

Youth ID Number	_____
Date	_____

PARTICIPANT INFORMATION SHEET

ID Number of Child	
School Name	
Class and Section	
Name of Student	
Name of Father	
Name of Mother	
Phone Number (Father)	
Phone Number (Mother)	
Residential Address	
Phone Number (Self)	
Phone Number Name of Relative 1	
Phone Number Name of Relative 2	
Phone Number Name of Relative 3	

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PRACTICE QUESTIONS

PQ 1	Do you live in Hyderabad?	Yes = 1	No = 2		
PQ 2	How many books do you have in your bag? _____ (Number)				
Which statement best describes you: (CIRCLE ONE)					
PQ 3	I like playing cricket everyday I play cricket once in a while I do not like to play cricket				
PQ 4	Do you like Shahid Afridi?	Yes = 1	No = 2		
Please CIRCLE 0 if this Never Happened to you; CIRCLE 1 if it happened Once; CIRCLE 2 if it happened a Few Times; and CIRCLE 3 if it happened Many Times.					
How often in the past 4 weeks?		Never	Once	Few Times	Many Times
PQ 5	I have played Cricket	0	1	2	3
PQ 6	Can you BOWL and BAT?	No = 0	Only bowl = 1	Only bat = 2	Bat and bowl = 3
Circle the number that describes how much you agree or disagree with each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
PQ 7	Stealing is OK	1	2	3	4
PQ 8	Helping others is good	1	2	3	4

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DEMOGRAPHICS	
D1	Your Age in Years _____
D2	Your Birthdate Month _____ Date _____ Year _____
D3	Are you a BOY =1 or GIRL=2 (CIRCLE ONE)
D4	Your Grade in School _____
D5	How many people live in your home? _____ (number)
D6	How many brothers do you have? _____ (number)
D7	How many sisters do you have? _____ (number)

SCHOOL PERFORMANCE (SP)				
Please CIRCLE one number that represents your grade in each school subject.				
How are you doing at school	FAIL	AVERAGE	Excellent	
SP1	In reading and writing?	1	2	3
SP2	In Social studies?	1	2	3
SP3	In math?	1	2	3
SP4	In science?	1	2	3
SP5a	Have you ever repeated a grade? CIRCLE ONE: Yes = 1 No=2			
SP 5b	If yes, what was the reason? CIRCLE ONE: Failed the class = 1 Changed school = 2			
SP6	How many days of school did you miss last 4 weeks? Number _____ (if you have gone to school on all days then move to CD 1)			
SP7	Thinking about the last time you missed a day from school, what was the PRIMARY reason?	SP7a You were ill	Yes = 1 No=2	
		SP7b Someone in the family was ill.....	Yes = 1 No=2	
		SP7c Lack of money for transport.....	Yes = 1 No=2	
		SP7d Working at home	Yes = 1 No=2	
		SP7e Working to earn money.....	Yes = 1 No=2	
		SP7f Afraid to go to school due to bulling at school	Yes = 1 No=2	
		SP7g Did not have homework done.....	Yes = 1 No=2	
		SP7h Did not want to go to school for another reason	Yes = 1 No=2	
		SP7i If yes, please specify reason _____		

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Child Depression Self-Report

CIRCLE ONE sentence that describes you best for the past two weeks.

CD1	1 I am sad once in a while. 2 I am sad many times. 3 I am sad all the time.
CD2	1 Nothing will ever work out for me. 2 I am not sure if things will work out for me. 3 Things will work out for me OK.
CD3	1 I do most things OK 2 I do many things wrong. 3 I do everything wrong.
CD4	1 I have fun in many things. 2 I have fun in some things 3 Nothing is fun at all.
CD5	1 I am important to my family 2 I am not sure if I am important to my family. 3 My family is better off without me.
CD6	1 I hate myself 2 I do not like myself 3 I like myself
CD7	1 All bad things are my fault 2 Many bad things are my fault 3 Bad things are not usually my fault
CD8	1 I do not think about killing myself 2 I think about killing myself but would not do it. 3 I want to kill myself.
CD9	1 I feel like crying every day 2 I feel like crying many days. 3 I feel like crying once in a while.
CD10	1 I feel cranky all the time 2 I feel cranky many times 3 I am almost never cranky.
CD11	1 I like being with people 2 I do not like being with people many times 3 I do not want to be with people at all.

