

## QUESTIONNAIRE FOR ADOLESCENTS AGED 15-17

15-17 ADOLESCENT INFORMATION PANEL		AIP
<b>AIP1.</b> Cluster number: _____	<b>AIP2.</b> Facility name and number: NAME _____	
<b>AIP3.</b> Adolescent name and sex:  NAME _____  MALE.....1 FEMALE.....2	<b>AIP4.</b> Most knowledgeable person's name:  NAME _____	
<b>AIP5.</b> Interviewer name and number:  NAME _____	<b>AIP6.</b> Supervisor name and number:  NAME _____	
<b>AIP7.</b> Day / Month / Year: _____/_____/ <u>2</u> <u>0</u> <u>2</u> ____	<b>AIP8.</b> Record the start time:	HOURS : MINUTES ____ : ____
<b>AIP9.</b> Is the adolescent incapacitated?	YES.....1      NO .....2	1 ⇒ Record '04' in AIP17 and administer the AB, AWA, AF and AD Modules only to the most knowledgeable person/ caregiver of this adolescent. After completing proceed to AIP12. 2 ⇒ AIP10

**AIP10.** My name is (*your name*). Let me tell you why I am here today. We are from (*name of lead implementation agency*). I am one of the interviewers working on an exercise to gather information about residential care facilities in the country. We are interested in gathering more information about adolescents living in residential care to find out some things about their health, well-being and life skills. Some of the questions are very personal and may make you feel sad or embarrassed during the interview. If you are uncomfortable with any question or topic, simply tell us that you do not want to discuss it and we will move on.

You were randomly selected to take part in this survey. Other adolescents like you in this facility and in other facilities all over the country are also doing this survey. The interview will take about 45 minutes.

All the information we obtain will remain strictly confidential and private and no one else will know how you answered. This means your name and personal information will not be linked to the answers you provide, and you will never be identified when the results are disseminated. There are no right or wrong answers. The information you provide will not impact your living situation in this facility or any decisions about placement outside of this facility. Remember, you can stop the interview at any time or choose not to answer any question.

May I start now?

<i>Consent granted?</i>	YES.....1 NO.....2	1 ⇒ AB 2 ⇒ AIP17
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<b>AIP17.</b> <i>Result of interview for adolescent age 15-17 years</i>	COMPLETED ..... 01 PARTLY COMPLETED ..... 02 CONSENT BY ADOLESCENT NOT GRANTED ..... 03 ADOLESCENT INCAPACITATED ..... 04 OTHER ( <i>specify</i> ) ..... 06
<i>Discuss any result not completed with Supervisor</i>	

ADOLESCENT'S BACKGROUND		AB
<b>AB1.</b> On what day, month and year were you born?  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY ..... ____  DK DAY .....98  MONTH ..... ____  YEAR ..... ____	
<b>AB2.</b> Have you ever attended school?	YES.....1 NO .....2	2 ⇒ AWA Module
<b>AB3.</b> What is the highest level and grade or year of school you have ever attended?	PRIMARY .....1 ____ LOWER SECONDARY .....2 ____ UPPER SECONDARY .....3 ____ HIGHER.....4 ____	
<b>AB4.</b> Did you ever complete that ( <i>grade/year</i> )?	YES.....1 NO .....2	
<b>AB5.</b> At any time during the ( <i>insert country-specific year range for current school year</i> ) school year did you attend school?	YES.....1 NO .....2	2 ⇒ AB7
<b>AB6.</b> During ( <i>insert country-specific year range for current school year</i> ) school year, which level and grade or year are you <u>attending</u> ?	PRIMARY .....1 ____ LOWER SECONDARY .....2 ____ UPPER SECONDARY .....3 ____ HIGHER.....4 ____	
<b>AB7.</b> At any time during the ( <i>insert country-specific year range for previous school year</i> ) school year did you attend school?	YES.....1 NO .....2	2 ⇒ AWA Module
<b>AB8.</b> During that ( <i>insert country-specific year range for previous school year</i> ) school year, which level and grade or year did you attend?	PRIMARY .....1 ____ LOWER SECONDARY .....2 ____ UPPER SECONDARY .....3 ____ HIGHER.....4 ____	
<b>AB9.</b> Do you have an individual care plan?	YES.....1 NO .....2  DK .....8	2 ⇒ AWA Module 8 ⇒ AWA Module
<b>AB10.</b> Were you involved in the preparation of your care plan?	YES.....1 NO .....2	

