

Study Title: Randomized Controlled Trial of a Multi-pronged Intervention to Address Prevention of Violence in Zambia (VATU)

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Child Measure

1. Demographics
2. Youth Victimization Scale
3. Aggression Scale
4. Trauma Experiences and Feelings Questions (CPSS)
5. Child Mental Health (Achenbach Youth Self-Report)
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SECTION 1: DEMOGRAPHICS

1.1. Gender	Male	1
	Female	2
1.2. Year of Birth	1999	1
	2000	2
	2001	3
	2002	4
	2003	5
	2004	6
	2005	7
	2006	8
	2007	9
	2008	10
	Refused	-9
	Don't know	-8
	1.3 What is your age?	8 years old
9 years old		2
10 years old		3
11 years old		4
12 years old		5
13 years old		6
14 years old		7
15 years old		8
16 years old		9
17 years old		10
Refused		-9
Don't know		-8
		Ngoni
	Tonga	2
	Bemba	3

1.4. What is your tribe or ethnicity?	Lozi	4
	Kaonde	5
	Luvale	6
	Lunda	7
	Chewa	8
	Ndebele	9
	Any other tribe or ethnicity not mentioned	10
	Refused	-9
	Don't know	-8

Education			
1.5 Are you currently attending school?	Yes	1 (Go to 1.5b)	
	No	0 (Go to 1.5a)	
	Refused	-9	
	Don't know	-8	
1.5a	Did you ever attend school?		
	Yes	1 (Go to 1.5b)	
	No	0 (Go to 1.5c)	
	Refused	-9	
1.5b	How many days have you been absent from school or from your studies due to illness in the last 6 months?	0 or no days	0 (Go to 1.6)
		1-4 days	1
		5 to 10 days	2
		11 or more days	3
		I have not attended school in the last 6 months	4 (Go to 1.5c)
		Refused	-9
		Don't know	-8
1.5c	Why are you not attending school?	Financial reasons	1
		Ill or handicapped	2
		Failed exams	3
		Too far away	4
		Don't like school	5
		A different reason not listed here	6
		Don't know	-8
		Refused	-9
		Not Applicable	-7
1.6 In the last 6 months, did you attend a government or private school?	Government	1	
	Private	2	
	Both	3	
	Other type of school	4	
	Never attended school	5	
	Don't know	-8	
Refused	-9		

1.7 What is the highest level of schooling you have completed?	Primary (grades 1-3)	1
	Primary (grades 4-5)	2
	Primary (grades 6-7)	3
	Middle (grades 8-9)	4
	Completed grade 9, but did not pass grade 9 exams	5
	High school (grade 10-12)	6
	Completed grade 12, but did not pass grade 12 exams	7
	Other level or type of school not listed here	8
	Refused	-9
	Don't know	-8
	1.8 Which of these people is your primary caretaker? (For example, the person who spends the most time with you, cares for you, brings you to services)	No one
Father		2
Mother		3
Stepfather		4
Stepmother		5
Grandfather(s)		6
Grandmother(s)		7
Brother(s)		8
Sister(s)		9
Other Relative(s)		10
Other Person or people not listed here		11
Refused		-9
Don't know		-8
1.9 What is your relationship to the person who heads your household? He or she is my...	Father	1
	Mother	2
	Stepfather	3
	Stepmother	4
	Grandfather	5
	Grandmother	6
	Brother	7
	Sister	8
	Aunt	9
	Uncle	10
	Other relative	11
	Other person not listed here	12
	Refused	-9
Don't know	-8	

Section 2. Youth Victimization Scale

Since the beginning of the school year, while you are at school how much have *you* been...

	Never	Once	Sometimes	Often	Don't know	Refused
2.1. beaten by a student	0	1	2	3	-8	-9
2.2. beaten by school staff	0	1	2	3	-8	-9
2.3. Kicked or pushed by a student	0	1	2	3	-8	-9
2.4. Kicked or pushed by school staff	0	1	2	3	-8	-9
2.5. Badly beaten up	0	1	2	3	-8	-9
2.6. Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.7. Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.8. Threatened with a gun	0	1	2	3	-8	-9
2.9. Verbally or emotionally abused by a student; that is, being called names or having things said to you that make you feel bad about yourself or afraid	0	1	2	3	-8	-9
2.10. Verbally or emotionally abused by school staff	0	1	2	3	-8	-9
2.11. Sexually harassed by a student	0	1	2	3	-8	-9
2.12. Sexually harassed by school staff	0	1	2	3	-8	-9
2.13. Sexually assaulted	0	1	2	3	-8	-9
2.14. Robbed	0	1	2	3	-8	-9

Since the beginning of the school year, while you are at school how often have you *seen others* being...

