

# Advancing the Measurement of Violence in and Around Schools: Evidence from Malawi

## SUPPLEMENTARY MATERIALS

*This document provides supplementary materials used for the study [Smarrelli, Gabriela, Esmé Kadzamira, Thi Le, and Tionge Saka. 2026. Advancing the Measurement of Violence in and Around Schools: Evidence from Malawi. Center for Global Development.](#)*

The consent forms, questionnaire, and help services card included in this document were piloted and tested in Malawi. If others are interested in using this questionnaire, we strongly advise piloting it first to ensure that it is appropriate for their specific context.

## Index

1. Consent Forms.....	3
2. Household Questionnaire.....	9
3. Child Questionnaire – F2F .....	18
4. Child Questionnaire – ACASI .....	35
5. Response Cards .....	51
6. Mental Health Child Help Card.....	52

# 1. Consent Forms

## Consent from Parents [Children interviewed in their home]

I am \_\_\_\_\_, from the Centre for Education Research and Training (CERT). CERT is a research centre from the University of Malawi that conducts surveys and research on various social topics. CERT, together with the Center for Global Development based in the United Kingdom, are conducting a study on children's experiences of school, particularly related to children's safety in school.

### **Procedures:**

We will conduct this survey in several districts of Malawi with 6,000 children. Apart from having a child or children aged 8 to 12 years, your household was not selected for any specific reason. Your household has been chosen randomly from a list of households that we have enumerated in this area and have children aged 8 to 12 years.

I am here to give you some information about the study and to invite you and your child to participate in an interview. If you agree to participate, I will ask you some general questions about your household for around 20 minutes. After this, if you allow us and [Name of child] agrees we will interview your child. The survey with your child will take around 40 minutes and will take place here at home.

### **Privacy:**

I will speak to you and your child separately. After your interview, I will talk to your child in private and will ask [her/him] questions about their education, what he/she thinks about their school, whether they feel safe in school, and his/her experiences of school, including any experiences of bullying or abuse in school or on the way to or from school.

### **Benefits:**

There are no direct benefits from participating in the survey. However, the information you and your child would provide will help us to understand better children's feelings about school and children's safety in the school or on the way to and from school.

### **Risks and Right to Refuse or Withdraw:**

Participation in this survey is voluntary and you can choose not to participate or not to let your child participate. Your child can withdraw from participation at any point during the interview, even after the child has agreed to participate. Some children might prefer not to answer some questions or might feel uncomfortable answering some questions. If this is the case, your child will be able to refrain from answering any questions he/she doesn't want to answer and to stop the interview at any point.

If you decide not to participate or not to let your child participate, there will be no consequences for you, your children, or your family.

### **Confidentiality:**

We will do everything to maintain the confidentiality of the information you and your [son/daughter] would share with us during the survey. The device on which we are recording your answers will be password-protected and the information will not be shown to anyone except those related to the research. We will not share information with anyone outside the project team, not even with you, her/his friends, anyone in the school, or any other person in the village.

To help maintain confidentiality, we request you not to ask your [son/daughter] to share her responses given during the survey unless [she/he] approaches you to share them.

All information your child will provide will be combined with other responses. Your name and the name of your child will never be used in any publication or presentation about the research study. Eventually, all the information stored for the purpose of this study will be deleted from our records.

This study has been reviewed by the University of Malawi Research Ethics Committee. If you have any questions about this study or the results, you can contact the following: Dr X on XXXXX or Ms. X on XXXXX at the Centre for Education Research and Training (CERT). You can also direct your concerns or questions about this study to a member of the ethics review committee which approved this study at the University of Malawi, Dr X on XXXXX.

Do you want me to read this form again? Do you have any questions?

Do you agree to participate in the survey? Yes  No

Do you agree to allow your [son/daughter] to participate in the survey? Yes  No

## Consent from Parents [Children interviewed in their school]

I am \_\_\_\_\_, from the Centre for Education Research and Training (CERT). CERT is a research centre from the University of Malawi that conducts surveys and research on various social topics. CERT, together with the Center for Global Development based in the United Kingdom, are conducting a study on children's experiences of school, particularly related to children's safety in school.

### **Procedures:**

We will conduct this survey in several districts of Malawi to 6,000 children. Apart from having a child or children aged 8 to 12 years, your household was not selected for any specific reason. Your household has been chosen randomly from a list of households that we have enumerated in this area and have children aged 8 to 12 years.

I am here to give you some information about the study and to invite you and your child to participate in an interview. If you agree to participate, I will ask you some general questions about your household for around 20 minutes. After this, if you allow us and [Name of child] agrees we will interview your child at [his/her] school. The survey with your child will take around 40 minutes.

### **Privacy:**

I will speak to you and your child separately. After your interview, I will talk to your child in [his/her] school in private and will ask [her/him] questions about their education, what he/she thinks about their school, whether they feel safe in school, and his/her experiences of school, including any experiences of bullying or abuse in school or on the way to or from school.

### **Benefits:**

There are no direct benefits from participating in the survey. However, the information you and your child would provide will help us to understand better children's feelings about school and children's safety in the school or on the way to and from school.

### **Risks and Right to Refuse or Withdraw:**

Participation in this survey is voluntary and you can choose not to participate and not to let your child participate. Your child can withdraw from participation at any point during the interview, even after the child has agreed to participate. Some children might prefer not to answer some questions or might feel uncomfortable answering some questions. If this is the case, your child will be able to refrain from answering any questions he/she doesn't want to answer and to stop the interview at any point.

If you decide not to participate or not to let your child participate, there will be no consequences for you, your children, or your family.

### **Confidentiality:**

We will do everything to maintain the confidentiality of the information you and your [son/daughter] would share with us during the survey. The device on which we are recording your answers will be password-protected and the information will not be shown to anyone except those related to the research. We will not share information with anyone outside the project team, not even with you, her/his friends, anyone in the school, or any other person in the village.

To help maintain confidentiality, we request you not to ask your [son/daughter] to share [his/her] responses given during the survey unless [she/he] approaches you to share them.

All information your child will provide will be combined with other responses. Your name and the name of your child will never be used in any publication or presentation about the research study. Eventually, all the information stored for the purpose of this study will be deleted from our records.

This study has been reviewed by the University of Malawi Research Ethics Committee. If you have any questions about this study or the results, you can contact the following: Dr X on XXXXX or Ms. X on XXXXX at the Centre for Education Research and Training (CERT). You can also direct your concerns or questions about this study to a member of the ethics review committee which approved this study at the University of Malawi, Dr X on XXXXX.

Do you want me to read this form again? Do you have any questions?

Do you agree to participate in the survey? Yes  No

Do you agree to allow your [son/daughter] to participate in the survey? Yes  No

## Assent Form Children

I am \_\_\_\_\_, from the Centre for Education Research and Training (CERT). CERT is a research centre from the University of Malawi that conducts surveys and research on various social topics. CERT, together with the Center for Global Development based in the United Kingdom, are conducting a study on children's experience of school, particularly related to children's safety in school or on the way to or from school.

### **Procedures:**

We are doing this study all over Malawi with lots of children who are in primary school like you. You and the children that will participate in this survey were selected randomly, meaning that we used a computer to select 6,000 children completely by chance. We would like you to take part in this survey. Though we have received permission from your parent to conduct this interview, we want to know whether you are willing to participate or not.

The survey will take around 40 minutes and will include questions about your education, what you think about your school, whether you feel safe in school, and your experiences of school, including any experiences of bullying and abuse in school or on the way to or from school.

### **Benefits:**

There are no direct benefits from participating in the survey. However, the information you will provide will help us understand children's feelings about school and children's safety in the school or on the way to and from school.

### **Risks and Right to Refuse or Withdraw:**

Participation in this survey is voluntary and you can choose not to participate. If you decide not to participate or withdraw at any point, there will be no consequences for you or your family.

There is a chance that you may feel upset or uncomfortable while hearing or responding to certain questions during the survey. If so, you don't have to respond to those questions. You should not hesitate to tell me if you have any questions, if you want to skip a question or if want to stop the interview.

### **Confidentiality:**

We will do everything to maintain the confidentiality of the information you would share with us during the survey. The device on which we are recording your answers will be stored carefully, in a password-protected computer, and the information will not be shown to anyone except those related to the research. We will not share information with anyone outside the project team, not even with your parents, friends, school teachers, headteachers or any other person in the school or village.

To help maintain confidentiality, we have requested your parents and teachers not to ask you about the survey unless you want to discuss it with them.

All information you will provide will be combined with the responses of other children. Your name will never be used in any publication or presentation about the research study. Eventually, all the information stored for the purpose of this study will be deleted from our records.

If you tell me about something that makes me think your well-being might be at risk, I may need to let a Social Worker or another trained professional know so that I can do my best to keep you safe.

This study has been reviewed by the University of Malawi Research Ethics Committee. If you have any questions about this study or the results, you can contact the following: Dr X on XXXXX or Ms. X on XXXXX at the Centre for Education Research and Training (CERT). You can also direct your concerns or questions about this study to a member of the ethics review committee which approved this study at the University of Malawi, Dr X on XXXXX.