ADOLESCENT WORK AND ACTIVITIES		AWA
<p><b>AWA1.</b> Now I would like to ask about some activities you may do.</p> <p>Since last (<i>day of the week</i>), did you do any of the following activities, even for only one hour?</p> <p>[A] Did you produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[B] Did you do anything to earn money for this facility like begging or entertaining visitors?</p> <p>[C] Did you help in a business outside this facility with or without pay, or run your own business?</p> <p>[X] Since last (<i>day of the week</i>), did you engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p>YES NO</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS .....1 2</p> <p>EARN MONEY FOR THE FACILITY .....1 2</p> <p>HELPED IN BUSINESS / RAN OWN BUSINESS .....1 2</p> <p>ANY OTHER ACTIVITY .....1 2</p>	
<p><b>AWA2.</b> Check AWA1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' ..... 1</p> <p>ALL ANSWERS ARE 'NO' ..... 2</p>	<p>2 ⇒AWA4</p>
<p><b>AWA3.</b> Since last (<i>day of the week</i>) about how many hours did you engage in (<i>this activity/these activities</i>), in total?</p> <p><i>If less than one hour, record '00'.</i></p> <p><i>If the number of hours cannot be obtained, ask:</i> Would you say that on average, you were engaged (<i>in this activity/these activities</i>) for six or more hours per day on each day since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS ..... __ __</p> <p>YES ..... 1</p> <p>NO ..... 2</p>	<p><i>If number of hours is recorded, skip to AWA4</i></p>
<p><b>AWA4.</b> Since last (<i>day of the week</i>), did you fetch water for facility use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>AWA5.</b> Since last (<i>day of the week</i>), did you collect firewood for facility use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

<b>AWA6.</b> Since last ( <i>day of the week</i> ), did you do any of the following activities at this facility?	<div>YES NO</div>	
[A] Shopping for the facility?	SHOPPING FOR FACILITY .....1 2	
[B] Cooking?	COOKING .....1 2	
[C] Washing dishes or cleaning the facility?	WASHING DISHES / CLEANING FACILITY .....1 2	
[D] Washing clothes?	WASHING CLOTHES .....1 2	
[E] Caring for other children in the facility?	CARING FOR OTHER CHILDREN .....1 2	
[X] Other chores or tasks?	OTHER CHORES OR TASKS .....1 2	

MENSTRUAL HYGIENE MANAGEMENT		MHM
<b>MHM1.</b> <i>Check AIP3: Adolescent's sex?</i>	AIP3=1 ..... 1 AIP3=2 ..... 2	1 ⇒ AF Module
<b>MHM2.</b> Are water and soap available in a private space in this facility for you to manage your menstrual hygiene?	YES, WATER AND SOAP ..... 1 YES, WATER BUT NO SOAP ..... 2 NO WATER OR SOAP ..... 3	
<b>MHM3.</b> Are there covered bins for disposal of menstrual hygiene materials in girls' toilets/latrines in this facility?	YES ..... 1 NO ..... 2	
<b>MHM4.</b> Which of the following for menstrual hygiene management are available in this facility?  <i>Choose all that apply</i>	BATHING AREAS ..... A MHM MATERIALS (SUCH AS PADS) ..... B MHM EDUCATION ..... C	