	Never	Once	Sometimes	Often	Don't know	Refused
2.15. beaten by a student	0	1	2	3	-8	-9
2.16. beaten by school staff	0	1	2	3	-8	-9
2.17. Kicked or pushed by a student	0	1	2	3	-8	-9
2.18. Kicked or pushed by school staff	0	1	2	3	-8	-9

2.19. Badly beaten up	0	1	2	3	-8	-9
2.20. Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.21. Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.22. Threatened with a gun	0	1	2	3	-8	-9
2.23. Verbally or emotionally abused by a student; that is, being called names or having things said to you that make you feel bad about yourself or afraid	0	1	2	3	-8	-9
2.24. Verbally or emotionally abused by school staff	0	1	2	3	-8	-9
2.25. Sexually harassed by a student	0	1	2	3	-8	-9
2.26. Sexually harassed by school staff	0	1	2	3	-8	-9
2.27. Sexually assaulted	0	1	2	3	-8	-9
2.28. Robbed	0	1	2	3	-8	-9
2.29 In a fight after drinking or getting high or blown	0	1	2	3	-8	-9

In your neighborhood, how often have you been ...

	Never	Once	Sometimes	Often	Don't know	Refused
2.30. beaten	0	1	2	3	-8	-9
2.31 Kicked	0	1	2	3	-8	-9
2.32 Pushed or shoved	0	1	2	3	-8	-9
2.33 Badly beaten up	0	1	2	3	-8	-9
2.34 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.35 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.36 Threatened with a gun	0	1	2	3	-8	-9
2.37 Shot at	0	1	2	3	-8	-9
2.38 Verbally or emotionally abused, that is, being called names	0	1	2	3	-8	-9

or having things said to you that make you feel bad about yourself or afraid						
2.39 Sexually harassed	0	1	2	3	-8	-9
2.40 Sexually assaulted	0	1	2	3	-8	-9
2.41 Robbed	0	1	2	3	-8	-9

In your neighborhood, how often have you seen others being ...

	Never	Once	Sometimes	Often	Don't know	Refused
2.42 beaten	0	1	2	3	-8	-9
2.43 Kicked	0	1	2	3	-8	-9
2.44 Pushed or shoved	0	1	2	3	-8	-9
2.45 Badly beaten up	0	1	2	3	-8	-9
2.46 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.47 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.48 Threatened with a gun	0	1	2	3	-8	-9
2.49 Shot at	0	1	2	3	-8	-9
2.50 Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid	0	1	2	3	-8	-9
2.51 Sexually harassed	0	1	2	3	-8	-9
2.52 Sexually assaulted	0	1	2	3	-8	-9
2.53 Robbed	0	1	2	3	-8	-9
2.54 In a fight after drinking or getting high/blown	0	1	2	3	-8	-9

At school, how often have you heard of other students being ...

	Never	Once	Sometimes	Often	Don't know	Refused
2.55 beaten by a student	0	1	2	3	-8	-9
2.56 beaten by school staff	0	1	2	3	-8	-9
2.57 Kicked or pushed by a student	0	1	2	3	-8	-9
2.58 Kicked or pushed by school staff	0	1	2	3	-8	-9
2.59 Badly beaten up	0	1	2	3	-8	-9

2.60 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.61 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.62 Threatened with a gun	0	1	2	3	-8	-9
2.63 Verbally or emotionally abused by a student; that is, being called names or having things said to you that make you feel bad about yourself or afraid	0	1	2	3	-8	-9
2.64 Shot at	0	1	2	3	-8	-9
2.65. Verbally or emotionally abused by school staff	0	1	2	3	-8	-9
2.65 Sexually harassed by a student	0	1	2	3	-8	-9
2.67. Sexually harassed by school staff	0	1	2	3	-8	-9
2.68 Sexually assaulted	0	1	2	3	-8	-9
2.69 Robbed	0	1	2	3	-8	-9
2.70 In a fight after drinking or getting high/blown	0	1	2	3	-8	-9

In your neighborhood, how often have you *heard of others being ...*

	Never	Once	Sometimes	Often	Don't know	Refused
2.71. beaten	0	1	2	3	-8	-9
2.72 Kicked	0	1	2	3	-8	-9
2.73 Pushed or shoved	0	1	2	3	-8	-9
2.74 Badly beaten up	0	1	2	3	-8	-9
2.75 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.76 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.77 Threatened with a gun	0	1	2	3	-8	-9
2.78 Shot at	0	1	2	3	-8	-9
2.79 Verbally or emotionally abused, that is, being called names or having things said to you that make you feel bad about yourself or afraid	0	1	2	3	-8	-9
2.80 Sexually harassed	0	1	2	3	-8	-9
2.81 Sexually assaulted	0	1	2	3	-8	-9
2.82 Robbed	0	1	2	3	-8	-9

2.83 In a fight after drinking or getting high/blown	0	1	2	3	-8	-9
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At home, in the past, how often have you been ...

	Never	Once	Sometimes	Often	Don't know	Refused
2.84 beaten	0	1	2	3	-8	-9
2.85 Kicked	0	1	2	3	-8	-9
2.86 Pushed or shoved	0	1	2	3	-8	-9
2.87 Badly beaten up	0	1	2	3	-8	-9
2.88 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.89 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.90 Threatened with a gun	0	1	2	3	-8	-9
2.91 Shot at	0	1	2	3	-8	-9
2.92 Verbally or emotionally abused	0	1	2	3	-8	-9
2.93 Sexually harassed	0	1	2	3	-8	-9
2.94 Sexually assaulted	0	1	2	3	-8	-9
2.95 Robbed	0	1	2	3	-8	-9

At home, in the past, how often have you seen other family members being ...