Do you want me to read this form again?

Do you have any questions?

Do you agree to participate in the survey? Yes  No

## 2. Household Questionnaire

Module 1: Identification			
Q. No.	Question	Category	Skip
101.	Does [CHILD'S NAME] live here?	Yes.....1 No .....0	
102.	Why not?	I don't know this child.....1 This is the wrong address – the child belongs to a different household in the village.....2 The child used to live here but moved to another house in the same village .....3 The child used to live here but moved to another village in the same district.....4 The child used to live here but moved to another district.....5 Other, please specify.....96	Interview Finishes here if 126==1    126==5. Inform the supervisor immediately about this.
102_oth	Please specify		

Module 2: Characteristics of respondent			
Q. No.	Question	Category	Skip
201.	Are you the primary caregiver of [CHILD'S NAME]? The primary caregiver (the person who spends the most time looking after the child).	Yes.....1 No .....0	
202.	What is your relationship with [CHILD'S NAME]?  SELECT ONE.	Biological parent.....1 Stepparent (partner of biological parent) .....2 Adoptive parent.....3 Foster parent .....4 Grandparent .....5 Sibling (including half-sibling, step-sibling or adoptive or foster sibling) .....6 Uncle/aunt.....7 Cousin.....8 Nephew/niece .....9 Great-grand parent .....10 Other relative.....11 Other non-relative.....12	If 201==1
203.	What is your marital status?  SELECT ONE.	Single (never married).....1 Married .....2 Cohabitant.....3 Widow(er) .....4 Divorced.....5 Separated.....6	If 201==1

204.	Who is the primary caregiver of [CHILD'S NAME]?  SELECT ONE.	Biological parent.....1 Stepparent (partner of biological parent) .....2 Adoptive parent.....3 Foster parent .....4 Grandparent .....5 Sibling (including half-sibling, step-sibling or adoptive or foster sibling) .....6 Uncle/aunt.....7 Cousin.....8 Nephew/niece .....9 Great-grand parent .....10 Other relative.....11 Other non-relative.....12	If 201==0
205.	What is the marital status of the primary caregiver?  SELECT ONE.	Single (never married).....1 Married .....2 Cohabitant.....3 Widow(er) .....4 Divorced.....5 Separated.....6	If 201==0
206.	Is the mother alive?	Yes.....1 No .....0	If 202>4    204>4
207.	Is the father alive?	Yes.....1 No .....0	If 202>4    204>4
208.	What is the main religion practiced in the household?  SELECT ONE.	Christian (Catholic) .....1 Christian (Evangelist) .....2 Christian (Orthodox) .....3 Christian (Protestant) .....4 Muslim .....5 Buddhist .....6 Hindu .....7 Mormon .....8 Sikh.....9 Ancestor worship.....10 None.....11 Other.....12 Don't know.....98	

## Module 3: Household Roster

The enumerator says: I will start by asking you about the individuals that live in this house.

**To make a comprehensive list of individuals connected to the household, first ask about immediate family, then other relatives and finally nonrelatives that live and eat their meals in the household. use the following probe questions:**

- First, give me the names of all the members of your **immediate family** who normally live and eat their meals together here. Instruction: **List the household head on line 1** (ask for this first). Write down names, sex, and relationship to HH head.
- Now, give me the names of any **other persons related to you or other household members** who normally live and eat their meals together here.
- Are there **any other persons related to you not here now who normally live and eat their meals here?** For example, elsewhere or travelling.
- Then, give me the names of any **other persons not related to you or other household members**, but who normally live and eat their meals together here.

**Do not list those who have a household elsewhere, and guests who are visiting temporarily and have a household elsewhere.**

301. ID CODE	302. NAME OF RESIDENTS	303. SEX  Male .....1 Female 0	304. RELATIONSHIP TO HOUSEHOLD HEAD:  What is the relationship of [NAME] to the head of the household?  Head .....1 Wife/husband .....2 Child/adopted child ..3 Grandchild .....4 Niece/nephew .....5 Father/mother .....6 Sister/brother .....7 Son/daughter-in-law .....8 Brother/sister-in-law9 Grandfather/mother .....10 Father/mother-in-law .....11 Other relative .....12 Other non-relative ..13 Other (specify) ..... 96	305. RELATIONSHIP TO CHILD SELECTED FOR INTERVIEW:  What is the relationship of [NAME] to the [CHILD'S NAME]?  Child selected for interview .....0 Biological parent .....1 Stepparent (partner of biological parent) .....2 Adoptive parent .....3 Foster parent .....4 Grandparent.....5 Sibling (including half-sibling, stepsibling or adoptive or foster sibling) .....6 Uncle/aunt .....7 Cousin .....8 Nephew/niece .....9 Great-grand parent .....10 Other relative .....11 Other non-relative .....12	306. How old is [NAME]?  If 6 years and over, give years only. If less than 6 years in age, give <b>years and months</b> .				307. What was the <u>highest educational qualification</u> acquired by [NAME]?  No education .....1 Incomplete primary schoo2 Complete primary school 3 Incomplete secondary .....4 Complete secondary .....5 Higher education .....6 Don't know ..... 98	308. What level and standard is [NAME] currently attending?  LEVEL CODES: Primary .....1 Secondary .....2 Not currently attending .....3  STANDARD: Number is between 1 to 8 for primary education. Number is between 9 to 12 for secondary education.		309. In the last 12 months, what has [NAME] mainly done as work?  Not working.....99  Agriculture/farm related:  Self Employed (Food crops).....1  Self-Employed (Non-food including horticulture, sericulture and floriculture).....2 Self Employed (Livestock).....3  Wage Employment (Agriculture).....4 Annual farm servant.....5 Other agriculture.....6  Non-agriculture/no-farm related:  Self Employed (Manufacturing).....7 Self Employed (Services).....8 Self Employed (Business).....9 Self Employed (Other non- Agriculture).....10  Wage Employment (Regular Salaried Employment).....11 Wage Employment (Irregular or unsalaried).....12  Other non-agriculture.....13  <b>IF AGE (306) IS ABOVE 15.</b>	309_oth. Please specify.  If 309==6    309==13.
					YEARS	MONTHS	MONTH  Write 98 if don't know.	YEAR (4- DIGIT)  Write 9898 if don't know.		LEVEL	STANDARD		
1													
2													
3													
4													

5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

310.	Just to make sure that I have a complete listing: are there any other people that we have not listed who live and eat in the household?	Yes.....1 No.....0	If 310=1, add any new members to the household roster.
------	-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------	--------------------------------------------------------

Module 4. Housing Characteristics			
Q. No.	Question	Category	Skip
401.	Who owns the house?	Member of the household owns the house .....1 Family rents the house .....2 Family does not have legal right to the house .....3 Don't know ..... 98	
402.	The outer walls of the main dwelling of the household are predominantly made of what material?	<b>Natural wall</b> No walls ..... 1 Grass.....2 <b>Rudimentary walls</b> Cardboard .....3 Mud (yomata) .....4 Compacted earth (yamdindo).....5 <b>Finished walls</b> Mud brick (unfired).....6 Wood.planks.....7 Iron sheets/calamine.....8 Bricks/burnt bricks .....9 Concrete/cement .....10 Other (specify..... 96	
402_oth	Please specify.		
403.	The roof of the main dwelling is predominantly made of what material?	<b>Natural roof</b> No roof..... 1 Grass.....2 <b>Rudimentary roofing</b> Cardboard .....3 Rustic mat .....4 Plastic sheeting .....5 Wood planks.....6 <b>Finished roofing</b> Iron sheets/calamine.....7 Clay tiles .....8 Concrete/cement .....9 Other ..... 96	
403_oth	Please specify.		
404.	The floor of the main dwelling is predominantly made of what material?	<b>Natural floor</b> Sand/earth ..... 1 Dung.....2 <b>Rudimentary flood</b> Wood.planks.....3 <b>Finished floor</b> Mud ..... 4 Cement .....5 Tiles .....6 Parquet or polished wood .....7 Vinyl or asphalt strips.....8 Other ..... 96	

404_oth	Please specify.		
405.	How many separate rooms do the members of your household occupy?	Number of rooms .....	
406.	What is your main source of energy used for cooking?	Collected firewood..... 1 Purchased firewood .....2 Grass/straw.....3 Paraffin (paraffin oil/kerosene).....4 Electricity.....5 Gas .....6 Solar.....7 Charcoal.....8 Crop residue.....9 Animal waste..... 10 Saw dust.....11 Other ..... 96	
406_oth	Please specify.		
407.	Is there electricity working in your dwelling?	Yes..... 1 No.....0	
408.	What is your <u>main</u> source of <u>drinking water</u> ?	<b>Piped water</b> Piped into dwelling ..... 1 Piped into yard/plot .....2 Piped to neighbor .....3 Public/communal tap/standpipe .....4  <b>Dug well</b> Open well in yard/plot .....5 Open public well .....6 Protected well in yard/plot .....7 Protected public well .....8  <b>Borehole/water from spring</b> Borehole .....9 Protected spring. ....10 Unprotected spring .....11 Surface water (River/stream/dam/lake/pond/canal ..... 12 Rainwater ..... 13 Tanker truck/bowser ..... 14 Bottled water ..... 15  Other (specify)..... 96	
408_oth	Please specify.		
409.	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>Piped water</b> Piped into dwelling ..... 1 Piped into yard/plot .....2 Piped to neighbor .....3 Public/communal tap/standpipe .....4  <b>Dug well</b> Open well in yard/plot .....5 Open public well .....6 Protected well in yard/plot .....7 Protected public well .....8	