ADOLESCENT FUNCTIONING		AF
Now I would like to ask some questions about difficulties you may have. Just a reminder before we start that all the answers you give will be kept private and will not be linked to your name or personal details. The answers you give will not impact your living situation in this facility or any decisions about placement outside of this facility.		
<b>AF1.</b> Do you wear glasses or contact lenses?	Yes..... 1 No..... 2	2 ⇒ AF3
<b>AF2.</b> When wearing your glasses or contact lenses, do you have difficulty seeing?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	1 ⇒ AF4 2 ⇒ AF4 3 ⇒ AF4 4 ⇒ AF4
<b>AF3.</b> Do you have difficulty seeing?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF4.</b> Do you use a hearing aid?	Yes..... 1 No..... 2	2 ⇒ AF6
<b>AF5.</b> When using your hearing aid, do you have difficulty hearing sounds like peoples' voices or music?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	1 ⇒ AF7 2 ⇒ AF7 3 ⇒ AF7 4 ⇒ AF7
<b>AF6.</b> Do you have difficulty hearing sounds like peoples' voices or music?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF7.</b> Do you use any equipment or receive assistance for walking?	Yes..... 1 No..... 2	2 ⇒ AF12
<b>AF8.</b> Without your equipment or assistance, do you have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [ <i>or insert country specific example</i> ].  Would you say: some difficulty, a lot of difficulty or cannot do at all?	Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	3 ⇒ AF10 4 ⇒ AF10
<b>AF9.</b> Without your equipment or assistance, do you have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [ <i>or insert country specific example</i> ].  Would you say: some difficulty, a lot of difficulty or cannot do at all?	Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	

<p><b>AF10.</b> With your equipment or assistance, do you have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [<i>or insert country specific example</i>].</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	<p>3 ⇨ AF14 4 ⇨ AF14</p>
<p><b>AF11.</b> With your equipment or assistance, do you have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [<i>or insert country specific example</i>].</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	<p>1 ⇨ AF14 2 ⇨ AF14 3 ⇨ AF14 4 ⇨ AF14</p>
<p><b>AF12.</b> Compared with your peers, do you have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [<i>or insert country specific example</i>].</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	<p>3 ⇨ AF14 4 ⇨ AF14</p>
<p><b>AF13.</b> Compared with your peers, do you have difficulty walking 500 yards/meters on level ground? That would be about the length of 5 football fields. [<i>or insert country specific example</i>].</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	
<p><b>AF14.</b> Do you have difficulty with self-care such as feeding or dressing yourself?</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	
<p><b>AF15.</b> When you speak, do you have difficulty being understood by people inside of this facility?</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	
<p><b>AF16.</b> When you speak, do you have difficulty being understood by people outside of this facility?</p> <p>Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4</p>	



<b>AF17.</b> Compared with your peers, do you have difficulty learning things?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF18.</b> Compared with your peers, do you have difficulty remembering things?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF19.</b> Do you have difficulty concentrating on an activity that you enjoy doing?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF20.</b> Do you have difficulty accepting changes in your routine?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF21.</b> Compared with your peers, do you have difficulty controlling your behaviour?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF22.</b> Do you have difficulty making friends?  Would you say: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty..... 1 Some difficulty..... 2 A lot of difficulty ..... 3 Cannot do at all..... 4	
<b>AF23.</b> How often do you feel very anxious, nervous or worried?  Would you say: daily, weekly, monthly, a few times a year or never?	Daily ..... 1 Weekly..... 2 Monthly ..... 3 A few times a year ..... 4 Never ..... 5	
<b>AF24.</b> How often do you feel very sad or depressed?  Would you say: daily, weekly, monthly, a few times a year or never?	Daily ..... 1 Weekly..... 2 Monthly ..... 3 A few times a year ..... 4 Never ..... 5	



<p><b>AD1.</b> Now I'd like to talk to you about something else.</p> <p>Adults use certain ways to teach children and adolescents the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you</u> <u>have experienced</u> this <u>in the past month</u>.</p> <p>Just a reminder that your answers are private and will not be shared with anyone else, including any staff or volunteers in this facility.</p>				
			YES	NO
[A] Had privileges taken away, been forbidden to do something you like or was not allowed to go out.	TOOK AWAY PRIVILEGES .....	1	2	
[B] Had someone explain why your behaviour was wrong.	EXPLAINED WRONG BEHAVIOR .....	1	2	
[C] Been shook.	SHOOK .....	1	2	
[D] Been shouted at, yelled at or screamed at.	SHOUTED, YELLED, SCREAMED .....	1	2	
[F] Been spanked, hit or slapped on your bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND .....	1	2	
[G] Been hit on your bottom or elsewhere on your body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT .....	1	2	
[H] Been called dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME .....	1	2	
[I] Been hit or slapped on your face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS .....	1	2	
[J] Been hit or slapped on your hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG .....	1	2	
[K] Been beat up, that is hit over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD .....	1	2	

