whole glass or drink, not just a taste? | Yes  No | 1  2 | **If No: 501** |
|  | When was the last time you consumed a drink containing alcohol?  **Read the response options out loud.** | Yesterday /a few days ago  About a week ago  More than a week ago | 1  2  3 |  |
|  | How often do you drink to the point of getting drunk?  **Read the response options out loud.** | At least once a week  At least once a month, but not every week  A few times per year  Once per year  Less than once per year | 1  2  3  4  5 |  |
|  | In the past 30 days, have you used any drugs, such as marijuana, pills, ecstasy, or sniffed any chemical, such as petrol or glue? | Yes  No | 1  2 |  |

**―END OF SECTION―**

## SECTION 5: SOCIAL SUPPORT

| **No.** | **Questions** | **Coding Categories** | | **SKIP** |
| --- | --- | --- | --- | --- |
|  | People sometimes look to others for companionship, assistance, or other types of support.  Do you have someone in your life to turn to for suggestions about how to deal with a personal problem? | Yes  No | 1  2 |  |
|  | Do you have someone in your life to take you to the doctor if you need it? | Yes  No | 1  2 |  |
|  | Do you have someone in your life who shows you love and affection? | Yes  No | 1  2 |  |
|  | Do you have someone in your life to do something enjoyable with? | Yes  No | 1  2 |  |
|  | Has anyone ever talked to you or taught you about how children grow and develop?  **Prompt: how children’s bodies change over time (puberty changes)** | Yes  No | 1  2 | **If No: Section 6** |
|  | Who talked to you about how children grow and develop?  Anyone else?  **Multiple responses are possible. Circle all that are mentioned.** | Teacher  Family / household member  Friend  Healthcare worker  Home visitor/case manager/social worker  Sexual partner  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A  B  C  D  E  F  X |  |

**―END OF SECTION―**

## SECTION 6: TESTING, KNOWLEDGE, AND ATTITUDES ABOUT HIV AND AIDS

| **No.** | **Questions** | **Coding Categories** | | | | **SKIP** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Now I would like to talk about something else. Have you ever heard of HIV or AIDS? | Yes  No | | | 1  2 | **If No: 701** |
|  | Who has ever talked to you or taught you about HIV or AIDS?  Anyone else?  **Multiple responses are possible. Circle all that are mentioned.**  **If No One is selected, then no other options should be circled.** | Teacher  Family / household member  Friend  Healthcare worker  Home visitor/case manager/social worker  Sexual partner  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No One | | | A  B  C  D  E  F  X  Y |  |
|  | What exactly did they discuss with you?  **Multiple response are possible. Circle all that are mentioned.** | Importance of abstaining from sex  Importance of being faithful  Importance of using condoms  Importance of testing for HIV  Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | A  B  C  D  X |  |
|  | HIV is the virus that can lead to AIDS. Can people reduce their chances of getting HIV by having just one uninfected sex partner who has no other sex partners? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Can people get HIV from mosquito bites? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Can people reduce their chances of getting HIV by using a condom every time they have sex? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Can people get HIV by sharing food with a person who has HIV? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Can people get HIV because of witchcraft or other supernatural means? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Is it possible for a healthy-looking person to have HIV? | Yes  No  Don’t know /Not sure | | | 1  2  88 |  |
|  | Can HIV be transmitted from a mother to her baby:   1. During pregnancy? 2. During delivery? 3. By breastfeeding? |  | Yes | No | DK |  |
| 1. During pregnancy | 1 | 2 | 8 |
| 1. During delivery | 1 | 2 | 8 |
| 1. By breastfeeding | 1 | 2 | 8 |
|  | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | Yes  No  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | Yes  No  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | Yes  No  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do people talk badly about people living with HIV or who are thought to be living with HIV? | Yes  No  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | Yes  No  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV. | Agree  Disagree  Don’t know /Not sure/Depends | | | 1  2  88 |  |
|  | Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | Yes  No  Respondent says that he/she has HIV  Don’t know /Not sure/Depends | | | 1  2  3  88 |  |
|  | I have a few more questions about HIV. If you don’t want to answer, that is all right.  Do you know of a place where people can go to get an HIV test? | Yes  No | | | 1  2 |  |
|  | Have you ever been tested for HIV? | Yes  No  Don’t know | | | 1  2  88 | **If No or DK: Optional Module 2 or end section** |
|  | How many months ago was your most recent HIV test? | Months \_\_\_ \_\_\_  Two or more years | | | 95 |  |
|  | Did you get the results of your test? | Yes  No  Don’t know  No response | | | 1  2  88  99 | **If No: Optional Module 2 or end section** |
|  | 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  HIV negative  Unknown/Indeterminate  Did not receive results  Don’t know/Refused | | | 1  2  3  4  99 |  |
|  | Do your caregivers know the results? | Yes  No  Don’t know  No response | | | 1  2  88  99 |  |