	Never	Once	Someti mes	Often	Don't know	Refused
2.96 beaten	0	1	2	3	-8	-9
2.97 Kicked	0	1	2	3	-8	-9
2.98 Pushed or shoved	0	1	2	3	-8	-9
2.99 Badly beaten up	0	1	2	3	-8	-9
2.100 Threatened with a knife or sharp weapon	0	1	2	3	-8	-9
2.101 Attacked with a knife or sharp weapon	0	1	2	3	-8	-9
2.102 Threatened with a gun	0	1	2	3	-8	-9
2.103 Shot at	0	1	2	3	-8	-9
2.104 Verbally or emotionally abused	0	1	2	3	-8	-9
2.105 Sexually harassed	0	1	2	3	-8	-9
2.106 Sexually assaulted	0	1	2	3	-8	-9
2.107 Robbed	0	1	2	3	-8	-9

At school, how often have you done these things?

	Never	Once	Sometimes	Often	Don't know	Refused
2.108 beaten or kicked	0	1	2	3	-8	-9

someone						
2.109 Pushed or shoved someone when you were angry	0	1	2	3	-8	-9
2.110 Badly beaten somebody up	0	1	2	3	-8	-9
2.111 Carried a knife or sharp weapon or other blade	0	1	2	3	-8	-9
2.112 Threatened someone with a knife or sharp weapon	0	1	2	3	-8	-9
2.113 Attacked someone with a knife or sharp weapon	0	1	2	3	-8	-9
2.114 Carried a weapon	0	1	2	3	-8	-9
2.115 Threatened someone with a gun	0	1	2	3	-8	-9
2.116 Verbally or emotionally abused someone, that is, said something that made them feel bad about themselves, or afraid	0	1	2	3	-8	-9
2.117 Sexually harassed someone	0	1	2	3	-8	-9
2.118 Sexually assaulted someone	0	1	2	3	-8	-9
2.119 Robbed someone	0	1	2	3	-8	-9
2.120 Been suspended	0	1	2	3	-8	-9
2.121 Gotten into a fight after drinking or getting high/blown	0	1	2	3	-8	-9

Outside of school, how often have you done these things?

	Never	Once	Sometimes	Often	Don't know	Refused
2.122 beaten or kicked someone	0	1	2	3	-8	-9
2.123 Pushed or shoved someone when you were angry	0	1	2	3	-8	-9
2.124 Badly beaten somebody up	0	1	2	3	-8	-9
2.125 Carried a knife or sharp weapon or other blade	0	1	2	3	-8	-9
2.126 Threatened someone with a knife or sharp weapon	0	1	2	3	-8	-9
2.127 Attacked	0	1	2	3	-8	-9

someone with a knife or sharp weapon						
2.128 Carried a weapon	0	1	2	3	-8	-9
2.129 Threatened someone with a gun	0	1	2	3	-8	-9
2.130 Verbally or emotionally abused someone, that is, said something that made them feel bad about themselves, or afraid	0	1	2	3	-8	-9
2.131. Sexually harassed someone	0	1	2	3	-8	-9
2.132 Sexually assaulted someone	0	1	2	3	-8	-9
2.133 Robbed someone	0	1	2	3	-8	-9
2.134 Been suspended	0	1	2	3	-8	-9
2.135 Gotten into a fight after drinking or getting high/blown	0	1	2	3	-8	-9

Section 3. Aggression Scale

Please answer the following questions thinking of what actually happened to you during the *last 7 days*. For each question, indicate how many times you did something during the last 7 days.

Number of times:	0	1	2	3	4	5	6 or more	Don't Know	Refused
3.1 I made fun of students to make them angry	0	1	2	3	4	5	6	-8	-9
3.2 I got angry very easily at someone	0	1	2	3	4	5	6	-8	-9
3.3 I fought back when someone hit me first	0	1	2	3	4	5	6	-8	-9
3.4 I said things about other kids to make other students laugh	0	1	2	3	4	5	6	-8	-9
3.5 I encouraged other students to fight	0	1	2	3	4	5	6	-8	-9
3.6 I pushed or shoved other students	0	1	2	3	4	5	6	-8	-9
3.7 I was angry most of the day	0	1	2	3	4	5	6	-8	-9
3.8 I got into a physical fight because I was angry	0	1	2	3	4	5	6	-8	-9
3.9 I slapped or kicked someone	0	1	2	3	4	5	6	-8	-9
3.10 I called other students bad names	0	1	2	3	4	5	6	-8	-9
3.11 I threatened to hurt or hit someone	0	1	2	3	4	5	6	-8	-9

SECTION 4. Trauma Experiences and Feelings Questions (CPSS)

Below is a list of scary, dangerous or violent situations or events that sometimes happen to kids. For each of the following questions, mark YES if the event happened to you and mark NO if the event did not happen to you.