[L] Not allowed to have contact with relatives.	NOT ALLOWED CONTACT WITH RELATIVES .....1	2
[M] Been made to do excessive work or chores around the facility.	EXCESSIVE WORK OR CHORES .....1	2
[N] Been tied up or locked somewhere in the facility.	TIED UP OR LOCKED .....1	2
[O] Not allowed to have contact with your peers within the facility.	NOT ALLOWED CONTACT WITH PEERS .....1	2

VIOLENCE AND UNINTENTIONAL INJURIES		VUI
<p><b>VUI1.</b> The next few questions ask about physical attacks. A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two people of about the same strength or power choose to fight each other.</p> <p>During the past 12 months, how many times were you physically attacked within this facility?</p>	<p>0 TIMES ..... 1</p> <p>1 TIME ..... 2</p> <p>2 OR 3 TIMES ..... 3</p> <p>4 OR 5 TIMES ..... 4</p> <p>6 OR 7 TIMES ..... 5</p> <p>8 OR 9 TIMES ..... 6</p> <p>10 OR 11 TIMES ..... 7</p> <p>12 OR MORE TIMES ..... 8</p>	<p>1 ⇒ VUI7</p>
<p><b>VUI2.</b> Who has hurt you in this way?</p> <p>Anyone else?</p> <p><i>Record all mentioned.</i></p>	<p>BOYFRIEND/GIRLFRIEND/ ROMANTIC PARTNER .....A</p> <p>STAFF OR VOLUNTEER IN THE FACILITY .....B</p> <p>ANOTHER CHILD LIVING IN THE FACILITY .....C</p> <p>FRIEND .....D</p> <p>MOTHER .....E</p> <p>FATHER .....F</p> <p>SISTER OR BROTHER .....G</p> <p>OTHER RELATIVE .....H</p> <p>TEACHER .....I</p> <p>STRANGER .....J</p> <p>DON'T KNOW .....Y</p> <p>OTHER (specify) .....X</p>	
<p><b>VUI3.</b> Have you ever told anyone about this?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>1 ⇒ VUI5</p>
<p><b>VUI4.</b> What was the main reason you did not tell anyone?</p>	<p>DID NOT KNOW WHO TO GO TO/WHO TO TELL. .... 1</p> <p>AFRAID OF GETTING IN TROUBLE ..... 2</p> <p>EMBARASSED OR ASHAMED ..... 3</p> <p>SCARED OF PERSON WHO ATTACKED ME ..... 4</p>	

	THREATENED BY PERSON WHO ATTACKED ME ..... 5 DID NOT THINK IT WAS A PROBLEM ..... 6 FELT IT WAS MY FAULT ..... 7 DID NOT WANT TO TELL ANYONE ..... 8 DON'T KNOW ..... 9  OTHER (specify) ..... 99	
<b>VUI5.</b> Thinking about your experience(s) of being physically attacked, have you ever tried to seek help?	YES ..... 1 NO ..... 2	2 ⇒ VUI7
<b>VUI6.</b> From whom have you sought help?  Anyone else?  <i>Record all mentioned.</i>	FRIEND ..... A STAFF OR VOLUNTEER IN THE FACILITY ..... B OWN FAMILY ..... C BOYFRIEND/GIRLFRIEND/ ROMANTIC PARTNER ..... D TEACHER ..... E RELIGIOUS LEADER ..... F POLICE ..... G OWN CASE WORKER/SOCIAL WORKER ..... H OTHER SOCIAL SERVICE WORKER OR ORGANIZATION .. I STRANGER ..... J  OTHER (specify) ..... X	
<b>VUI7.</b> The next two questions ask about physical fights. A physical fight occurs when two people of about the same strength or power choose to fight each other.  During the past 12 months, how many times were you in a physical fight within this facility?	0 TIMES ..... 1 1 TIME ..... 2 2 OR 3 TIMES ..... 3 4 OR 5 TIMES ..... 4 6 OR 7 TIMES ..... 5 8 OR 9 TIMES ..... 6 10 OR 11 TIMES ..... 7 12 OR MORE TIMES ..... 8	