		<b>Borehole/water from spring</b> Borehole .....9 Protected spring ..... 10 Unprotected spring ..... 11  Surface water (River/stream/dam/lake/pond/canal)..... 12 Rainwater ..... 13 Tanker truck/bowser ..... 14 Bottled water ..... 15  Other (specify) ..... 96	
409_oth	Please specify.		
410.	Where is the water source?	In own dwelling ..... 1 In own yard/plot .....2 Elsewhere .....3	
411.	What kind of toilet facility do members of your household usually use?	<b>Flush or pour system</b> Flush to piped sewer system ..... 1 Flush to septic tank .....2 Flush to pit latrine.....3 Flush to open drain ..... 4 Flush, don't know where .....5  <b>Pit latrine</b> Ventilated improved pit latrine..... 6 Pit latrine with slab.....7 Pit latrine without slab / open pit..... 8  Composting toilet ..... 9 Bucket toilet .....10 Hanging toilet /hanging latrine .....11 No facility / bush / field ..... 12  Other (specify) ..... 96	
411_oth	Please specify.		
412.	Where is this toilet facility located?	In own dwelling ..... 1 In own yard/plot.....2 Elsewhere.....3	If 414!=12
413.	How many working cell phones in total does your household own?  <i>Explain to respondent that this question asks about the number of cellphones owned by all the members living in the household.</i>	Number of cellphones.....  Household doesn't have any cell phone .....0	
414.	Does the household have a radio?	Yes ..... 1 No..... 0	
415.	Does the household have a television?	Yes ..... 1 No..... 0	
416.	Does the household have a bed with a mattress?	Yes ..... 1 No..... 0	
417.	Does the household have a bed with a sofa set?	Yes ..... 1 No..... 0	

418.	Does any member of the household have a bank account?	Yes..... 1 No..... 0	
419.	What is your total combined family income for the past month? (Before taxes, from all sources, wages, public assistance/benefits, help from relatives, alimony, and so on?)  If you don't know your exact income, please estimate.	Less than MWK 9,999 ..... 1 MWK 10,000 - 29,999 ..... 2 MWK 30,000 - 59,999 ..... 3 MWK 60,000 - 99,999 ..... 4 MWK 100,000 - 199,999 .....5 More than MWK 199,999. .... 6 Don't know .....98	

<b>Module 5. About the child</b>			
I will now ask you some questions about [CHILD'S NAME].			
<b>Q. No.</b>	<b>Question</b>	<b>Category</b>	<b>Skip</b>
501.	COMPARED WITH OTHER CHILDREN, DOES (CHILD'S NAME) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty ..... 1 Some difficulty .....2 A lot of difficulty.....3 Cannot do at all..... 4 Decline .....99	
502.	DOES (CHILD'S NAME) APPEAR TO HAVE ANY DIFFICULTY HEARING?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty ..... 1 Some difficulty .....2 A lot of difficulty.....3 Cannot do at all..... 4 Decline .....99	
503.	DOES (CHILD'S NAME) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty ..... 1 Some difficulty .....2 A lot of difficulty.....3 Cannot do at all..... 4 Decline .....99	
504.	WHEN (CHILD'S NAME) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OR OUTSIDE OF THIS HOUSEHOLD?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty ..... 1 Some difficulty .....2 A lot of difficulty.....3 Cannot do at all..... 4 Decline .....99	
505.	COMPARED WITH CHILDREN OF THE SAME AGE, DOES (CHILD'S NAME) HAVE DIFFICULTY LEARNING THINGS?  Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?	No difficulty ..... 1 Some difficulty .....2 A lot of difficulty.....3 Cannot do at all..... 4 Decline .....99	

--	--	--	--

<b>Module 6. Neighborhood safety</b>			
We are almost done. Now, think of your neighborhood and [CHILD'S NAME] school.			
<b>Q. No.</b>	<b>Question</b>	<b>Category</b>	<b>Skip</b>
601.	How much do you agree with these statements?		
601_a	I feel safe walking alone in my neighborhood.	Strongly Disagree.....1 Disagree ..... 2 Agree..... 3 Strongly Agree .....4 Don't know ..... 98	
601_b	At night my neighborhood is dangerous.	Strongly Disagree.....1 Disagree ..... 2 Agree..... 3 Strongly Agree .....4 Don't know ..... 98	
601_c	The pathway or route to [CHILD'S NAME] school is safe.	Strongly Disagree.....1 Disagree ..... 2 Agree..... 3 Strongly Agree .....4 Don't know ..... 98	
601_d	[CHILD'S NAME] school is a safe space.	Strongly Disagree.....1 Disagree ..... 2 Agree..... 3 Strongly Agree .....4 Don't know ..... 98	

THANK YOU.

### 3. Child Questionnaire – F2F

#### SECTION 1: BACKGROUND

Q. No.	Question	Category	Skip
Thank you for agreeing to participate in this survey. First, I will ask you a few questions about you and your schooling.			
101.	How old were you at your last birthday?	Age in completed years  __ __	
102.	What is your sex?	Male .....1 Female.....0	
103.	In what class are you?	Primary 1 .....1 2 .....2 3 .....3 4 .....4 5 .....5 6 .....6 7 .....7 8 .....8	
Now I will ask you some questions about your school.			
104.	Have you always been in this school?	Yes .....1 No .....0	
105.	What were the reasons you changed schools?  <i>MULTIPLE RESPONSE.</i>	Move to a new village or city ..... 1 Teachers don't teach well .....2 Violence/bullying in the school .....3 Lost the place in school..... 4 Other ..... 96	If 104== 0
106.	Have you ever repeated a grade?	Yes .....1 No .....0	
107.	Usually, how do you go to school/college?	Walk .....1 Bicycle .....2 Motorcycle .....3 Car .....4 Bus .....5 Other ..... 96	
108.	Think about a typical week in school. How many days in a week do you generally miss school?	No. of days  __ __   Don't miss school..... 0	

109.	What were the main reasons for missing school?  <i>[MULTIPLE RESPONSE] Instruction: Do not read the options. Listen to the child's response and select all that apply based on his/her response.</i>	Housework .....1 Take care of siblings .....2 Care of sick elders in the family .....3 Fall sick .....4 Has to work in family farm/ business ..... 5 Not interested in going to school ..... .6 Feel unsafe walking to or from school .....7 Feel unsafe in the school (for example due to bullying, corporal punishment, other) ..... 8 Other ..... 96	If 108!= 0
------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------

**SECTION 2: HOUSEHOLD ENVIRONMENT/ GAWO 2: MAKHALIDWE A PAKHOMO**

Now I will ask you some questions about your home and your relationship with your family. There are no right and wrong answers. We are just interested in learning about your thoughts and feelings.

**SHOW CARD A AND SAY:** Here you have a card with 4 alternatives that range from Strongly disagree to Strongly agree. Now I will read some statements that children of your age sometimes say, think or feel. Please tell me how much you agree or disagree with them by pointing out in this card the option that best reflects your opinion.

**EXAMPLE 1:**

*Read the following example: "I like to sing".*

If you don't like to sing at all, you should point to the option **Strongly disagree**.

If you don't like to sing, you should point to the option **Disagree**.

If you like to sing, you should point to the option **Agree**.

If you like a lot to sing, you should point to the option **Strongly agree**.

**EXAMPLE 2:**

**SAY:** Now let's practice with another example.

If I tell you: "I like to play with my friends". Tell me, how much do you agree or disagree with this?

*[Show card A]*

Now think about your home and family. How much do you agree with these statements?

201	I feel my family takes care of me.  <i>SHOW CARD A</i>	Strongly Disagree.....1 Disagree ..... 2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
202	I feel safe at home.  <i>SHOW CARD A</i>	Strongly Disagree.....1 Disagree ..... 2 Agree.....3 Strongly Agree .....4 Don't know .....98	

		Decline.....99	
203	I don't feel frightened by the way some people behave in my home.  <i>SHOW CARD A</i>	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline.....99	
204	I feel everyone treats me well at home.  <i>SHOW CARD A</i>	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline.....99	

**SECTION 3: SCHOOL ENVIRONMENT**

I will now ask you some questions about how you feel about school. There are no right and wrong answers. We are just interested in learning about your thoughts and feelings.

