

MEASURE Evaluation: Questionnaire for Adolescent Street Children and Adolescent Children Working in Mines (Ages 14 to 17), Version 1.0

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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>	Urban 1 Rural 2
06.	TOWN/VILLAGE	
07.	NEIGHBORHOOD	
08.	GPS READINGS	Latitude S ____ . ____ ° Longitude E ____ . ____ °
09.	NAME OF COMMUNITY-BASED/CIVIL SOCIETY ORGANIZATION	
010.	DATE OF REGISTRATION	Month Day Year [][] [][] [][][][]
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)		
015.	START TIME		

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CHECKED BY TEAM LEADER: Signature _____ Date _____

<p><u>Comments:</u></p>

Data entered by:		Date (dd/mm/yyyy)	
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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 / Confirm Child's Sex	Female 1 Male 2	
103.	In what month and year were you born? Record 98 in Month and 9998 in Year for don't know.	Month Year [][] [][][][]	
104.	How old were you at your last birthday? Confirm with 103 and adjust if necessary. Do not leave blank. If the child does not know, ask the caregiver or the person most knowledgeable to estimate the age of the child.	[][] years	
105.	Do you have a birth certificate or other valid form of identification?	Yes 1 No 2 Don't know 88	If no or don't know, skip to 107.
106.	Could you please show me your birth certificate or other valid form of identification?	Seen/confirmed 1 Not seen/not confirmed 2	
107.	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 Other: _____ 66	

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No.	Questions	Coding Categories	SKIP
108.	Is your biological mother living with you?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	
109.	Is your biological mother still alive?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	
110.	Is your biological father living with you?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	
111.	Is your biological father still alive?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	
112.	Do you support anyone financially?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	If no, don't know, or refused, skip to 115.
113.	If yes, how many people do you support?	[__ __] (number of dependents)	If 00, skip to 115.
114.	How many of these people are children that you care for?	[__ __] (number of children)	
115.	What is your current marital status?	<p>Married and living together 1</p> <p>Married and not living together 2</p> <p>Cohabiting and not married 3</p> <p>Have boyfriend (not married) and not living together 4</p> <p>Single (no boyfriend, never married) 5</p> <p>Divorced or separated 6</p> <p>Widowed 7</p> <p>Other (specify) 66</p>	

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No.	Questions	Coding Categories	SKIP																		
116.	Where do you most frequently sleep?	<table border="1"> <tr> <td data-bbox="818 241 1182 271">Streets or public spaces</td> <td data-bbox="1241 241 1262 271">1</td> </tr> <tr> <td data-bbox="818 309 1182 369">Divide time between street and shelter/home</td> <td data-bbox="1241 309 1262 338">2</td> </tr> <tr> <td data-bbox="882 407 1182 436">Shelter (residential center)</td> <td data-bbox="1241 407 1262 436">3</td> </tr> <tr> <td data-bbox="818 474 1182 504">Alone in rented accommodation</td> <td data-bbox="1241 474 1262 504">4</td> </tr> <tr> <td data-bbox="858 542 1182 602">Rented accommodation with friends</td> <td data-bbox="1241 542 1262 571">5</td> </tr> <tr> <td data-bbox="866 640 1182 701">In relative's home (i.e., with family of origin)</td> <td data-bbox="1241 640 1262 669">6</td> </tr> <tr> <td data-bbox="834 739 1182 799">In rented accommodation with caregiver</td> <td data-bbox="1241 739 1262 768">7</td> </tr> <tr> <td data-bbox="850 837 1182 866">In own home (with caregiver)</td> <td data-bbox="1241 837 1262 866">8</td> </tr> <tr> <td data-bbox="1010 904 1182 934">Other (specify)</td> <td data-bbox="1233 904 1270 934">66</td> </tr> </table>	Streets or public spaces	1	Divide time between street and shelter/home	2	Shelter (residential center)	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	
Streets or public spaces	1																				
Divide time between street and shelter/home	2																				
Shelter (residential center)	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																				
117.	In the past 30 days, have you been too sick to work, study, do chores, or participate in daily activities?	<table border="1"> <tr> <td data-bbox="1137 965 1182 994">Yes</td> <td data-bbox="1241 965 1262 994">1</td> </tr> <tr> <td data-bbox="1137 1032 1182 1061">No</td> <td data-bbox="1241 1032 1262 1061">2</td> </tr> <tr> <td data-bbox="954 1099 1182 1128">Don't know/refused</td> <td data-bbox="1233 1099 1270 1128">88</td> </tr> </table>	Yes	1	No	2	Don't know/refused	88													
Yes	1																				
No	2																				
Don't know/refused	88																				

—END OF SECTION—

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SECTION 2: 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.	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> ?	[][]	

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No.	Question	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?		
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? <i>If less than one hour, record "00"</i>	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	

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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 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 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?		
226.	Shopping for the family?	Yes 1 No 2	

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No.	Question	Coding Categories	SKIP
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 Buy food for others 5 Buy other things for myself 6 Save it 7 Other: _____ 66	

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No.	Question	Coding Categories	SKIP
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—

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SECTION 3: FOOD SECURITY

Now I have a few questions about your food consumption.