<b>VUI8.</b> During the past 12 months, how many times were you in a physical fight outside this facility?	0 TIMES ..... 1 1 TIME ..... 2 2 OR 3 TIMES ..... 3 4 OR 5 TIMES ..... 4 6 OR 7 TIMES ..... 5 8 OR 9 TIMES ..... 6 10 OR 11 TIMES ..... 7 12 OR MORE TIMES ..... 8	
<b>VUI9.</b> The next 3 questions ask about <u>serious injuries</u> that happened to you. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.  During the past 12 months, how many times were you seriously injured?	0 TIMES ..... 1 1 TIME ..... 2 2 OR 3 TIMES ..... 3 4 OR 5 TIMES ..... 4 6 OR 7 TIMES ..... 5 8 OR 9 TIMES ..... 6 10 OR 11 TIMES ..... 7 12 OR MORE TIMES ..... 8	1 ⇒ <i>VUI12</i>
<b>VUI10.</b> During the past 12 months, what was the most serious injury that happened to you?	I HAD A BROKEN BONE OR DISLOCATED JOINT ..... 1 I HAD A CUT OT STAB WOUND ..... 2 I HAD A CONCUSSION OR OTHER HEAD OR NECK INJURY, WAS KNOCKED OUT, OR COULD NOT BREATHE ..... 3 I HAD A GUNSHOT WOUND ..... 4 I HAD A BAD BURN ..... 5 I WAS POISONED OR TOOK TOO MUCH OF A DRUG ..... 6 SOMETHING ELSE HAPPENED TO ME ..... 7	
<b>VUI11.</b> During the past 12 months, what was the major cause of the most serious injury that happened to you?	I WAS IN A MOTOR VEHICLE ACCIDENT OR HIT BY A MOTOR VEHICLE ..... 1 I FELL ..... 2 SOMETHING FELL ON ME OR HIT ME ..... 3	

	<p>I WAS ATTACKED OR ABUSED OR WAS FIGHTING WITH SOMEONE ..... 4</p> <p>I WAS IN A FIRE OR TOO NEAR A FLAME OR SOMETHING HOT... 5</p> <p>I INHALED OR SWALLOWED SOMETHING BAD FOR ME ..... 6</p> <p>SOMETHING ELSE CAUSED MY INJURY ..... 7</p>	
<p><b>VUI12.</b> The next few questions ask about bullying. Bullying occurs when someone or a group of people say or do bad and unpleasant things to another person. It is also bullying when someone is teased a lot in an unpleasant way or left out of things on purpose. It is not bullying when two people of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.</p> <p>During the past 30 days, on how many days were you bullied within this facility?</p>	<p>0 DAYS ..... 1</p> <p>1 OR 2 DAYS ..... 2</p> <p>3 TO 5 DAYS ..... 3</p> <p>6 TO 9 DAYS ..... 4</p> <p>10 TO 19 DAYS ..... 5</p> <p>20 TO 29 DAYS ..... 6</p> <p>ALL 30 DAYS ..... 7</p>	<p>1 <math>\Rightarrow</math> R MODULE</p>
<p><b>VUI13.</b> During the past 30 days, how were you bullied within this facility?</p> <p><i>Record all mentioned.</i></p>	<p>I WAS HIT, KICKED, PUSHED, SHOVED AROUND OR LOCKED INDOORS .....A</p> <p>I WAS MADE FUN OF BECAUSE OF MY RACE, ETHNICITY, NATIONALITY OR COLOUR .....B</p> <p>I WAS MADE FUN OF BECAUSE OF MY RELIGION .....C</p> <p>I WAS MADE FUN OF WITH SEXUAL JOKES, COMMENTS OR GESTURES .....D</p> <p>I WAS LEFT OUT OF ACTIVITIES ON PURPOSE OR COMPLETELY IGNORED .....E</p> <p>I WAS MADE FUN OF BECAUSE OF HOW MY BODY OR FACE LOOKS ..... F</p> <p>I WAS BULLIED IN SOME OTHER WAY .....G</p>	