**―END OF SECTION―**

SECTION 7: SEXUAL BEHAVIOR AND CONTRACEPTION

These next questions ask you about sexual intercourse, or 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** |
| --- | --- | --- | --- | --- | --- |
|  | Has anyone ever talked to you or taught you about sexual intercourse, sex, or sexual behavior? | Yes  No  Don’t know / No response | 1  2  99 | | **If No, DK/NR: 703** |
|  | Who talked to you about sexual intercourse, sex, or sexual behavior?  Anyone else?  **Multiple responses are possible. Circle all responses that are mentioned.** | Teacher  Family / household member  Friend  Healthcare worker  Home visitor/case manager/social worker  Partner/boyfriend/girlfriend  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A  B  C  D  E  F  Y | |  |
|  | What is your current marital status? | Married  Cohabiting (but not married)  Never been married  Divorced or separated  Widowed  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  66 | |  |
|  | Have you *ever* had sex? | Yes  No  Don’t know /No response | 1  2  99 | | **If NO & FEMALE: 719**  **IF NO & MALE: 726** |
|  | How old were you when you had sex the first time?  **If unknown, ask respondent to estimate. If NR, record 99.** | AGE (YEARS) | [\_\_|\_\_] | |  |
|  | The first time you had sex, was it because you wanted to or because you were forced to? | Wanted to  Forced to  Don’t know /No response | 1  2  99 | |  |
|  | The first time you had sex, was a female or male condom used? | Yes  No  Don’t know /No response | 1  2  99 | |  |
|  | How old was the person with whom you first had sex?  **If unknown, ask respondent to estimate. If NR, record 99.** | AGE (YEARS) | [\_\_|\_\_] | |  |
|  | Was this person older than you, younger than you, or about the same age as you? | Older  Younger  About the same age  Don’t know /No response | 1  2  3  99 | | **IF 2, 3, 99: 711** |
|  | Would you say this person was ten or more years older than you or less than ten years older than you? | Ten or more years older  Less than ten years older  Older, unsure by how much  Don’t know /No response | 1  2  3  99 | |  |
|  | In total, how many different people have you had sex with in your lifetime?  **If unknown, ask respondent to estimate. If NR, record 99.** | NUMBER | [\_\_|\_\_] | |  |
|  | When was the last time you had sex? | Less than 1 week ago  1‒4 weeks ago  1‒2 months ago  3‒12 months ago  More than 1 year ago  Don’t know /No response | | 1  2  3  4  5  99 | **If 5 or DK/NR: 714** |
|  | In total, with how many different people have you had sex in the last 12 months?  **If unknown, ask respondent to estimate. If NR, record 99.** | NUMBER | [\_\_|\_\_] | |  |
|  | Thinking about the last time you had sex, did you or your partner use a condom? | Yes  No  Don’t know /No response | 1  2  99 | |  |
|  | Some people receive 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? | Yes  No  Don’t know /No response | 1  2  99 | | **If No or DK: 717** |
|  | Have you received food, favors, or gifts in exchange for sex in the past 6 months? | Yes  No  Don’t know /No response | 1  2  99 | |  |
|  | **FILTER** | Female  Male | 1  2 | | **If Male: 724** |
|  | Are you pregnant now? | Yes  No  Don’t know /No response | 1  2  99 | | **If Yes: 721** |
|  | Are you currently doing something or using a method to delay or avoid getting pregnant? | Yes  No  No response | 1  2  99 | | **If No or NR: 721** |
|  | Which method(s) are you using?  Any others?  **Multiple responses are possible. Circle all responses that are mentioned.** | Oral contraceptive pill  Intrauterine device (IUD)  Injectables  Implants  Condom (male or female)  Diaphragm  Foam/Jelly  Sterilization (male or female)  Patch  Vaginal ring  Sponge  Lactational amenorrhea method (LAM)  Standard Days Method (SDM)  Withdrawal  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No response | A  B  C  D  E  F  G  H  I  J  K  L  M  N  X  Y | |  |
|  | Do you know a place where you can get a modern method of family planning, such as oral contraceptive pills or injectables? | Yes  No  No response | 1  2  99 | | **If No or NR: 723** |
|  | Where is that place?  Any other place?  **Multiple responses are possible. Circle all responses that are mentioned.** | Health facility  Pharmacy  Community worker  Community organization  Shop  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No response | A  B  C  D  E  X  Y | |  |
|  | If you wanted to, could you begin using a family planning method to prevent pregnancy? | Yes  No  Don’t know/No response | 1  2  99 | |  |
|  | Do you know a place where you can get male condoms? | Yes  No  Don’t know/No response | 1  2  99 | | **If No or DK/NR: 726** |
|  | Where is that place?  Any other place?  **Multiple responses are possible. Circle all responses that are mentioned.** | Health facility  Pharmacy  Community worker  Community organization  Shop  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No response | A  B  C  D  E  X  Y | |  |
|  | If you wanted to, could you get male condoms? | Yes  No  Don’t know/No response | 1  2  99 | |  |
| **Placeholder for Optional Module 2: HIV Treatment and Disclosure** | | | | | |