	No	Yes	Don't know	Refused
4.1 Have you been in a tragedy , like a fire or flood?	0	1	-8	-9
4.2 Have you witnessed someone else drown or nearly drowning yourself?	0	1	-8	-9
4.3 Have you been in a bad accident , like a very serious car accident?	0	1	-8	-9
4.4 Have you been in a place where war was going on around you?	0	1	-8	-9
4.5 Have you been hit, kicked or punched very hard at home (DO NOT include ordinary fights with brothers or sisters)?	0	1	-8	-9
4.6 Have you seen a family member being hit, punched or kicked very hard at home (DO NOT include ordinary fights with brothers or sisters)?	0	1	-8	-9
4.7 Have you been beaten up, shot at or being threatened to be hurt badly?	0	1	-8	-9
4.8 Have you seen someone in real life being beaten up, shot at, hurt badly, killed or almost killed ?	0	1	-8	-9
4.9 Have you seen a dead body in real life. (DO NOT include funerals)?	0	1	-8	-9
4.10 Have you had an adult or someone much older touch your private sexual body parts when you did not want them to or anyone forcing sex on you?	0	1	-8	-9
4.11 Have you heard about the violent death or serious injury of a loved one?	0	1	-8	-9
4.12 Have you had a painful and scary medical treatment in a hospital when you were very badly sick or injured?	0	1	-8	-9
4.13 Have you been bullied by your peers (hit, kicked pushed, shoved around, locked indoors, made fun of)?	0	1	-8	-9
4.14 Other than these situations, has any thing else every happened to you that was	0	1	-8	-9

really scary, dangerous or violent?				
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SECTION 4. Trauma Experiences and Feelings Questions (CPSS)

How often have the following things bothered you in the last two weeks:						
	Never	Once in a while	More than half the time	Almost always	Don't know	Refused
4.15 In the last two week, have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?	0	1	2	3	-8	-9
4.16 In the last two weeks, have you had bad dreams or nightmares?	0	1	2	3	-8	-9
4.17 In the last two weeks, have you acted or had feeling as if the event was happening again?	0	1	2	3	-8	-9
4.18 In the last two weeks have you felt upset when you think about or hear about the event?	0	1	2	3	-8	-9
4.19 In the last two weeks, have you had feelings in your body when you think about or hear about the event (Heart beating fast, upset stomach,nervous)?	0	1	2	3	-8	-9
4.20 In the last two weeks, have you tried not to think about, talk about or have feelings about the event?	0	1	2	3	-8	-9
4.21 In the last two weeks have you tried to avoid activities or people, or places that remind you of the event?	0	1	2	3	-8	-9
4.22 In the last two weeks, have you had trouble remembering an important part of the upsetting event?	0	1	2	3	-8	-9
4.23 In the last two weeks, have you had much less interest or not doing the things you used to do?	0	1	2	3	-8	-9
4.24 In the last two weeks, have you not felt too close to the people around you?	0	1	2	3	-8	-9
4.25 In the last two weeks, have you not been able to have strong feelings (for example, not being able to cry or feel really happy)?	0	1	2	3	-8	-9
4.26 In the last two weeks, have you felt as if your future hopes or plans will not come true?	0	1	2	3	-8	-9
4.27 In the last two weeks, have you had trouble falling or staying asleep?	0	1	2	3	-8	-9
4.28 In the last two weeks have you felt irritable or angry?	0	1	2	3	-8	-9
4.29 In the last two weeks, have you had trouble concentrating?	0	1	2	3	-8	-9
4.30 In the last two weeks, have you been overly careful (for example, checking to see who is around you)?	0	1	2	3	-8	-9

4.31 In the last two weeks, have you been jumpy or easily startled?	0	1	2	3	-8	-9
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SECTION 5: Child Mental Health [Achenbach Youth Self-Report]

<i>Now you are going to hear some statements that describe children. For each statement, please think about whether the statement is not true of you, somewhat or sometimes true of you, or very true or often true of you now or within the past 4 weeks.</i>					
	Not true	Somewhat or sometimes true	Very true or often true	Don't know	Refused
5.1 In the past 4 weeks, I acted too young for my age.	0	1	2	-8	-9
5.2 In the past 4 weeks, I drank alcohol without my parent's approval:	0	1	2	-8	-9
5.3 In the past 4 weeks, I argued a lot.	0	1	2	-8	-9
5.4 In the past 4 weeks, I failed to finish things I start.	0	1	2	-8	-9
5.5 In the past 4 weeks, there is very little that I enjoyed.	0	1	2	-8	-9
5.6 In the past 4 weeks, I liked animals.	0	1	2	-8	-9
5.7 In the past 4 weeks, I bragged.	0	1	2	-8	-9
5.8 In the past 4 weeks, I couldn't concentrate or I have had trouble paying attention.	0	1	2	-8	-9
5.9 In the past 4 weeks, I couldn't get my mind off certain thoughts or I thought over something too much.	0	1	2	-8	-9
5.10 In the past 4 weeks, I have had trouble sitting still.	0	1	2	-8	-9
5.11 In the past 4 weeks, I have been too dependent on adults.	0	1	2	-8	-9
5.12 In the past 4 weeks I have felt lonely.	0	1	2	-8	-9
5.13 In the past 4 weeks, I have felt confused	0	1	2	-8	-9
5.14 In the past 4 weeks I have cried a lot.	0	1	2	-8	-9
5.15 In the past 4 weeks, I have been pretty honest.	0	1	2	-8	-9
5.16 In the past 4 weeks, I have been mean to others.	0	1	2	-8	-9
5.17 In the past 4 weeks, I have daydreamed a lot.	0	1	2	-8	-9
5.18 In the past 4 weeks, I have deliberately tried to hurt or kill myself.	0	1	2	-8	-9
5.19 In the past 4 weeks I have tried to get a lot of attention.	0	1	2	-8	-9
5.20 In the past 4 weeks, I have destroyed my own things.	0	1	2	-8	-9