300	<b>SHOW CARD A AND SAY:</b> Here you have a card with 4 alternatives that range from Strongly disagree to Strongly agree. Now I will read some statements that children of your age sometimes say, think or feel. Please tell me how much you agree or disagree with them by pointing out in this card the option that best reflects your opinion.  Now, think about your school: how much do you agree with these statements?		
300_ a	I like being part of my school.  <i>SHOW CARD A</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	
300_ b	I feel safe when I am at school.  <i>SHOW CARD A</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	
300_ c	The students in my school are kind to me.  <i>SHOW CARD A</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	
300_ d	I feel safe on my way to school.  <i>SHOW CARD A</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3	

		Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	
300_e	I feel safe on my way home from school.  <i>SHOW CARD A</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	
300_f	My teacher is older than me.  <i>SHOW CARD A.</i>	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99	

#### SECTION 4: PHYSICAL AND PSYCHOLOGICAL VIOLENCE BETWEEN PEERS

Sometimes students do certain acts like beating or making fun of others, which may make us afraid and upset. In this section, I will ask you a few questions related to this.

Some of these questions may seem strange or hard to answer. If you don't want to answer a question, let me know. Be assured that whatever information you provide will not be shared with others.

**SHOW CARD B AND SAY:** Here you have a card with 4 alternatives that range from Never to Lots of Time. Now I will read some statements and I want you to tell me how often this happened to you in the last month.

**Read the following example:** "A student shared a pencil with me"

If this never happened to you in the last month, you should point to the option **Never**.

If this happened to you once during the last month, you should point to the option **One time**.

If this happened to you a few times in the last month, you should point to the option **A few times**.

If this happened to you very frequently in the last month, you should point to the option **Lots of time**.

**Instructions for the enumerator:** while asking these questions be aware that the interview might cause distress. For example: crying, shaking, agitation. If you notice this, ask the participant how they are feeling, what their thoughts are and whether they feel safe. You can suggest taking a break, skipping a question or if needed stopping the interview.

I will now ask you about things that students do to each other (such as excluding some students for games, making fun of students) and that might hurt them emotionally.

I will first ask you about things that you might have seen being done to others.

400	<p><b>In the last month</b>, how often have you seen students from your school making fun of other students, spreading rumors about other students or threatening other students?</p> <p><i>SHOW CARD B</i></p> <p>Never ..... 1  1 time .....2  A few times.....3  Lots of times..... 4  Don't know .....98  Decline .....99</p>
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**I will now ask you about things that might have happened to you.**

401	<p><b>In the last month</b>, how often have other students from your school done any of the following things to you? This could be in person, through a written note or texting.</p>
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

401_a	<p><b>In the last month</b>, how often have other students from your school made fun of you or called you names.</p> <p><i>SHOW CARD B</i></p>	<p>Never ..... 1  1 time .....2  A few times.....3  Lots of times..... 4  Don't know .....98  Decline .....99</p>	
-------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	--

401_b	<p><b>In the last month</b>, how often have other students from your school left you out of their games or activities.</p> <p><i>SHOW CARD B</i></p>	<p>Never ..... 1  1 time .....2  A few times.....3  Lots of times..... 4  Don't know .....98  Decline .....99</p>	
-------	------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	--

401_c	<p><b>In the last month</b>, how often have other students from your school told lies or spread rumors about you.</p> <p><i>SHOW CARD B</i></p>	<p>Never ..... 1  1 time .....2  A few times.....3  Lots of times..... 4  Don't know .....98  Decline .....99</p>	
-------	-------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	--

401_d	<p><b>In the last month</b>, how often have other students from your school threatened you.</p> <p><i>SHOW CARD B</i></p>	<p>Never ..... 1  1 time .....2  A few times.....3  Lots of times..... 4  Don't know .....98  Decline .....99</p>	
-------	---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	--

***If, for any question between 401\_a and 401\_d, the child selects option 2, 3, or 4, go to question 402. Otherwise, if the child selects option 1, 98, or 99 for all statements, go to question 408.***

Think of the **LAST** time a student or group of students did any of these things to you.

402	<p>Was this done to you only by one student or by a group of students?</p>	<p>One student.....1  A group of students.....0</p>	
-----	----------------------------------------------------------------------------	---------------------------------------------------------	--

		Decline .....99	
403	I will ask you about the student that did this to you. Was the student who did this to you your same age, younger or older?	Your age ..... 1 Younger .....2 Older .....3 Don't know .....98 Decline .....99	(If 402== 1)
404	Was the student who did this to you a boy or a girl?	Boy ..... 1 Girl ..... 0 Don't know .....98 Decline ..... 99	(If 402== 1)
405	I will ask you about the group of students that did this to you. Were most of the students that did this to you your same age, younger or older?	Your age ..... 1 Younger .....2 Older .....3 Don't know .....98 Decline .....99	(If 402== 0)
406	Were most of the students that did this to you boys or girls?	Boys ..... 1 Girls..... 0 Don't know .....98 Decline ..... 99	(If 402== 0)
407	Where did it happen?  <i>READ THE OPTIONS AND SELECT ONE.</i>	In a classroom ..... 1 In the toilets/bathroom .....2 On the way to school or on the way home ....3 Elsewhere ..... 4 Decline ..... 99	(If 402== 1    402== 0)
<p><b>I will now ask you about things that students do to each other (such hitting, punching, and pushing) and that might hurt them physically.</b></p> <p><b>I will first ask you about things that you might have seen being done to others.</b></p>			
408	<p><b>In the last month</b>, how often have you seen students from your school hitting, kicking, punching, pushing other students?</p> <p>Never ..... 1 1 time .....2 A few times.....3 Lots of times ..... 4</p> <p>Don't know .....98 Decline .....99</p>		
<p><b>I will now ask you about things that might have happened to you.</b></p>			
409_ a	<p><b>In the last month</b>, how often have other students hit, kicked, punched, or pushed you.</p>	<p>Never ..... 1 1 time .....2 A few times.....3</p>	

	<i>SHOW CARD B.</i>	Lots of times..... 4 Don't know .....98 Decline .....99	
409_ b	<b>In the last month</b> , how often have other students pinched you, pull your hair or pull your ears.  <i>SHOW CARD B.</i>	Never ..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	
409_ c	<b>In the last month</b> , how often have other students thrown something at you to hurt you?  <i>SHOW CARD B.</i>	Never ..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	
<p><b><i>If, for any question between 409_a and 409_c, the child selects option 2, 3, or 4, go to question 410. Otherwise, if the child selects option 1, 98, or 99 for all statements, go to question 500.</i></b></p> <p>Think of the <b>LAST</b> time a student or group of students did any of these things to you.</p>			
410	Was this done to you only by one student or by a group of students?	One student.....1 A group of students.....0 Decline..... 99	
411	I will ask you about the student that did this to you. Was the student who did this to you your same age, younger or older?	Your age .....1 Younger..... 2 Older ..... 3 Don't know..... 98 Decline..... 99	(If 410== 1)
412	Was the student who did this to you a boy or a girl?	Boy.....1 Girl ..... 0 Don't know..... 98 Decline..... 99	(If 410== 1)
413	I will ask you about the group of students that did this to you. Were most of the students that did this to you your same age, younger or older?	Your age .....1 Younger..... 2 Older ..... 3 Don't know..... 98 Decline..... 99	(If 410== 0)
414	Were most of the students that did this to you boys or girls?	Boys.....1 Girls ..... 0 Don't know..... 98 Decline..... 99	(If 410== 0)
415	Where did it happen?  <i>READ THE OPTIONS AND SELECT ONE.</i>	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home.... 3 Elsewhere ..... 4	(If 410== 1

	Decline..... 99	410== 0)
--	-----------------	-------------

**SECTION 5: PHYSICAL AND PSYCHOLOGICAL VIOLENCE FROM TEACHERS/SCHOOL STAFF**

Sometimes members of the school staff might use physical punishment or say things that embarrass or humiliate students. In this section, I will ask you a few questions related to this. Be assured that whatever information you provide won't be shared with others.

*Instructions for the enumerator: while asking these questions be aware that the interview might cause distress. For example: crying, shaking, agitation. If you notice this, ask the participant how they are feeling, what their thoughts are and whether they feel safe. You can suggest taking a break, skipping a question or if needed stopping the interview. Also, ensure that teachers and members of the school staff are not around and that they are out of listening range.*

**I will first ask you about things that you might have seen being done to others.**

500.	<b>Think about the last month</b> , did you see a teacher or member of the school staff embarrassing, humiliating, or threatening other students?	Yes .....1 No .....0 Don't know .....98 Decline..... 99	
501.	<b>Think about the last month</b> , did you see a teacher or member of the school staff use physical punishment on other students? <i>Physical punishment includes spanking, beating, punching, twisting a child's ears or any other hitting, by using, for example, a hand or a stick.</i>	Yes .....1 No .....0 Don't know .....98 Decline.....99	

**I will now ask you about things that might have happened to you.**

502.	<b>Think about the last month</b> , how often did a teacher or member of the school staff embarrass, humiliate, or threaten you?  <i>SHOW CARD B.</i>	Never.....1 1 time .....2 A few times .....3 Lots of times.....4 Don't know .....98 Decline.....99	
503.	<b>Think about the last month</b> , how often did a teacher or member of the school staff used physical punishment on you? <i>Physical punishment includes spanking, beating, punching, twisting a child's ears or any other hitting, by using, for example, a hand or a stick.</i>  <i>SHOW CARD B.</i>	Never.....1 1 time .....2 A few times .....3 Lots of times.....4 Don't know .....98 Decline......99	

***If 503!=01, go to question 504. Otherwise, if 503==1, go to question 600.***

Think of the <b>LAST</b> time a teacher or another adult working in your school hurt you physically.			
504	Was the person who did this to you a man or a woman?	Man .....1 Woman .....0 Don't know ..... 98 Decline..... 99	
505	Who did this to you?  <i>READ THE OPTIONS AND SELECT ONE.</i>	Teacher ..... 1 Headteacher .....2 Someone else working at your school ..... 3 Don't know ..... 98 Decline..... 99	
506	Where did it happen?  <i>READ THE OPTIONS AND SELECT ONE.</i>	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home .... 3 Elsewhere.....4 Decline..... 99	

### SECTION 6: SEXUAL VIOLENCE

Sometimes people do certain acts like **making inappropriate comments about body parts, touching inappropriately someone's body or kissing someone when they do not want to be touched or kissed, making the person feel** weird, uncomfortable and unsafe.