No.	Questions	Coding Categories	SKIP
301.	In the past four <u>weeks</u> , was there ever no food to eat of any kind for yourself because of the lack of resources to get food?	Yes 1 No 2	If no, skip to 303.
302.	How many times did this happen? Read the responses.	Rarely (1–2 times in the past 4 weeks) 1 Sometimes (3–10 times in the past 4 weeks) 2 Often (more than 10 times in the past 4 weeks) 3	
303.	In the past four <u>weeks</u> , did you go to sleep hungry at night because there was not enough food?	Yes 1 No 2	If no, skip to 305.
304.	How many times did this happen? Read the responses.	Rarely (1–2 times in the past 4 weeks) 1 Sometimes (3–10 times in the past 4 weeks) 2 Often (more than 10 times in the past 4 weeks) 3	
305.	In the past four <u>weeks</u> , did you go a whole day and night without eating anything because there was not enough food?	Yes 1 No 2	If no, skip to 401.
306.	How many times did this happen? Read the responses.	Rarely (1–2 times in the past 4 weeks) 1 Sometimes (3–10 times in the past 4 weeks) 2 Often (more than 10 times in the past 4 weeks) 3	

—END OF SECTION—

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SECTION 4: 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
401.	I try to be nice to other people. I care about their feelings	Not true 1 Somewhat true 2 Certainly true 3	
402.	I am restless; I cannot stay still for long	Not true 1 Somewhat true 2 Certainly true 3	
403.	I get a lot of headaches, stomachaches, or sickness	Not true 1 Somewhat true 2 Certainly true 3	
404.	I usually share with others, for example, games, food	Not true 1 Somewhat true 2 Certainly true 3	
405.	I get very angry and often lose my temper	Not true 1 Somewhat true 2 Certainly true 3	
406.	I would rather be alone than with people my age	Not true 1 Somewhat true 2 Certainly true 3	
407.	I usually do as I am told	Not true 1 Somewhat true 2 Certainly true 3	
408.	I worry a lot	Not true 1 Somewhat true 2 Certainly true 3	

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No.	Questions	Coding Categories	SKIP
409.	I am helpful if someone is hurt, upset, or feeling ill	Not true 1 Somewhat true 2 Certainly true 3	
410.	I am constantly fidgeting or squirming	Not true 1 Somewhat true 2 Certainly true 3	
411.	I have one good friend or more	Not true 1 Somewhat true 2 Certainly true 3	
412.	I fight a lot. I can make other people do what I want	Not true 1 Somewhat true 2 Certainly true 3	
413.	I am often unhappy, depressed, or tearful	Not true 1 Somewhat true 2 Certainly true 3	
414.	Other people my age generally like me	Not true 1 Somewhat true 2 Certainly true 3	
415.	I am easily distracted; I find it difficult to concentrate	Not true 1 Somewhat true 2 Certainly true 3	
416.	I am nervous in new situations. I easily lose confidence	Not true 1 Somewhat true 2 Certainly true 3	

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No.	Questions	Coding Categories	SKIP
417.	I am kind to younger children	Not true 1 Somewhat true 2 Certainly true 3	
418.	I am often accused of lying or cheating	Not true 1 Somewhat true 2 Certainly true 3	
419.	Other children or young people pick on me or bully me	Not true 1 Somewhat true 2 Certainly true 3	
420.	I often offer to help others (parents, teachers, children)	Not true 1 Somewhat true 2 Certainly true 3	
421.	I think before I do things	Not true 1 Somewhat true 2 Certainly true 3	
422.	I take things that are not mine from home, school, or elsewhere	Not true 1 Somewhat true 2 Certainly true 3	
423.	I get along better with adults than with people my own age	Not true 1 Somewhat true 2 Certainly true 3	
424.	I have many fears; I am easily scared	Not true 1 Somewhat true 2 Certainly true 3	
425.	I finish the work I'm doing. My attention is good	Not true 1 Somewhat true 2 Certainly true 3	