SECTION 5 : Child Mental Health [Achenbach Youth Self-Report]

	Not true	Somewhat or		Don't know	Refused
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		sometimes true	Very true or often true		
5.21 In the past 4 weeks, I have destroyed things belonging to others.	0	1	2	-8	-9
5.22 In the past 4 weeks, I have disobeyed my parents.	0	1	2	-8	-9
5.23 In the past 4 weeks, I have disobeyed at school.	0	1	2	-8	-9
5.24 In the past 4 weeks, I have not eaten as well as I should.	0	1	2	-8	-9
5.25 In the past 4 weeks, I have not gotten along with other kids.	0	1	2	-8	-9
5.26 In the past 4 weeks, I have not felt guilty after doing something I shouldn't.	0	1	2	-8	-9
5.27 In the past 4 weeks, I have been jealous of others.	0	1	2	-8	-9
5.28 In the past 4 weeks, I broke rules at home, school, or elsewhere.	0	1	2	-8	-9
5.29 In the past 4 weeks, I have been afraid of certain animals, situations, or places other than schools.	0	1	2	-8	-9
5.30 In the past 4 weeks, I have been afraid of going to school.	0	1	2	-8	-9
5.31 In the past 4 weeks, I have been afraid I might think or do something bad.	0	1	2	-8	-9
5.32 In the past 4 weeks, I felt that I have to be perfect.	0	1	2	-8	-9
5.33 In the past 4 weeks, I have felt that no one loves me.	0	1	2	-8	-9
5.34 In the past 4 weeks, I felt that others are out to get me.	0	1	2	-8	-9
5.35 In the past 4 weeks, I felt worthless or inferior.	0	1	2	-8	-9
5.36 In the past 4 weeks, I accidentally got hurt a lot.	0	1	2	-8	-9
5.37 In the past 4 weeks, I fought other children.	0	1	2	-8	-9
5.38 In the past 4 weeks, I got made fun of a lot	0	1	2	-8	-9
5.39 In the past 4 weeks, I hung around with kids who get in trouble.	0	1	2	-8	-9
5.40 In the past 4 weeks, I heard sounds or voices that other people think aren't there.	0	1	2	-8	-9
5.41 In the past 4 weeks, I acted without stopping to think.	0	1	2	-8	-9

5.42 In the past 4 weeks, I would rather be alone than with others	0	1	2	-8	-9
5.43 In the past 4 weeks, I lied or cheated.	0	1	2	-8	-9
5.44 In the past 4 weeks, I have been biting my fingernails.	0	1	2	-8	-9

	Not true	Somewhat or sometimes true	Very true or often true	Don't know	Refused
5.45 In the past 4 weeks, I have been nervous or anxious.	0	1	2	-8	-9
5.46 In the past 4 weeks, parts of my body twitched or have made nervous movements.	0	1	2	-8	-9
5.47 In the past 4 weeks, I have had nightmares.	0	1	2	-8	-9
5.48 In the past 4 weeks, I have not been liked by other kids.	0	1	2	-8	-9
5.49 I can do certain things better than most kids				-8	
5.50 In the past 4 weeks, I have been too fearful or anxious.	0	1	2	-8	-9
5.51 In the past 4 weeks, I have felt dizzy or lightheaded.	0	1	2	-8	-9
5.52 In the past 4 weeks, I have felt too guilty.	0	1	2	-8	-9
5.53 In the past 4 weeks, I have eaten too much.	0	1	2	-8	-9
5.54 In the past 4 weeks, I have felt overtired without good reason.	0	1	2	-8	-9
5.55 In the past 4 weeks, I have felt that I am overweight.	0	1	2	-8	-9
5.56 Physical problems without known medical causes: [NOT A QUESTION]					
5.56.a In the past 4 weeks, I have had aches or pains (not stomach or headaches).	0	1	2	-8	-9
5.56.b In the past 4 weeks, I have had headaches.	0	1	2	-8	-9
5.56.c In the past 4 weeks, I have had nausea, felt sick.	0	1	2	-8	-9
5.56.d In the past 4 weeks, I have had problems with my eyes (not if corrected by glasses).	0	1	2	-8	-9
5.56.e In the past 4 weeks, I have had rashes or other skin problems	0	1	2	-8	-9
5.56.f In the past 4 weeks, I have had stomachaches.	0	1	2	-8	-9
5.56.g In the past 4 weeks, I have been vomiting, throwing up.	0	1	2	-8	-9
5.57 In the past 4 weeks, I have physically attacked people.	0	1	2	-8	-9
5.58 In the past 4 weeks, I have picked my skin or other parts of my body.	0	1	2	-8	-9