<b>VUI14.</b> Who has bullied you in this way?  Anyone else?  <i>Record all mentioned.</i>	BOYFRIEND/GIRLFRIEND/ ROMANTIC PARTNER .....A STAFF OR VOLUNTEER IN THE FACILITY .....B ANOTHER CHILD LIVING IN THE FACILITY .....C FRIEND.....D MOTHER .....E FATHER ..... F SISTER OR BROTHER .....G OTHER RELATIVE .....H TEACHER ..... I STRANGER.....J DON'T KNOW .....Y  OTHER (specify).....X	
<b>VUI15.</b> Have you ever told anyone about this?	YES..... 1 NO..... 2	1 ⇒ VUI17
<b>VUI16.</b> What was the main reason you did not tell anyone?	DID NOT KNOW WHO TO GO TO/WHO TO TELL. .... 1 AFRAID OF GETTING IN TROUBLE ..... 2 EMBARRASSED OR ASHAMED ..... 3 SCARED OF PERSON WHO BULLIED ME..... 4 THREATENED BY PERSON WHO BULLIED ME..... 5 DID NOT THINK IT WAS A PROBLEM ..... 6 FELT IT WAS MY FAULT ..... 7 DID NOT WANT TO TELL ANYONE..... 8 DON'T KNOW ..... 9  OTHER (specify)..... 99	
<b>VUI17.</b> Thinking about your experience(s) of being bullied, have you ever tried to seek help?	YES..... 1 NO..... 2	2 ⇒ R MODULE
<b>VUI18.</b> From whom have you sought help?  Anyone else?  <i>Record all mentioned.</i>	FRIEND.....A STAFF OR VOLUNTEER IN THE FACILITY .....B OWN FAMILY .....C	






	BOYFRIEND/GIRLFRIEND/ ROMANTIC PARTNER .....D TEACHER .....E RELIGIOUS LEADER .....F POLICE .....G OWN CASE WORKER/SOCIAL WORKER.....H OTHER SOCIAL SERVICE WORKER OR ORGANIZATION ..I  OTHER (specify)_____X	
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RESILIENCE <sup>1</sup>		R
<p>Now I am going to read a number of statements and I would like for you to tell me to what extent you agree with these and feel that they apply to you. There are no right or wrong answers.</p>		
<p><b>R1.</b> I get along with people around me.</p> <p>Would you say: No, somewhat, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R2.</b> Getting an education is important to me.</p> <p>Would you say: No, somewhat, or yes?</p>	<p>NO..... 1</p> <p>SOMEWHAT..... 2</p> <p>YES..... 3</p>	
<p><b>R3.</b> I know how to behave and act in different situations such as <b>at school and while in church.</b></p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R4.</b> My caregiver(s) really look out for me.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R5.</b> My caregiver(s) know a lot about me, for example, who my friends are and what I like to do.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R6.</b> If I am hungry, there is enough to eat.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R7.</b> People like to spend time with me.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R8.</b> I talk to my friends or caregiver(s) about how I feel, for example, when I am hurt or sad.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	
<p><b>R9.</b> I feel supported by my friends.</p> <p>Would you say: No, sometimes, or yes?</p>	<p>NO..... 1</p> <p>SOMETIMES..... 2</p> <p>YES..... 3</p>	

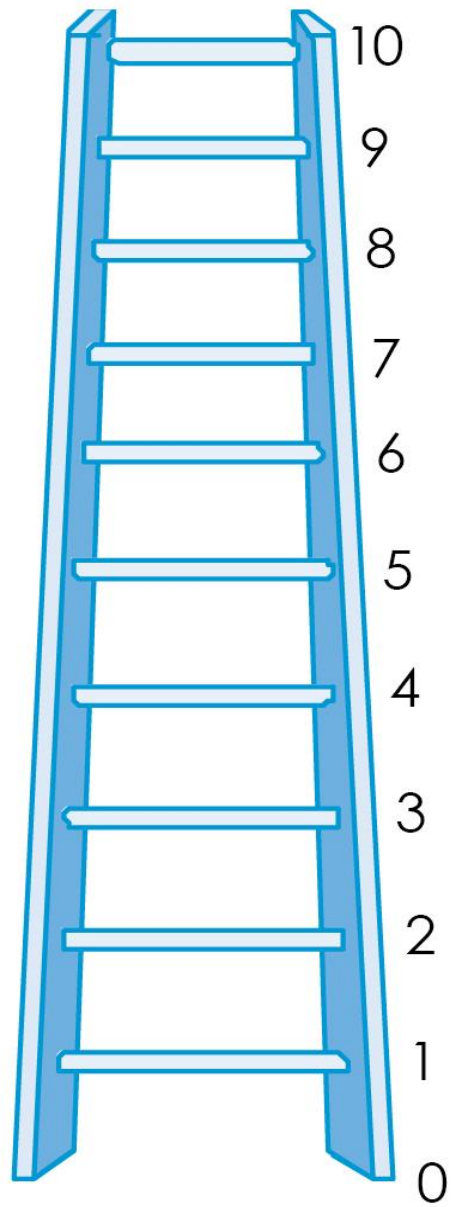
<sup>1</sup> This set of questions are from: Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24. <https://doi.org/10.1080/23761407.2018.1548403>