**―END OF OPTIONAL MODULE―**

SECTION 8: VIOLENCE

We are nearly done.

**Read to adolescent:** Sometimes people, even children, experience violence or abuse in their households or in other places outside of 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 of 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** |
| --- | --- | --- | --- | --- |
|  | In the past 6 months, how many times did you see or hear your mother/caregiver getting punched, kicked, or beaten up? | Never  Once  Few  Many  Don’t know/Refused | 1  2  3  4  88 |  |
|  | In the past 6 months, has anyone ever ridiculed you or put you down, for example to say that you were stupid or useless? | Yes  No  Don’t know/Refused | 1  2  88 |  |
|  | In the past 6 months, have you been punched, kicked, or beaten by anyone? | Yes  No  Don’t know/Refused | 1  2  88 |  |
|  | Girls and women may experience unwanted sexual contact by people they know well, such as a romantic partner, family member or friend, or by strangers.  In the past 6 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  No  Don’t know/Refused | 1  2  88 |  |
|  | In the past 6 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  No  Don’t know/Refused | 1  2  88 |  |
|  | In the past 6 months, has anyone forced you to have sex with them by sexually assaulting or raping you? | Yes  No  Don’t know/Refused | 1  2  88 |  |
|  | CHECK 801-806: | At least one ‘Yes’  No ‘Yes’ responses | 1  2 | If 2, skip to 901. |
|  | Did you receive any help for any of these experiences from a hospital/clinic, helpline, social welfare, or legal office? | Yes  No  Don’t know/Refused | 1  2  88 | If no, don’t know, or refused, skip to 901. |
|  | What kind of help did you receive?  Select all that apply. | Post-exposure prophylaxis  Medical exam  Counseling by a professional  Session with police or local child protection authority  Placement in emergency shelter care/facility  Legal assistance  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know/Refused | 1  2  3  4  5  6  66  88 |  |