5.59 In the past 4 weeks, I have been pretty friendly.	0	1	2	-8	-9
5.60 In the past 4 weeks, I liked to try new things.	0	1	2	-8	-9

	Not true	Somewhat or sometimes true	Very true or often true	Don't know	Refused
5.61 In the past 4 weeks, my schoolwork has been poor.	0	1	2	-8	-9
5.62 In the past 4 weeks, I have been poorly coordinated or clumsy.	0	1	2	-8	-9
5.63 In the past 4 weeks, I would have rather been with older kids than kids my own age.	0	1	2	-8	-9
5.64 In the past 4 weeks, I would have rather been with younger kids than kids my own age.	0	1	2	-8	-9
5.65 In the past 4 weeks, I have refused to talk.	0	1	2	-8	-9
5.66 In the past 4 weeks, I have repeated certain acts over and over.	0	1	2	-8	-9
5.67 In the past 4 weeks, I have run away from home.	0	1	2	-8	-9
5.68 In the past 4 weeks, I have screamed a lot.	0	1	2	-8	-9
5.69 In the past 4 weeks, I have been secretive or kept things to myself.	0	1	2	-8	-9
5.70 In the past 4 weeks, I have seen things that other people think aren't there.	0	1	2	-8	-9
5.71 In the past 4 weeks, I have been self-conscious or easily embarrassed.	0	1	2	-8	-9
5.72 In the past 4 weeks, I have set fires.	0	1	2	-8	-9
5.73 In the past 4 weeks, I have worked well with my hands.	0	1	2	-8	-9
5.74 In the past 4 weeks, I have shown off or fooled around.	0	1	2	-8	-9
5.75 In the past 4 weeks, I have been too shy or timid.	0	1	2	-8	-9
5.76 In the past 4 weeks, I have slept less than most kids.	0	1	2	-8	-9
5.77 In the past 4 weeks, I have slept more than most kids during the day and/or during the night.	0	1	2	-8	-9
5.78 In the last 4 weeks, I have been daydreaming or easily distracted.	0	1	2	-8	-9

5.79 In the past 4 weeks, I have had a speech problems.	0	1	2	-8	-9
5.80 In the past 4 weeks, I have stood up for my rights.	0	1	2	-8	-9
5.81 In the past 4 weeks, I have stolen at home.	0	1	2	-8	-9
5.82 In the past 4 weeks, I have stolen from places other than home.	0	1	2	-8	-9
5.83 In the past 4 weeks, I stored up too many things I don't need.	0	1	2	-8	-9
5.84 In the past 4 weeks, I have done things other people think are strange.	0	1	2	-8	-9

	Not true	Somewhat or sometimes true	Very true or often true	Don't know	Refused
5.85 In the past 4 weeks, I have had thoughts that other people would think are strange.	0	1	2	-8	-9
5.86 In the past 4 weeks, I have been stubborn.	0	1	2	-8	-9
5.87 In the past 4 weeks, my moods or feelings have changed suddenly.	0	1	2	-8	-9
5.88 In the past 4 weeks, I have enjoyed being with people.	0	1	2	-8	-9
5.89 In the past 4 weeks, I have been suspicious.	0	1	2	-8	-9
5.90 In the past 4 weeks, I have sworn or used dirty language.	0	1	2	-8	-9
5.91 In the past 4 weeks, I have thought about killing myself.	0	1	2	-8	-9
5.92 In the past 4 weeks, I liked to make others laugh.	0	1	2	-8	-9
5.93 In the past 4 weeks, I have talked too much.	0	1	2	-8	-9
5.94 In the past 4 weeks, I have teased others a lot.	0	1	2	-8	-9
5.95 In the past 4 weeks, I have had a hot temper.	0	1	2	-8	-9
5.96 In the past 4 weeks, I have thought about sex too much.	0	1	2	-8	-9
5.97 In the past 4 weeks, I have threatened to hurt people.	0	1	2	-8	-9
5.98 In the past 4 weeks, I liked to help others.	0	1	2	-8	-9
5.99 In the past 4 weeks, I have smoked tobacco.	0	1	2	-8	-9
5.100 In the past 4 weeks, I have had trouble sleeping.	0	1	2	-8	-9
5.101 In the past 4 weeks, I have cut classes or skipped school.	0	1	2	-8	-9
5.102 In the past 4 weeks, I have not had much energy.	0	1	2	-8	-9
5.103 In the past 4 weeks, I have felt unhappy.	0	1	2	-8	-9