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Child Depression Self-Report

CIRCLE ONE sentence that describes you best for the past two weeks.

CD12	1 I cannot make up my mind about things 2 It is hard to make up my mind about things. 3 I make up my mind about things easily.
CD13	1 I look ok 2 There are some bad things about my looks 3 I look ugly
CD14	1 I have to push myself all the time to do my schoolwork 2 I have to push myself many times to do my schoolwork 3 Doing schoolwork is not a big problem
CD15	1 I have trouble sleeping every night 2 I have trouble sleeping many nights 3 I sleep pretty well
CD16	1 I am tired once in a while 2 I am tired many days 3 I am tired all the time
CD17	1 Most days I do not feel like eating 2 Many days I do not feel like eating 3 I eat pretty well
CD18	1 I do not worry about aches and pains 2 I worry about aches and pains many times 3 I worry about aches and pains all the time
CD19	1 I do not feel alone 2 I feel alone many times 3 I feel alone all the time
CD20	1 I never have fun at school 2 I have fun at school only once in a while 3 I have fun at school many times
CD21	1 I have plenty of friends 2 I have some friends but I wish I had more 3 I do not have any friends
CD22	1 My schoolwork is alright 2 My schoolwork is not as good as before 3 I do very badly in subjects I used to be good in

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Child Depression Self-Report

CIRCLE ONE sentence that describes you best for the past two weeks.

CD23	1 I can never be as good as other kids 2 I can be as good as other kids if I want to 3 I am just as good as other kids
CD24	1 Nobody really loves me 2 I am not sure if anybody loves me 3 I am sure that somebody loves me
CD25	1 It is easy for me to get along with friends 2 I get into arguments with friends many times 3 I get into arguments with friends all the time
CD26	1 I fall asleep during the day all the time 2 I fall asleep during the day many times 3 I almost never fall asleep during the day
CD27	1 Most days I feel like I can't stop eating 2 Many days I feel like I can't stop eating 3 My eating is OK
CD28	1 It is easy for me to remember things 2 It is a little hard to remember things 3 It is very hard to remember things

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Peer-Victimization Scale (PVS) (Adapted from: Mynard, H. & Joseph, S. (2000). Development of the multidimensional peer-victimization scale. *Aggressive Behavior*, 26, 169-178)

Below is a list of things that some children do to other children. Please **CIRCLE 0** if this Never Happened to you; **CIRCLE 1** if it happened Once; **CIRCLE 2** if it happened a Few Times; and **CIRCLE 3** if the behavior happened Many Times.

How often within the past 4 weeks has another child done these things to you?		Never	Once	Few Times 2 or 3	Many Times 4 or more
PVS1	Called me bad names	0	1	2	3
PVS2	Tried to get me into trouble with my friends	0	1	2	3
PVS3	Took something of mine without permission	0	1	2	3
PVS4	Made fun of me because of my appearance	0	1	2	3
PVS5	Made fun of me for some reason apart from my appearance	0	1	2	3
PVS6	Tripped me to make me fall	0	1	2	3
PVS7	Pushed me to hurt me	0	1	2	3
PVS8	Hurt me physically	0	1	2	3
PVS9	Beat me so badly that I was injured	0	1	2	3
PVS10	Deliberately broken something that belongs to me	0	1	2	3
PVS11	Tried to make other children turn against me	0	1	2	3
PVS12	Stole something from me	0	1	2	3
PVS13	Refused to talk to me	0	1	2	3
PVS14	Made other people not talk to me	0	1	2	3
PVS15	Deliberately damaged something of mine	0	1	2	3
PVS16	Swore at me	0	1	2	4