—END OF SECTION—

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SECTION 5: SOCIAL SUPPORT

No.	Questions	Coding Categories	SKIP
501.	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?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p>	
502.	Do you have someone in your life who shows you love and affection?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p>	
503.	Do you have regular contact with a social worker, community volunteer, or other kind of community worker?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 2</p>	
<p>Note that this next set of questions refers to the child's primary caregiver. If the child does not have a primary caregiver, skip to 601. Otherwise, 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>			
504.	How often do you have a friendly talk with your caregiver?	<p style="text-align: right;">Always 1</p> <p style="text-align: right;">Often 2</p> <p style="text-align: right;">Sometimes 3</p> <p style="text-align: right;">Almost never 4</p> <p style="text-align: right;">Never 5</p>	
505.	How often does your caregiver help with some of your special activities (such as sports, clubs, church youth groups)?	<p style="text-align: right;">Always 1</p> <p style="text-align: right;">Often 2</p> <p style="text-align: right;">Sometimes 3</p> <p style="text-align: right;">Almost never 4</p> <p style="text-align: right;">Never 5</p>	
506.	How often do you fail to let your caregiver know where you are going?	<p style="text-align: right;">Always 1</p> <p style="text-align: right;">Often 2</p> <p style="text-align: right;">Sometimes 3</p> <p style="text-align: right;">Almost never 4</p> <p style="text-align: right;">Never 5</p>	

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No.	Questions	Coding Categories	SKIP
507.	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	
508.	How often does your caregiver ask you about your day in school?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
509.	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	
510.	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	
511.	How often does your caregiver ask you what your plans are for the coming day?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

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No.	Questions	Coding Categories	SKIP
512.	How often does your caregiver accompany you to a special activity?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
513.	How often does your caregiver NOT know the friends you are with?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
514.	How often do you go out without a set time to be home?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
515.	How often does your caregiver talk to you about your friends?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
516.	How often do you go out after dark without an adult with you?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

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No.	Questions	Coding Categories	SKIP
517.	How often do you help plan family activities?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
518.	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	
519.	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	
520.	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	
521.	How often does your caregiver leave and not tell you where s/he is going?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

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No.	Questions	Coding Categories	SKIP
522.	How often do you come home from school more than one hour past the time your caregiver expects you to be home?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	
523.	How often are you at home without an adult being with you?	Always 1 Often 2 Sometimes 3 Almost never 4 Never 5	

—END OF SECTION—

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SECTION 6: DRUG AND ALCOHOL USE

No.	Questions	Coding Categories		SKIP
601.	In the past 30 days, on how many days did you drink alcohol to the point that you became drunk?	0	1	If 0 or don't know/refused, skip to 603.
		1–30	2	
		Don't know/refused	88	
602.	Do you want to stop using alcohol but you feel unable to do so?	Yes	1	
		No	2	
		Don't know/refused	88	
603.	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 701.
		No	2	
		Don't know/refused	88	
604.	Have you ever injected drugs?	Yes	1	If no, don't know, or refused, skip to 606.
		No	2	
		Don't know/refused	88	
605.	If yes, did you inject drugs in the past 30 days?	Yes	1	
		No	2	
		Don't know/refused	88	
606.	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—

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SECTION 7: 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
701.	Have you ever had sex?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 801.
702.	How old were you when you had sex for the first time? If unknown, ask respondent to estimate. If no response, record 99.	AGE (YEARS) [_]	
703.	The first time you had sex, was it because you wanted to or because you were forced to?	Wanted to 1 Forced to 2 Don't know/refused 88	
704.	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.	NUMBER [_]	
705.	Thinking about the last time you had sex, did you or your partner use a condom?	Yes 1 No 2 Don't know/refused 88	
706.	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?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 801.
707.	Have you received food, favors, or gifts in exchange for sex in the past six months?	Yes 1 No 2 Don't know/refused 88	

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No.	Questions	Coding Categories	SKIP
708.	The next questions are about pregnancy. Have you ever been pregnant?	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	GIRLS ONLY. If no, don't know, or refused, skip to 801.
709.	How old were you the first time that you got pregnant?	<p>Age [_ _]</p> <p>Don't know/refused 88</p>	
710.	<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>	<p>Yes 1</p> <p>No 2</p> <p>Don't know/refused 88</p>	
711.	Have you ever had a pregnancy that did not end in a live birth?	<p>Yes 1</p> <p>No 2</p> <p>Currently pregnant 3</p> <p>Don't know/refused 88</p>	