5.104 In the past 4 weeks, I have been louder than other kids.	0	1	2	-8	-9
5.105 In the past 4 weeks, I have used drugs for nonmedical purposes.	0	1	2	-8	-9
5.106 In the past 4 weeks, I liked to be fair to others.	0	1	2	-8	-9
5.107 In the past 4 weeks, I enjoyed a good joke.	0	1	2	-8	-9
5.108 In the past 4 weeks, I liked to take life easy.	0	1	2	-8	-9

	Not true	Somewhat or sometimes true	Very true or often true	Don't know	Refused
5.109 In the past 4 weeks, I tried to help other people when I could.	0	1	2	-8	-9
5.110 In the past 4 weeks, I wished I were of the opposite sex.	0	1	2	-8	-9
5.111 In the past 4 weeks, I kept from getting involved with others (I have been alone).	0	1	2	-8	-9
5.112 In the past 4 weeks, I have worried a lot.	0	1	2	-8	-9

SECTION 6: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

The following questions ask about your experience of using alcohol, tobacco products and inhalants across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected. For these questions, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please us know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

10.1 In your life, which of the following substances have you ever used (non-medical use only)?			
6.1a	Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	Yes	1
		No	0
6.1b	Alcoholic beverages (for example, beer, wine, spirits, etc.)	Yes	1
		No	0
6.1c	Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	Yes	1
		No	0
6.1d	marijuana (for example, , daga, , grass, etc.)	Yes	1
		No	0
6.1e	Cocaine (for example, coke, crack, baby powder etc.)	Yes	1
		No	0
6.1f	Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	Yes	1
		No	0
6.1g	Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	Yes	1
		No	0
6.1h	Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	Yes	1
		No	0
6.1i	Opioids (heroin, morphine, methadone, codeine, etc.)	Yes	1
		No	0
6.1j	Other substance or substances not already mentioned	Yes	1
		No	0
<p>If no to all of above, then skip to 6.6 on injection drug use.</p> <p>If “Yes” to any of these items, ask Q 6.2 for each substance ever used (each substance responded to with 1)</p>			

SECTION 10: ASSIST

6.2 In the <i>past three months</i> , how often have you used the substances you	Never	Once or twice	monthly	Weekly	Daily or almost daily
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mentioned (first drug, second drug, etc)?					
6.2a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	2	3	4	6
6.2b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	2	3	4	6
6.2c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	2	3	4	6
6.2d Marijuana (for example, daga , grass, hash, etc.)	0	2	3	4	6
6.2e Cocaine (for example, coke, crack, baby powder etc.)	0	2	3	4	6
6.2 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	2	3	4	6
6.2g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	2	3	4	6
6.2h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	2	3	4	6
6.2i Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
6.2j Other substance or substances not mentioned	0	2	3	4	6

If “Never” to all items in Q6.2, skip to Q6.6.

If any substances in Q6.2. (response of 2,3,4, or 6) were used in the previous three months, continue with Questions 6.3, 6.4 & 6.5 for each substance used.

6.3 During the <i>past three months</i>, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or twice	monthly	Weekly	Daily or almost daily
6.3a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	3	4	5	6
6.3b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	3	4	5	6
6.3c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	3	4	5	6
6.3d Marijuana (for example, daga , grass, hash, etc.)	0	3	4	5	6
6.3e Cocaine (for example, coke, crack, baby powder etc.)	0	3	4	5	6
6.3 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	3	4	5	6
6.3g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	3	4	5	6
6.3h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	3	4	5	6
6.3i Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
6.3j Other substance or substances not mentioned	0	3	4	5	6

6.4 During the <i>past three months</i>, how	Never	Once or	monthly	Weekly	Daily or
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often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?		twice			almost daily
6.4a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	4	5	6	7
6.4b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	4	5	6	7
6.4c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	4	5	6	7
6.4d Marijuana (for example, daga, grass, hash, etc.)	0	4	5	6	7
6.4e Cocaine (for example, coke, crack, baby powder etc.)	0	4	5	6	7
6.4 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	4	5	6	7
6.4g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	4	5	6	7
6.4h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	4	5	6	7
6.4i Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
6.4j Other substance or substances not mentioned	0	4	5	6	7

6.5 During the <i>past three months</i>, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or twice	monthly	Weekly	Daily or almost daily
6.5a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	5	6	7	8
6.5b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	5	6	7	8
6.5c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	5	6	7	8
6.5d Marijuana (for example, , grass, hash, etc.)	0	5	6	7	8
6.5e Cocaine (for example, coke, crack, baby powder etc.)	0	5	6	7	8
6.5 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	5	6	7	8
6.5g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	5	6	7	8
6.5h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	5	6	7	8
6.5i Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
6.5j Other substance or substances not mentioned	0	5	6	7	8

6.6 Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
6.6a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	6	3
6.6b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	6	3
6.6c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	6	3
6.6d Marijuana (for example, daga, , grass, hash, etc.)	0	6	3
6.6e Cocaine (for example, coke, crack, baby powder etc.)	0	6	3
6.6 f Amphetamine-type stimulants (for example, speed,, ecstasy, etc.)	0	6	3
6.6g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
6.6h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
6.6i Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
6.6j Other substance or substances not mentioned	0	6	3