In this section, I will ask you a few questions related to this. If at any point you feel uncomfortable answering the questions and prefer to skip the questions, let me know.

Be assured that whatever information you provide will not be shared with anyone, unless you tell us otherwise.

*Instructions for the enumerator: while asking these questions be aware that the interview might cause distress. For example: crying, shaking, agitation. If you notice this, ask the participant how they are feeling, what their thoughts are and whether they feel safe. You can suggest taking a break, skipping a question or if needed stopping the interview. Also, ensure that you are beyond others' listening range.*

**I will first ask you about things that teachers or other adults working at your school might have done to you.**

600.	At any point in your life, has a <b>teacher or another adult who works at your school:</b> Disturbed or bothered you by making comments, jokes, or gestures about parts of your body?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
601.	At any point in your life, has a <b>teacher or another adult who works at your school:</b>	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	

	Touched your body (for example, touch your bottom, breast, penis, vagina, or other private parts) when you didn't want them to or in a way that made you uncomfortable?		
602.	At any point in your life, has a <b>teacher or another adult who works at your school</b> : Made you touch their body (for example, their bottom or other private parts) when you didn't want to or in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
603.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Showed you nude or nearly nude pictures or videos that you didn't want to see or that made you feel uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
604.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Kissed you when you didn't want to be kissed and in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
605.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Made you take your clothes off when you didn't want to and in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
606.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Took their own clothes off in front of you showing you parts of their body (for example, their bottom or other private parts) when they should not have done so and in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
607.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	

	Made you have sex with them by threatening or pressuring you, or by making you afraid of what they might do?		
<p><i>If response to any question between question 600 to question 607 is Yes==1, go to question 608. Otherwise, go to question 612.</i></p> <p><b>You just indicated that A TEACHER OR ANOTHER ADULT WHO WORKS AT YOUR SCHOOL did things to you or made you do things when you did not want to, and that made you feel uncomfortable or afraid. Think of the LAST time this happened.</b></p>			
608	When did this happen to you?  <i>READ THE OPTIONS AND SELECT ONE.</i>	Last week .....1 Last month ..... 2 Last year..... 3 Other ..... 96 Don't know..... 98	
609	Was the person who did this to you a man or a woman?	Man .....1 Woman .....0 Don't know..... 98 Decline..... 99	
610	Who did this to you?  <i>READ THE OPTIONS AND SELECT ONE.</i>	Teacher .....1 Headteacher ..... 2 Someone else working at your school .....3 Don't know..... 98 Decline..... 99	
611	Where did it happen?  <i>READ THE OPTIONS AND SELECT ONE.</i>	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home....3 Elsewhere.....4 Decline..... 99	
<p>I am going to ask you the same questions but this time <b>I will ask you about things that other STUDENTS in your school might have done to you.</b></p>			
612	At any point in your life, has a <b>student:</b>  Disturbed or bothered you by making comments, jokes, or gestures about parts of your body?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
613	At any point in your life, has a <b>student:</b>  Touched your body (for example, touched your butt, breast, or other private parts) when you didn't want them to or in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
614	At any point in your life, has a <b>student:</b>	Yes .....1 No.....0 Don't know ..... 98	

	Made you touch their body when you didn't want to or in a way that made you uncomfortable?	Decline.....99	
615	At any point in your life, has a <b>student</b> :  Showed you nude or nearly nude pictures or videos that you didn't want to see or that made you feel uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
616	At any point in your life, has a <b>student</b> :  Kissed you when you didn't want to be kissed and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
617	At any point in your life, has a <b>student</b> :  Made you take your clothes off when you didn't want to and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
618	At any point in your life, has a <b>student</b> :  Took their own clothes off in front of you showing you parts of their body (for example, their bottom or other private parts) when they should not have done so and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
619	At any point in your life, has a <b>student</b> :  Made you have sex with them by threatening or pressuring you, or by making you afraid of what they might do?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
<p><b><i>If response to any question between question 612 to question 619 is Yes==1, go to question 620. Otherwise, go to question 701.</i></b></p> <p><b>You just indicated that A STUDENT did things to you or made you do things when you did not want to, and that made you feel uncomfortable or afraid. Think of the LAST time this happened.</b></p>			
620	When did this happen to you?	Last week .....1 Last month.....2 Last year.....3 Other .....96 Don't know.....98	
621	Was the student who did this to you your same age, younger or older?	Your age .....1 Younger.....2 Older .....3	

		Don't know..... 98 Decline..... 99	
622	Was the student who did this to you a boy or a girl?	Boy..... 1 Girl..... 0 Don't know..... 98 Decline..... 99	
623	Where did it happen?  <i>READ THE OPTIONS AND SELECT ONE.</i>	In a classroom..... 1 In the toilets/bathroom..... 2 On the way to school or on the way home.... 3 Elsewhere..... 4 Decline..... 99	

### SECTION 7: SPEAKING UP

*[Section only applies if the student has been a victim of any form of violence]*

You mentioned in the previous questions experiencing certain acts which may make you afraid, uncomfortable or upset.

701.	Did you tell anyone about any of these experiences?	Yes..... 1 No ..... 0 Don't know..... 98 Decline ..... 99	
702.	Who did you tell?  <i>MULTIPLE RESPONSE.</i>	Mother..... 1 Father ..... 2 Sibling..... 3 Friend..... 4 Teacher ..... 5 Other..... 96 Decline ..... 99	If 701==0

### SECTION 8: SOCIAL DESIRABILITY SCALE

We are almost done. I will now ask some questions about You.

800	In the last month, have other students hit, kicked, punched, or pushed you?	Yes..... 1 No ..... 0	
801.	Have you ever felt like saying unkind things to another student?	Yes..... 1 No ..... 0	
802.	Are you always careful about keeping your clothing neat and your room picked up?	Yes..... 1 No ..... 0	
803.	Do you sometimes feel like staying home from school even if you are not sick?	Yes..... 1 No ..... 0	
804.	Is 1+1=3?	Yes..... 1 No ..... 0	

805.	Do you ever say anything that makes somebody else feel bad?	Yes.....1 No .....0	
806.	Are you always polite, even to people who are not very nice?	Yes.....1 No .....0	
807.	Sometimes, do you do things you've been told not to do?	Yes.....1 No .....0	
808.	Do you always listen to your parents?	Yes.....1 No .....0	
809.	Do you sometimes wish you could just play around instead of having to go to school?	Yes.....1 No .....0	
810.	Have you ever broken a rule?	Yes.....1 No .....0	
811.	Do you sometimes feel angry when you don't get your way?	Yes.....1 No .....0	
812.	Do you sometimes feel like making fun of other people?	Yes.....1 No .....0	
813.	Do you always do the right things?	Yes.....1 No .....0	
814.	Are there some times when you don't like to do what your parents tell you?	Yes.....1 No .....0	
815.	Do you sometimes get angry when people don't do what you want them to do?	Yes.....1 No .....0	

<b>SECTION 9: FEEDBACK</b>			
Finally, I will ask for your opinions about this survey.			
901.	How much do you agree with the following statements?		
901_a	I felt comfortable answering this survey. SHOW CARD A.	Strongly Disagree .....1 Disagree .....2 Agree .....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
901_b	I am happy to be part of this study. SHOW CARD A.	Strongly Disagree .....1 Disagree .....2 Agree .....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
901_c	I would recommend taking part in this survey to other children. SHOW CARD A.	Strongly Disagree .....1 Disagree .....2 Agree .....3 Strongly Agree .....4	

		Don't know..... 98 Decline..... 99	
901_d	Some of the questions were difficult to answer. SHOW CARD A.	Strongly Disagree .....1 Disagree .....2 Agree .....3 Strongly Agree .....4 Don't know.....98 Decline.....99	
902.	Is there anything else you would like to say about how you feel or about any of the topics covered in this questionnaire?	Yes .....1 No .....0	
903.	What would you like to tell me?  <i>Please write here what the child mentioned.</i>	OPEN QUESTION.	If 902==1
904.	We have now completed the survey. I know that some of these questions might have been difficult to answer.  Sometimes it is useful to speak to others about the way we feel, the things that worry us or to ask for support.  Especially when we go through difficult moments or situations where others might have done things that are not right or hurt us, it is useful to speak to others that can guide us on how to deal with this.  I have a female/male colleague in our team who is a counsellor who will be happy to talk to you further about the topics we talked about today or any questions you might have. She/he generally talks to children to provide them with support or guidance.  Any conversation you have with him/her will be confidential. Would you like to speak to him/her? I will leave the room and she/he will come to speak to you. If you want me to stay, I can also stay in the room.	Yes .....1 No .....0	

905.	Would you be happy for us to come again another time to speak more with you?	Yes .....1 No .....0	If 904==0
------	------------------------------------------------------------------------------	-------------------------	--------------

Instruction for the enumerator:

At this stage, the tablet will show a summary of the forms of violence reported by the child on the screen. This information will allow you to complete the counsellor information sheet and assess the need for follow-up based on the survey safeguarding protocols.