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Peer Victimization Locations (PVL)					
(Adapted from Swearer, S.M., & Cary, P.T. (2003). Perceptions and attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. Journal of Applied Psychology, 19, 63-79)					
	Where and how often did you experience these behaviors that other children did to you?	Never	Once	Few Times 2 or 3	Many times 4 or more
PVL1	In a school classroom	0	1	2	3
PVL2	In a school toilet area	0	1	2	3
PVL3	In a school play ground	0	1	2	3
PVL4	Outside school	0	1	2	3
PVL5	In the streets	0	1	2	3
PVL6	At home	0	1	2	3
PVL7	How often the children/person who did these things to you was more powerful than you?	0	1	2	3
PVL8	How often the children/person who did these things to you had many friends or was popular?	0	1	2	3
PVL9	How often was the children/person who did these things to you older or larger than you?	0	1	2	3
PVL10	Was it from boys or girls? Circle One Answer: Boys=1; Girls=2; Both Girls and Boys =3				
PVL11	Was the person who did these things? Circle One Answer: Someone you know =1; Someone you do not know =2; Both Someone you know and do not know = 3				

Peer Victimization Impact (PVI)					
(Adapted from Swearer, S.M., & Cary, P.T. (2003). Perceptions and attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. Journal of Applied Psychology, 19, 63-79)					
	How often did you experience the following problems because of these behaviors that other children did to you?	Never	Once	Few Times 2 or 3	Many times 4 or more
PVI1	You felt sick	0	1	2	3
PVI2	You could not make friends	0	1	2	3
PVI3	You felt bad, sad, annoyed or helpless	0	1	2	3
PVI4	You could not study or concentrate	0	1	2	3
PVI5	You were absent from school	0	1	2	3
PVI6	You had problems in relationships with your family	0	1	2	3

CORPORAL PUNISHMENT SCHOOL (CPS)					
How often within the past 4 weeks					
		Never	Once	Few Times 2 or 3	Many times 4 or more
CPS1	Were you slapped, hit or beaten or otherwise physically punished by a teacher?	0	1	2	3
CPS2	Did a teacher twist your ear?	0	1	2	3
CPS3	Did a teacher make you stand on a bench?	0	1	2	3
CPS4	Did a teacher make you run around as a punishment?	0	1	2	3
CPS5	Did a teacher make you kneel down in class or outside?	0	1	2	3
CPS6	In a past 4 weeks did a teacher hit you with a stick?	0	1	2	4

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PHYSICAL PUNISHMENT AT HOME (PPH)		Never	Once	Few Times 2 or 3	Many Times 4 or more
How often within the past 4 weeks					
PPH1	Were you slapped, hit or beaten or otherwise physically punished by a parent?	0	1	2	3
PPH2	In the past 4 weeks have you been beaten so hard at home that you were injured?	0	1	2	3

Parent Fighting (PF) & Abuse of Mother		Never	Once	Few Times 2 or 3	Many Times 4 or more
How often within the past 4 weeks					
PF1	Have you seen or heard that your father had a physical fight with another man?	0	1	2	3
PF2	Have you seen or heard your father hit your mother?	0	1	2	3
PF3	Have you seen or heard your mother being beaten by any of the family members?	0	1	2	3
PF4	Does your father drink alcohol? Circle one: Yes=1; No=2				

Peer-Perpetrator (PP) (Adapted from: Mynard, H. & Joseph, S. (2000). Development of the multidimensional peer-victimization scale. *Aggressive Behavior*, 26, 169-178)

Below is a list of things that some children do to other children. During the last 4 weeks, please CIRCLE 0 if you Never did this behavior to another child; CIRCLE 1 if you did the behavior Once; CIRCLE 2 if you did the behavior a Few Times; and CIRCLE 3 if it happened Many Times.

How often within the past 4 weeks have you		Never	Once	Few Times 2 or 3	Many Times 4 or more
PP1	Called another child bad names	0	1	2	3
PP2	Tried to get another child into trouble with friends	0	1	2	3
PP3	Upset or annoyed another child by taking something of theirs without permission	0	1	2	3
PP4	Made fun of another child because of their appearance	0	1	2	3
PP5	Made fun of another child for some reason apart from their appearance	0	1	2	3
PP6	Tripped another child to make him or her fall	0	1	2	3
PP7	Pushed another child to hurt him or her	0	1	2	3
PP8	Hurt another child physically	0	1	2	3
PP9	Beat another child so badly that they were injured	0	1	2	3
PP10	Deliberately broken something that belong to another child	0	1	2	3
PP11	Tried to make other children turn against another child	0	1	2	3
PP12	Stolen something from another child	0	1	2	3