6.7 Have you ever tried to cut down on using (first drug, second drug, etc) but failed?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
6.7a Tobacco products (for example, cigarettes, chewing tobacco, kube, cigars, etc.)	0	6	3
6.7b Alcoholic beverages (for example, beer, wine, spirits, etc.)	0	6	3
6.7c Inhalents (for example, gasoline, paint, nail polish, thinners, jet fuel, jankhem[fermented human faecal matter])	0	6	3
6.7d Marijuana (for example, daga, grass, hash, etc.)	0	6	3
6.7e Cocaine (for example, coke, crack, baby powder etc.)	0	6	3
6.7 f Amphetamine-type stimulants (for example, speed, , ecstasy, etc.)	0	6	3
6.7g Sedatives or sleeping pills (for example, diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
6.7h Hallucinogens (for example, LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
6.7i Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
6.7j Other substance or substances not mentioned	0	6	3

		No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
6.8 Have you <i>ever</i> used any drug by injection (non-medical use only)?		0	6	3
If respondent answered "Yes" to injecting drugs in the past 3 months, go to Q 6.8a.				
If respondent answered "No" or "Yes, but not in the past 3 months", skip to Section 7				
6.8a	How often have you used any drug by injection in the past 3 months?	4 days or less per month	1	
		More than 4 days per month	2	
		Don't know/don't remember	-8	
		Refused	-9	

7. HIV

7.1. Have you been tested for HIV?

- 0) No
- 01) Yes
- 8) Don't know
- 9) Refused

SKIP LOGIC: If 0, skip to question 4. Otherwise, ask 2 and 3.

7.2. How long ago was your last HIV test?

- 1) In the past 3 months
- 2) More than 3 months ago, but in the last year
- 3) More than 1 year ago
- 8) Don't know
- 9) Refused

7.3. What was your HIV test result?

- 0) Negative, I did not have HIV
- 1) Positive, I did have HIV
- 2) I did not go for the test result
- 8) Don't know
- 9) Refused

7.4. What is your HIV status?

- 0) HIV negative
- 1) HIV positive
- 8) don't know
- 9) Refused

If not HIV positive, skip to 7.11.

Among those HIV positive (responded 1 to question 7.3 and/ or question 7.4) respond to 7.5-7.10

7.5. Have you been told you should start HIV medication/ART?

- 0)No
- 1) Yes
- 8) don't know
- 9) refused

7.6. Did you start taking HIV medication/ART?

- 0)No

- 1) Yes
- 8) don't know
- 9) refused

7.7. How soon after you were told to start HIV medication/ARTs, did you actually start taking them?

- 0) I did not start taking them
- 1) I took them immediately after they told me I should start
- 2) I took them within a month of being told to start
- 3) I took them within 2-6 months of being told to start
- 4) I took them within 6-12 months of being told to start
- 5) I took them a year or more after being told to start

7.8. Are you currently taking HIV medication/ART?

- 0)No
- 1) Yes
- 8) don't know
- 9) refused

7.9. How many appointments for HIV care have you missed in the past 3 months?

- 0) None
- 1) A few
- 2) Many
- 3) All or almost all
- 8) Don't know
- 9) Refused

7.10. How would you describe how you take HIV medication/ARTs?

- 0) I never take my medication/ART as I am supposed to
- 1) I rarely take my medication/ART as I am supposed to
- 2) Most of the time I take my medication/ART as I am supposed to
- 3) I always take my medication/ART as I am supposed to
- 8) Don't know
- 9) Refused

Now please tell me whether you strongly disagree, disagree, agree, or strongly agree with the following statements...						
	Strongly disagree	Disagree	Agree	Strongly agree	Don't Know	Refused
7.11a I am starting to think about the HIV risk from my sexual behavior.	0	1	2	3	-8	-9
7.11b I am concerned about the HIV risk from my sexual behavior.	0	1	2	3	-8	-9

7.11c I am planning to make some changes in my sexual behavior to reduce risk for HIV.	0	1	2	3	-8	-9
7.11d I am changing my sexual behavior.	0	1	2	3	-8	-9
7.11e I have already made some changes in my sexual behavior and I would like to keep from going back to my old behaviours.	0	1	2	3	-8	-9

SKIP LOGIC: ONLY ADOLESCENTS 13 AND ABOVE ANSWER 7.12

7.12. What is your spouse/partner's HIV status?

- 0) HIV negative
- 1) HIV positive
- 2) I do not have a spouse or sexual partner
- 8) don't know
- 9) Refused

8. Washington Group Disability Questions

DISABILITY					
Response Options					
	Question	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do it all
8.1	Do you have difficulty seeing, even if wearing glasses or specs?	0	1	2	3
8.2	Do you have difficulty hearing?	0	1	2	3
8.3	Do you have difficulty walking or climbing steps?	0	1	2	3
8.4	Do you have difficulty remembering or concentrating?	0	1	2	3
8.5	Do you have difficulty speaking?	0	1	2	3