—END OF SECTION—

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SECTION 8: 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
801.	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 No 2 Don't know/refused 88	BOYS ONLY
802.	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 No 2 Don't know/refused 88	GIRLS ONLY
803.	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	
804.	Check 801–803:	At least one "Yes" 1 All answers are "No" 2	If no, skip to 806.
805.	Did you get treatment for these problems?	Yes 1 No 2 Don't know/refused 88	
806.	Now I would like to talk about something else. Have you ever heard of an illness called HIV or AIDS?	Yes 1 No 2	If no, skip to 901.
807.	Have you ever been tested for HIV?	Yes 1 No 2 Don't know/refused 88	If no, don't know, or refused, skip to 901.
808.	How many months ago was your most recent HIV test?	Months [] Two or more years 95	

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No.	Questions	Coding Categories		SKIP
809.	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	If not HIV positive (2–4, 88), skip to 901.
		HIV negative	2	
		Unknown/indeterminate	3	
		Did not receive results	4	
		Don't know/refused	88	
810.	Have you ever received HIV medical care from a doctor, clinical officer, or nurse?	Yes	1	
		No	2	
		Don't know/refused	88	
811.	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	If no, don't know, or refused, skip to 901.
		No	2	
		Don't know/refused	88	
812.	Are you currently taking antiretroviral drugs? By currently, I mean you may have missed some doses but are still taking ARVs?	Yes	1	If no, don't know, or refused, skip to 901.
		No	2	
		Don't know/refused	88	
813.	When did you start taking ARVs? Estimate month and year.	Month [_ _]	Year [_ _ _ _]	
814.	Have you taken ARVs during the past six months?	Yes	1	
		No	2	
		Don't know/refused	88	
815.	Have you ever missed an appointment for a blood test, or to pick up your medication during the past six months?	Yes	1	
		No	2	
		Don't know/refused	88	
816.	Have you ever stopped taking antiretroviral drugs since you started taking them during the past six months?	Yes	1	If no, don't know, or refused, skip to 818.
		No	2	
		Don't know/refused	88	

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No.	Questions	Coding Categories	SKIP
817.	<p>What are the reasons why you stopped taking ARVs?</p> <p>Circle all responses mentioned.</p>	<p>They made me sick 1</p> <p>They did not work 2</p> <p>I could not afford them 3</p> <p>Distance to get them is far 4</p> <p>I was feeling better and did not need them 5</p> <p>A doctor/nurse told me to stop taking them 6</p> <p>The pharmacy ran out of medicine 7</p> <p>Other (specify) 66</p>	
818.	<p>People sometimes forget to take their ARVs. In the past 30 days, how many days have you missed taking any of your ARV pills?</p> <p>CODE "00" IF NONE</p>	<p>[__ __] Number of days</p> <p>Don't know/refused 88</p>	

—END OF SECTION—

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SECTION 9: 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
901.	In the past six months, how many times did you see or hear anyone close to you getting punched, kicked, or beaten up?	Never 1 Once 2 Few times 3 Many times 4 Don't know/refused 88	
902.	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	
903.	In the past six months, have you been punched, kicked, or beaten by anyone?	Yes 1 No 2 Don't know/refused 88	
904.	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	
905.	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	
906.	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	
907.	CHECK 901–906:	At least one "Yes" 1	

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No.	Questions	Coding Categories	SKIP
		No "Yes" responses 2	If 2, skip to 1001.
908.	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 1001.
909.	What kind of help did you receive? Circle 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—

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SECTION 10: 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
1001.	<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; text-align: center;">[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	
10.	Completed a referral for or was facilitated to obtain HIV treatment and care	1 2 8	

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No.	Questions	Coding Categories	SKIP
1001.	<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="text-align: center; color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
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	
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	

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No.	Questions	Coding Categories	SKIP
1001.	<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="text-align: center; color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
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 list of context-specific interventions]	1 2 8	
033.	Participated in intervention on preventing HIV and violence, and in reducing and avoiding sexual risk, such as [include list of context-specific interventions]	1 2 8	
034.	Received regular assistance/support with homework (e.g., homework club participation)	1 2 8	
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 re-enrollment (i.e., for drop-outs or teen mothers)	1 2 8	
038.	Legal & other administrative fees related to guardianship, civil registration, or inheritance	1 2 8	

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No.	Questions	Coding Categories	SKIP
1001.	<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="text-align: center; color: red;">[ADD/DELETE ITEMS AS RELEVANT TO THE PURPOSE]</p>		
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	
044.	Safe shelter-related repair or construction	1 2 8	

—END OF SECTION—

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I have come to the end of my questions.

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

Thank you for participating in this interview!

017.	END TIME	[][]:[][]
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