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PP13	Refused to talk to another child	0	1	2	3
PP14	Made other children not talk to another child	0	1	2	3
PP15	Deliberately damaged something of another child's	0	1	2	3
PP16	Swear at another child	0	1	2	3

EARLY MARRIAGE (EM)	
EM1	Have you been promised in marriage to someone? Circle one: Yes=1 No=2
EM2	Has your family started other preparations for your marriage? Circle one: Yes=1 No=2
EM3	Thinking about the older sister or female cousin who is closest to your age, has she married? If Yes, What was her age at marriage Age _____

GENDER ATTITUDES (GA) (Developed by Afghanistan team)					
Circle the number that describes how much you agree or disagree with each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
GA1	I think girls in my family should go to school	1	2	3	4
GA2	I think my father should give permission to my mother to go to the clinic	1	2	3	4
GA3	I think my father should listen to my mother's opinion on schooling	1	2	3	4
GA4	I think my mother should have a say in how money is spent in my family	1	2	3	4
GA5	I think my mother should be able to ask a religious scholar about solution of issues	1	2	3	4
GA6	I think my father should respect the opinion of my mother on matters related to income generating work	1	2	3	4
GA7	I think my father should be kind and caring toward my mother	1	2	3	4
GA8	I think that my mother should always obey my father	1	2	3	4
GA9	I think that my father has the right to punish my mother	1	2	3	4

CHILD BEHAVIOR ATTITUDES (CBA) (Developed by Afghanistan team)					
Circle the number that describes how much you agree or disagree with each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
CBA1	I think that if a child disobeys their parents they should be beaten	1	2	3	4
CBA2	I think that if a child gets into fights their parents should beat them	1	2	3	4
CBA3	I think that if a child talks back to their parents they should be punished by being beaten	1	2	3	4

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Circle the number that describes how much you agree or disagree with each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
CBA4	I think a child who misbehaves at school should be beaten	1	2	3	4
CBA5	I think that if a child hurts me I should hurt them back	1	2	3	4

Women's Participation (WP) (Developed by Afghanistan team)					
Circle the number that describes how much you agree or disagree with each statement.		Strongly Agree	Agree	Disagree	Strongly Disagree
	I think women should be able to participate in				
WP1	Weddings	1	2	3	4
WP2	Neighborhood events	1	2	3	4
WP3	Skills training (e.g. computer skills, embroidery)	1	2	3	4
WP4	Income generating activities	1	2	3	4

Family Life (FL) (Developed by Karachi team)			
Please circle ONE answer for each question:			
FL1	In the last 4 weeks , how often did you go to school without breakfast because of lack of food at home?	Never.....0 Sometimes.....1 Every week.....2 All or most days.....3	
FL2	In the last 4 weeks , how often do you go to sleep without dinner because of lack of food at home?	Never.....0 Sometimes.....1 Every week.....2 All or most days.....3	
FL3	Can your mother read AND write?	No.....0 She reads only.....1 She reads and writes.....2	
FL4	Can your father read AND write?	No.....0 He reads only.....1 He reads and writes.....2	
Please Circle YES OR NO to the questions below:		YES = 1	NO = 2
FL5	Do you have an electric fan at home?	YES = 1	NO = 2
FL6	Do you have a refrigerator?	YES = 1	NO = 2
FL7	Do you have sui gas for cooking?	YES = 1	NO = 2
FL8	Do you get water at home?	YES = 1	NO = 2
FL9	How many rooms do you have at home?	_____ (number)	

DISABILITY QUESTIONS (DQ) (The Washington Group Disability)		
Please circle ONE answer for each question:		
DQ 1.	Do you have difficulty seeing, even if wearing glasses?	1. No - no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all
DQ 2	Do you have difficulty hearing?	1. No- no difficulty

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		2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all
DQ 3.	Do you have difficulty walking or climbing steps?	1. No- no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all
DQ 4.	Do you have difficulty remembering or concentrating?	1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all
DQ 5	Do you have difficulty speaking?	1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all

THANK YOU FOR HELPING US TO HELP OTHER CHILDREN

PLEASE TURN THE PAGE FOR A GAME TO PLAY