<b>R10.</b> I feel a sense of belonging in the facility. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R11.</b> My caregiver(s) care about me when times are hard, for example, if I am sick or have done something wrong. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R12.</b> My friends care about me when times are hard, for example, if I am sick or have done something wrong. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R13.</b> I am treated fairly in this facility. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R14.</b> I have chances to show others that I am growing up and can do things by myself. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R15.</b> I feel safe when I am with my caregiver(s). Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R16.</b> I have chances to learn things that will be useful when I am older such as cooking, working, and helping others. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3
<b>R17.</b> I like the way my caregiver(s) celebrates things such as holidays, birthdays or other important events. Would you say: No, sometimes, or yes?	NO..... 1 SOMETIMES..... 2 YES..... 3

LIFE SATISFACTION		LS
<p><b>LS1.</b> I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p>	<p>VERY HAPPY ..... 1</p> <p>SOMEWHAT HAPPY ..... 2</p> <p>NEITHER HAPPY NOR UNHAPPY ..... 3</p> <p>SOMEWHAT UNHAPPY ..... 4</p> <p>VERY UNHAPPY ..... 5</p>	
<p><b>LS2.</b> <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP ..... ____ ____</p>	
<p><b>LS3.</b> Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED ..... 1</p> <p>MORE OR LESS THE SAME ..... 2</p> <p>WORSENERD ..... 3</p>	
<p><b>LS4.</b> And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p>	<p>BETTER ..... 1</p> <p>MORE OR LESS THE SAME ..... 2</p> <p>WORSE ..... 3</p>	

<b>Very happy</b>	<b>Somewhat happy</b>	<b>Neither happy, nor unhappy</b>	<b>Somewhat unhappy</b>	<b>Very unhappy</b>
				

**Best Possible Life**



**Worst Possible Life**

**AIP11.** Thank you for your cooperation. I know that some of these questions were very personal and may have made you feel sad or upset. I am going to give you a card with the phone numbers of some places that you can contact in case you would like to speak with someone. You can reach out at any time and these services are free. We would suggest that you keep this card somewhere safe where no one else will be able to find it.

We can directly link you to professional services who can provide some help and support. Would you like for us to do this for you?

☐ *Yes ⇒ Fill in Referral Information below and then continue to AIP12*

☐ *No ⇒ Continue to AIP12*

### **Referral information**

What do you think is the best and safest way to contact you? \_\_\_\_\_

Phone number: \_\_\_\_\_

*If respondent does not have a landline or mobile phone, include the mobile phone number of a person the respondent feels he/she can trust so that professional staff can find him/her through this person.*

When would be the most appropriate time of day to contact you? \_\_\_\_\_



<b>AIP12.</b> <i>Record the end time.</i>	HOURS AND MINUTES ..... : .....	
<b>AIP13.</b> <i>Language of the Questionnaire.</i>	ENGLISH .....1 LANGUAGE 2 .....2 LANGUAGE 3 .....3	
<b>AIP14.</b> <i>Language of the Interview.</i>	ENGLISH .....1 LANGUAGE 2 .....2 LANGUAGE 3 .....3  OTHER LANGUAGE (specify) ..... 6	
<b>AIP15.</b> <i>Native language of the Respondent.</i>	ENGLISH .....1 LANGUAGE 2 .....2 LANGUAGE 3 .....3  OTHER LANGUAGE (specify) ..... 6	
<b>AIP16.</b> <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE .....1 YES, PARTS OF THE QUESTIONNAIRE....2 NO, NOT USED .....3	
<i>Complete AIP17.</i>		

### INTERVIEWER'S NOTES