Response plan:

**Finish option 1:** the child says “Yes” to speaking with a counsellor.

THANK YOU for speaking with me today about this important topic. I will now introduce you to the counsellor, so that you can speak to him/her. I can also stay in the room if you would prefer for me to stay.

*[If the counsellor is not available because they are meeting with another child, explain to the child that the counsellor will meet with them later that day or the following day. Ask the child whether this is okay with them.]*

*[Before the counseling session starts, the enumerator gives the counsellor an information sheet with general information about the child, including any concerns about the child’s safety.]*

**Finish option 2:** the child says “No” to speaking with a counsellor.

THANK YOU for speaking with me today about this important topic. We talked about difficult issues that happen to many children. You might feel a bit sad or upset because of this. If you want to speak with someone about how you feel or what happened to you, you can contact these numbers (give the mental health services card to the child). You can ask someone you trust at school or at home for help. You can also ask someone you trust to visit the YONECO office. YONECO is an organization that supports children and helps them feel safe and protected. The office nearest to you is this one (point to the option on the card).

*[If the child says “no” to speaking with the counsellor, but the child reported experiencing sexual abuse or the enumerator has concerns about the child’s safety, inform the counsellor, following the survey safeguarding protocols.]*

**QUESTIONS FOR THE FACILITATORS**

Please answer the following questions after interviewing the child:

906	Where did you execute the survey?	In a room.....1 In an open space out of the listening range of others ..... 2 Other ..... 96	
907	Please provide a description of the place.		

	For example, in the classroom, in the schoolyard near a tree, in the front door of the house.		
908	Were there any interruptions during the survey?	Yes, several times.....1 Yes, sometimes ..... 2 Not at all ..... 3	
909	From your point of view, the interruptions affected the quality of the data collected.	Yes .....1 No .....0	
910	Did you have to help the student with the survey? For example, because he didn't understand the questions or how to use the tablet.	Yes, almost for all the questions. ....1 Yes, approximately for half of the questions. 2 Yes, but only a few times. .... 3 Not at all. .... 4	For ACASI surveys only

## 4. Child Questionnaire – ACASI

Section 1 and Section 9 were administered in face-to-face (F2F) mode; please refer to F2F questionnaire to review those questions. Sections 2 to 8 are the same as those in the F2F questionnaire, with two differences: an additional set of practice questions to familiarize the respondents with ACASI, and some introductory texts adapted for the audio computer-assisted format.

## PRACTICE QUESTIONS

### *Instructions to enumerator:*

Please, give the tablet and earphones to the child. Explain to them that now he/she will listen to different questions and respond to them using the tablet.

*For the first practice question do not use earphones.*

**SAY:** Now, we will listen to different questions. After listening to the question, you will respond by selecting one of the images that will show on the tablet. Let's practice some examples together.

### Practice case 1

PC1	The colour of the sun is yellow.	Yes.....1 No..... 0 Don't know ..... 98
-----	----------------------------------	-----------------------------------------------

Before moving to the next practice question, **SAY:** Now that we have finished this question, we will practice with another one question. To go to the next question, we must select this button [show them and select the bottom].

## Practice case 2

PC2	<p>Now I will tell you some statements that children of your age sometimes say, think or feel. Please select the option that best reflects how much you agree or disagree with each statement. Let's practice with an example.</p>	
	<p>I like to sing.</p> <p><b>Note to enumerator: select each option explaining what they mean and then ask the child to select their response.</b></p> <p>If you don't like to sing at all, you should select the option <b>Strongly disagree</b>.          If you don't like to sing, you should select the option <b>Disagree</b>.          If you like to sing, you should select the option <b>Agree</b>.          If you like a lot to sing, you should select the option <b>Strongly agree</b>.</p>	<p>Strongly Disagree ..... 1          Disagree ..... 2          Agree ..... 3          Strongly Agree ..... 4          Don't know ..... 98          Decline ..... 99</p>

## Practice case 3

**Note to enumerator: the child should do this second example alone. The enumerator checks the earphones before giving them to the child.**

I will now give you the earphones to answer the next question.

We will now click this button [show them] and you will hear a voice asking you the next question. Are you ready?

PC3	I like to play with my friends	<p>Strongly Disagree ..... 1          Disagree ..... 2          Agree ..... 3          Strongly Agree ..... 4          Don't know ..... 98          Decline ..... 99</p>
-----	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Pay attention to the child, and before he/she selects "NEXT", say: Well done. Do you have any questions? [wait for response]. Now you will continue answering the questionnaire by yourself. Don't hesitate to let me know if you have any questions.**

**THE CHILD RESPONDS TO THE SURVEY.**

**SECTION 2: HOUSEHOLD ENVIRONMENT**

Now I will ask you some questions about your home and your relationship with your family. There are no right and wrong answers. We are just interested in learning about your thoughts and feelings.

I will mention some statements that reflect what children of your age sometimes say, think or feel. After hearing the statement, please select the option that best reflects how much you agree or disagree with each statement.

Now think about your home and family. How much do you agree with these statements?

205	I feel my family takes care of me.	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
206	I feel safe at home.	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
207	I don't feel frightened by the way some people behave in my home.	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline .....99	
208	I feel everyone treats me well at home.	Strongly Disagree.....1 Disagree .....2 Agree.....3 Strongly Agree .....4 Don't know .....98 Decline .....99	

### SECTION 3: SCHOOL ENVIRONMENT

I will now ask you some questions about how you feel about school. There are no right and wrong answers. We are just interested in learning about your thoughts and feelings.

I will mention some statements that reflect what children of your age sometimes say, think or feel. After hearing the statement, please select the option that best reflects how much you agree or disagree with each statement.

301	Now, think about your school: how much do you agree with these statements?	
300_ a	I like being part of my school.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99
300_ b	I feel safe when I am at school.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99
300_ c	The students in my school are kind to me.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99
300_ d	I feel safe on my way to school.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99
300_ e	I feel safe on my way home from school.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99
300_ f	My teacher is older than me.	Strongly Disagree ..... 1 Disagree ..... 2 Agree ..... 3 Strongly Agree..... 4 Don't know ..... 98 Decline ..... 99

**SECTION 4: PHYSICAL AND PSYCHOLOGICAL VIOLENCE BETWEEN PEERS**

Sometimes students do certain acts like beating or making fun of others, which may make us afraid and upset. In this section, I will ask you a few questions related to this.

Some of these questions may seem strange or hard to answer. If you do not want to answer a question, you can select the option "Decline". Be assured that the information you provide will not be shared with others.

**Practice question:**

**AUDIO SAYS:** The following questions will ask about how often something happened. Let's practice with an example.

**AUDIO SAYS:** Over the last month, how often a student shared a pencil with you?  
 If this never happened to you in the last month, you should select to the option **Never**.  
 If this happened to you once during the last month, you should select to the option **One time**.  
 If this happened to you a few times in the last month, you should select to the option **A few times**.  
 If this happened to you very frequently in the last month, you should select to the option **Lots of time**

**I will now ask you about things that students do to each other (such excluding some students for games, making fun of students) and that might hurt them emotionally.**

**I will first ask you about things that you might have seen being done to others.**

409	<p><b>In the last month</b>, how often have you seen students from your school making fun of other students, spreading rumors about other students or threatening other students?</p> <p>Never ..... 1                  1 time .....2                  A few times.....3                  Lots of times..... 4                  Don't know .....98                  Decline .....99</p>
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**I will now ask you about things that might have happened to you.**

410	<p><b>In the last month</b>, how often have other students from your school done any of the following things to you? This could be in person, through a written note or texting.</p>
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

401_	<p><b>In the last month</b>, how often have other students from your school made fun of you or called you names.</p>	Never ..... 1	
a		1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	