## 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** | | |
| --- | --- | --- | --- | --- |
| **Show the logo of the organization providing services to help the respondent recall whether he or she has received services from that organization.**  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 last 12 months from [insert the name of the community-based organization].  This could include receiving the item(s) or service(s)   * at home * at a community event/space * completing a referral for the item/service * being transported/accompanied to a facility that provides the item/service.   **Read each item(s)/service(s). Circle the final responses.**  [ADD /DELETE ITEMS AS RELEVANT TO THE PURPOSE] | | | | |
|  |  | **Y** | **N** | **DK** |
|  | Individual health insurance coverage or health access card | 1 | 2 | 8 |
|  | Insecticide treated mosquito net | 1 | 2 | 8 |
|  | Age-appropriate HIV treatment literacy for children living with HIV | 1 | 2 | 8 |
|  | Age-appropriate counseling and HIV disclosure support | 1 | 2 | 8 |
|  | HIV adherence support | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV-related testing (HIV testing services, early infant diagnosis, TB testing, CD4 viral load) | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain HIV (or related opportunistic infection) treatment and care | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain sexually transmitted infection treatment | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain routine healthcare | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain emergency healthcare | 1 | 2 | 8 |
|  | Structured support group for people living with HIV and AIDS | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain age-appropriate HIV prevention support, including pre-exposure prophylaxis, condoms, and/or voluntary medical male circumcision | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain age-appropriate  women’s health counseling and/or products, including condoms | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain substance abuse support by a trained provider | 1 | 2 | 8 |
|  | Safety plan | 1 | 2 | 8 |
|  | Structured family group conferencing to prevent occurrence/reoccurrence of child abuse, exploitation, or neglect | 1 | 2 | 8 |
|  | Post-violence trauma-informed counseling from a trained provider | 1 | 2 | 8 |
|  | Completed a referral for or was facilitated to obtain post-violence medical care | 1 | 2 | 8 |
|  | Session with a child protection officer, the police, or another local child protection authority | 1 | 2 | 8 |
|  | Project-filed report of suspected abuse to a child protection office, the police, or another local authority | 1 | 2 | 8 |
|  | Emergency shelter/care facility or kinship care placement and monitoring for children | 1 | 2 | 8 |
|  | Legal assistance related to maltreatment, gender-based violence, trafficking, or exploitation | 1 | 2 | 8 |
|  | Structured safe spaces intervention | 1 | 2 | 8 |
|  | Evidenced-based intervention on preventing HIV and violence, and in  reducing and avoiding sexual risk | 1 | 2 | 8 |
|  | Received regular assistance/ support with homework (e.g., homework club participation) | 1 | 2 | 8 |
|  | Received school uniform, books, or other materials | 1 | 2 | 8 |
|  | Received bursary, tuition, school fees, or fee exemption | 1 | 2 | 8 |
|  | Received assistance for re-enrollment (i.e., for drop-outs or teen mothers) | 1 | 2 | 8 |
|  | Regularly participated in a market-linked economic strengthening activity, such as:   1. financial literacy training 2. business skills training 3. entrepreneurship training and support 4. agribusiness training 5. women's economic empowerment 6. savings groups 7. linkages to formal financial institutions (banks, credit unions, microfinance institutions, etc.) 8. numeracy training 9. soft skills training (job readiness, borrower training, career planning, etc.) 10. small business support (business planning, market linkages, etc.) | 1 | 2 | 8 |

**―END OF SECTION―**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Coding Category** |
| **013** | Is there anything you would like to add or ask us?  **Record questions or comments.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for participating in this interview!

|  |  |  |
| --- | --- | --- |
| **014** | END TIME | [\_\_|\_\_|:[\_\_|\_\_] |



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