401_b	<b>In the last month</b> , how often have other students from your school left you out of their games or activities.	Never ..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	
401_c	<b>In the last month</b> , how often have other students from your school told lies or spread rumors about you.	Never ..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	
401_d	<b>In the last month</b> , how often have other students from your school threatened you.	Never ..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99	
<p><i>If, for any question between 401_a and 401_d, the child selects option 2, 3, or 4, go to question 402. Otherwise, if the child selects option 1, 98, or 99 for all statements, go to question 408.</i></p> <p>Think of the <b>LAST</b> time a student or group of students did any of these things to you.</p>			
411	Was this done to you only by one student or by a group of students?	One student.....1 A group of students.....0 Decline .....99	
412	I will ask you about the student that did this to you. Was the student who did this to you your same age, younger or older?	Your age ..... 1 Younger .....2 Older .....3 Don't know .....98 Decline .....99	(If 402==1)
413	Was the student who did this to you a boy or a girl?	Boy ..... 1 Girl ..... 0 Don't know .....98 Decline ..... 99	(If 402==1)
414	I will ask you about the group of students that did this to you. Were most of the students that did this to you your same age, younger or older?	Your age ..... 1 Younger .....2 Older .....3 Don't know .....98 Decline .....99	(If 402==0)
415	Were most of the students that did this to you boys or girls?	Boys ..... 1 Girls..... 0 Don't know .....98 Decline ..... 99	(If 402==0)
416	Where did it happen?	In a classroom ..... 1 In the toilets/bathroom .....2 On the way to school or on the way home ....3	(If 402==1    402==0)

		Elsewhere..... 4 Decline ..... 99	
<p><b>I will now ask you about things that students do to each other (such hitting, punching, and pushing) and that might hurt them physically.</b></p> <p><b>I will first ask you about things that you might have seen being done to others.</b></p>			
417	<p><b>In the last month</b>, how often have you seen students from your school hitting, kicking, punching, pushing other students?</p> <p>Never..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99</p>		
<p><b>I will now ask you about things that might have happened to you.</b></p>			
409_ a	<p><b>In the last month</b>, how often have other students hit, kicked, punched, or pushed you.</p>	<p>Never..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99</p>	
409_ b	<p><b>In the last month</b>, how often have other students pinched you, pull your hair or pull your ears.</p>	<p>Never..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99</p>	
409_ c	<p><b>In the last month</b>, how often have other students thrown something at you to hurt you?</p>	<p>Never..... 1 1 time .....2 A few times.....3 Lots of times..... 4 Don't know .....98 Decline .....99</p>	
<p><i>If, for any question between 409_ a and 409_ c, the child selects option 2, 3, or 4, go to question 410. Otherwise, if the child selects option 1, 98, or 99 for all statements, go to question 500.</i></p> <p>Think of the <b>LAST</b> time a student or group of students did any of these things to you.</p>			
416	<p>Was this done to you only by one student or by a group of students?</p>	<p>One student.....1 A group of students.....0 Decline..... 99</p>	
417	<p>I will ask you about the student that did this to you. Was the student who did this</p>	<p>Your age .....1 Younger..... 2 Older ..... 3</p>	(If 410==1)

	to you your same age, younger or older?	Don't know..... 98 Decline..... 99	
418	Was the student who did this to you a boy or a girl?	Boy.....1 Girl..... 0 Don't know..... 98 Decline..... 99	(If 410==1)
419	I will ask you about the group of students that did this to you. Were most of the students that did this to you your same age, younger or older?	Your age .....1 Younger..... 2 Older ..... 3 Don't know..... 98 Decline..... 99	(If 410==0)
420	Were most of the students that did this to you boys or girls?	Boys.....1 Girls ..... 0 Don't know..... 98 Decline..... 99	(If 410==0)
421	Where did it happen?	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home... 3 Elsewhere .....4 Decline..... 99	(If 410==1    410==0)

### SECTION 5: PHYSICAL AND PSYCHOLOGICAL VIOLENCE FROM TEACHERS/SCHOOL STAFF

Sometimes members of the school staff might use physical punishment or say things that embarrass or humiliate students. In this section, I will ask you a few questions related to this. Be assured that whatever information you provide won't be shared with others.

**I will first ask you about things that you might have seen being done to others.**

504.	<b>Think about the last month</b> , did you see a teacher or member of the school staff embarrassing, humiliating, or threatening other students?	Yes .....1 No .....0 Don't know ..... 98 Decline..... 99	
505.	<b>Think about the last month</b> , did you see a teacher or member of the school staff use physical punishment on other students? <i>Physical punishment includes spanking, beating, punching, twisting a child's ears or any other hitting, by using, for example, a hand or a stick..</i>	Yes .....1 No .....0 Don't know ..... 98 Decline.....99	

**I will now ask you about things that might have happened to you.**

506.	<b>Think about the last month</b> , how often did a teacher or member of the school	Never.....1 1 time ..... 2	
------	-------------------------------------------------------------------------------------	-------------------------------	--

	staff embarrass, humiliate, or threaten you?	A few times ..... 3 Lots of times.....4 Don't know .....98 Decline.....99	
507.	<b>Think about the last month</b> , how often did a teacher or member of the school staff used physical punishment on you? <i>Physical punishment includes spanking, beating, punching, twisting a child's ears or any other hitting, by using, for example, a hand or a stick.</i>	Never.....1 1 time ..... 2 A few times ..... 3 Lots of times.....4 Don't know ..... 98 Decline..... 99	

**If 503 is equal to 2, 3 or 4, go to question 504. Otherwise, go to question 600.**

Think of the **LAST** time a teacher or another adult working in your school hurt you physically.

507	Was the person who did this to you a man or a woman?	Man .....1 Woman .....0 Don't know .....98 Decline.....99	
508	Who did this to you?	Teacher ..... 1 Headteacher ..... 2 Someone else working at your school ..... 3 Don't know .....98 Decline.....99	
509	Where did it happen?	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home.... 3 Elsewhere.....4 Decline.....99	

## SECTION 6: SEXUAL VIOLENCE

Sometimes people do certain acts like making inappropriate comments about body parts, touching inappropriately someone's body or kissing someone when they do not want to be touched or kissed, making the person feel weird, uncomfortable and unsafe.

In this section, I will ask you a few questions related to this. If at any point you feel uncomfortable answering a question and prefer to skip the question, you can select the option "Decline".

Be assured that whatever information you provide will not be shared with anyone, unless you tell us otherwise.

If something is unclear or you have any questions, you can talk with the researcher who gave you this tablet and will be happy to help and support you. Be assured that whatever information you provide will not be shared with anyone, unless you tell us otherwise.

**I will first ask you about things that teachers or other adults working at your school might have done to you.**

608.	<p>At any point in your life, has a <b>teacher or another adult who works at your school</b>: Disturbed or bothered you by making comments, jokes, or gestures about parts of your body?</p>	<p>Yes.....1 No .....0 Don't know ..... 98 Decline..... 99</p>	
609.	<p>At any point in your life, has a <b>teacher or another adult who works at your school</b>: Touched your body (for example, touch your bottom, breast, penis, vagina, or other private parts) when you didn't want them to or in a way that made you uncomfortable?</p>	<p>Yes.....1 No .....0 Don't know ..... 98 Decline..... 99</p>	
610.	<p>At any point in your life, has a <b>teacher or another adult who works at your school</b>: Made you touch their body (for example, their bottom or other private parts) when you didn't want to or in a way that made you uncomfortable?</p>	<p>Yes.....1 No .....0 Don't know ..... 98 Decline..... 99</p>	
611.	<p>At any point in your life, has a <b>teacher or another adult who works at your school</b>: Showed you nude or nearly nude pictures or videos that you didn't want to see or that made you feel uncomfortable?</p>	<p>Yes.....1 No .....0 Don't know ..... 98 Decline..... 99</p>	
612.	<p>At any point in your life, has a <b>teacher or another adult who works at your school</b>: Kissed you when you didn't want to be kissed and in a way that made you uncomfortable?</p>	<p>Yes.....1 No .....0 Don't know ..... 98 Decline..... 99</p>	

613.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Made you take your clothes off when you didn't want to and in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
614.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Took their own clothes off in front of you showing you parts of their body when they should not have done so and in a way that made you uncomfortable?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
615.	At any point in your life, has a <b>teacher or another adult who works at your school</b> :  Made you have sex with them by threatening or pressuring you, or by making you afraid of what they might do?	Yes..... 1 No ..... 0 Don't know ..... 98 Decline..... 99	
<p><i>If response to any question between question 600 to question 607 is Yes==1, go to question 608. Otherwise, go to question 612.</i></p> <p><b>You just indicated that A TEACHER OR ANOTHER ADULT WHO WORKS AT YOUR SCHOOL did things to you or made you do things when you did not want to, and that made you feel uncomfortable or afraid. Think of the LAST time this happened.</b></p>			
624	When did this happen to you?	Last week ..... 1 Last month ..... 2 Last year ..... 3 Other ..... 96 Don't know ..... 98	
625	Was the person who did this to you a man or a woman?	Man ..... 1 Woman ..... 0 Don't know ..... 98 Decline ..... 99	
626	Who did this to you?	Teacher ..... 1 Headteacher ..... 2 Someone else working at your school ..... 3	

		Don't know..... 98 Decline..... 99	
627	Where did it happen?	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home....3 Elsewhere.....4 Decline..... 99	
I am going to ask you the same questions but this time <b>I will ask you about things that other STUDENTS in your school might have done to you.</b>			
628	At any point in your life, has a <b>student:</b>  Disturbed or bothered you by making comments, jokes, or gestures about parts of your body?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
629	At any point in your life, has a <b>student:</b>  Touched your body (for example, touched your butt, breast, or other private parts) when you didn't want them to or in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
630	At any point in your life, has a <b>student:</b>  Made you touch their body when you didn't want to or in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
631	At any point in your life, has a <b>student:</b>  Showed you nude or nearly nude pictures or videos that you didn't want to see or that made you feel uncomfortable?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	
632	At any point in your life, has a <b>student:</b>  Kissed you when you didn't want to be kissed and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know ..... 98 Decline..... 99	

633	At any point in your life, has a <b>student:</b>  Made you take your clothes off when you didn't want to and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
634	At any point in your life, has a <b>student:</b>  Took their own clothes off in front of you showing you parts of their body when they should not have done so and in a way that made you uncomfortable?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
635	At any point in your life, has a <b>student:</b>  Made you have sex with them by threatening or pressuring you, or by making you afraid of what they might do?	Yes .....1 No.....0 Don't know .....98 Decline.....99	
<p><b><i>If response to any question between question 612 to question 619 is Yes==1, go to question 620. Otherwise, go to question 701.</i></b></p> <p><b>You just indicated that A STUDENT did things to you or made you do things when you did not want to, and that made you feel uncomfortable or afraid. Think of the LAST time this happened.</b></p>			
636	When did this happen to you?	Last week .....1 Last month ..... 2 Last year..... 3 Other ..... 96 Don't know..... 98	
637	Was the student who did this to you your same age, younger or older?	Your age .....1 Younger.....2 Older ..... 3 Don't know.....98 Decline.....99	
638	Was the student who did this to you a boy or a girl?	Boy.....1 Girl.....0 Don't know.....98 Decline.....99	
639	Where did it happen?	In a classroom.....1 In the toilets/bathroom..... 2 On the way to school or on the way home....3 Elsewhere.....4 Decline.....99	

**SECTION 7: SPEAKING UP**

*[Section only applies if the student has been a victim of any form of violence]*

You mentioned in the previous questions experiencing certain acts which may make you afraid, uncomfortable or upset.

703.	Did you tell anyone about any of these experiences?	Yes.....1 No .....0 Don't know..... 98 Decline ..... 99	
704.	Who did you tell?  <i>MULTIPLE RESPONSE.</i>	Mother..... 1 Father ..... 2 Sibling..... 3 Friend..... 4 Teacher ..... 5 Other..... 96 Decline ..... 99	If 701==1

**SECTION 8: SOCIAL DESIRABILITY SCALE**

We are almost done. I will now ask some questions about You.

800	In the last month, have other students hit, kicked, punched, or pushed you?	Yes.....1 No .....0	
816.	Have you ever felt like saying unkind things to another student?	Yes.....1 No .....0	
817.	Are you always careful about keeping your clothing neat and your room picked up?	Yes.....1 No .....0	
818.	Do you sometimes feel like staying home from school even if you are not sick?	Yes.....1 No .....0	
819.	Is 1+1=3?	Yes.....1 No .....0	

820.	Do you ever say anything that makes somebody else feel bad?	Yes.....1 No .....0	
821.	Are you always polite, even to people who are not very nice?	Yes.....1 No .....0	
822.	Sometimes, do you do things you've been told not to do?	Yes.....1 No .....0	
823.	Do you always listen to your parents?	Yes.....1 No .....0	
824.	Do you sometimes wish you could just play around instead of having to go to school?	Yes.....1 No .....0	
825.	Have you ever broken a rule?	Yes.....1 No .....0	
826.	Do you sometimes feel angry when you don't get your way?	Yes.....1 No .....0	
827.	Do you sometimes feel like making fun of other people?	Yes.....1 No .....0	
828.	Do you always do the right things?	Yes.....1 No .....0	
829.	Are there some times when you don't like to do what your parents tell you?	Yes.....1 No .....0	
830.	Do you sometimes get angry when people don't do what you want them to do?	Yes.....1 No .....0	

INSTRUCTION: AT THIS POINT A MESSAGE APPEARS IN THE TABLET THAT SAYS THAT THE TABLET HAS TO BE RETURNED TO THE ENUMERATOR.

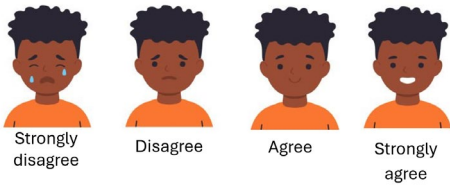
MESSAGE: THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE RETURN THE TABLET TO THE ENUMERATOR.

## 5. Response Cards

The cards below were used during both the F2F and ACASI interviews. During the F2F interviews, a laminated card was shown to children so they could indicate their response. During the ACASI interviews, the response options appeared on the tablet.

### Card A: Agreement Scale

CARD A

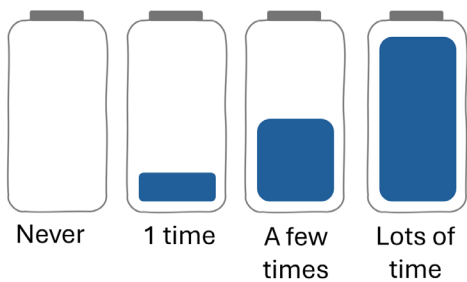


CARD A



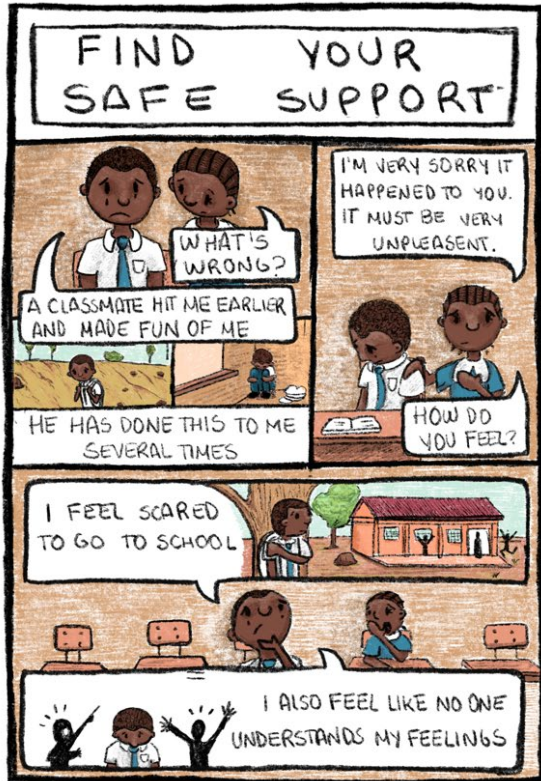
### Card B: Frequency Scale

CARD B



# 6. Mental Health Child Help Card

The service card was included on the last page of a child-friendly cartoon designed specifically for this study.



WHEN SOMEONE HURTS US OR MAKES US UNCOMFORTABLE, IT'S IMPORTANT TO SEEK HELP. WE CAN TALK TO FRIENDS, AND TRUSTED ADULTS AT HOME, SCHOOL, OR OUTSIDE OF SCHOOLS. DON'T HESITATE TO REACH OUT FOR SUPPORT.

If you would like to speak to someone, you can reach out to:	
Tithandzane Child Helpline	██████████
GBV Crisis Line	██████████
Drug and Substance Abuse Hotline	██████████
Youth Helpline	██████████
Youth Net Counselling (YONECO)	██████████

You can also contact help online at: ██████████

You can also contact: ██████████

You can also visit:

- Head Psychologist: ██████████
- YONECO: updated address by district.
- District Social Welfare Officer: updated address by district.

Below we list other services:

**Mental Health Services (Northern Region)**

St. John of God Hospital: ██████████

**Mental Health Services (Central Region)**

- St. John of God Hospital (Area 43, Off Uthulu Road, next to Emmanuel Teachers Training College): ██████████
- Friends Of Hope: ██████████
- Youth Brave: ██████████
- He Matters Foundation: ██████████
- Tee Therapy Consultancy Service - Tamanda Masas: ██████████
- Guidance and Counseling Association of Malawi (GCAM): ██████████
- Suicide Prevention Group Mponela: ██████████
- Likoni Hospital: ██████████
- Plumaz counselling (Area 10): ██████████
- Harm Reduction Awareness Counselling and Testing Services: ██████████

**Mental Health Services (Southern Region)**

- Zomba Mental Hospital: ██████████
- Biantrye Counselling and Therapies Centre: ██████████
- Accord Cognitive Counselling Services (Behind ADRA in Biantrye): ██████████
- Vintage Health Wellness Centre (Namliwawa): ██████████
- College Of Medicine: ██████████
- The Haven Counselling and Consultancy Center: ██████████
- Prizm Counselling & Consultancy Zomba: ██████████

ILLUSTRATED BY ALEJANDRO PON'S