Demographic Information

DEMOGRAPHIC INFORMATION

Name: _____ **Gender:** _____

Date of Birth: _____ dd / mm / yyyy **Age:** _____

What ethnic/racial/cultural group(s) do you belong to?

What is the highest level of education you have completed?

- ◯ No formal schooling
- ◯ Less than primary school
- ◯ Primary school completed
- ◯ Secondary/High school completed
- ◯ College/University completed
- ◯ Postgraduate degree
- ◯ Did not answer

MARRIAGE / FAMILY

Have you ever been married?

◯ Yes ◯ No

At what age were you first married?: _____

At the time of your first marriage did you yourself choose your husband/wife?

◯ Yes ◯ No ◯ Don't Know/Not Sure

At the time of your first marriage if you did not choose your husband/wife yourself, did you give your consent to the choice?

◯ Yes ◯ No

If you are a parent what was your age when your first child was born?:

RELATIONSHIP WITH PARENTS/GUARDIANS/CAREGIVERS

When you were growing up, during the first 18 years of your life . . .

Did your parents/guardians understand your problems and worries?

- ◯ Always
- ◯ Most of the time
- ◯ Sometimes
- ◯ Rarely
- ◯ Never

Did your parents/guardians really know what you were doing with your free time when you were not at school or work?

- ◯ Always
- ◯ Most of the time
- ◯ Sometimes
- ◯ Rarely
- ◯ Never

How often did your parents/guardians not give you enough food even when they could easily have done so?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Were your parents/guardians too drunk or intoxicated by drugs to take care of you?

◯ Many times ◯ A Few times ◯ Once ◯ Never

How often did your parents/guardians not send you to school even when it was available?

◯ Many times ◯ A few times ◯ Once ◯ Never

FAMILY ENVIRONMENT

When you were growing up, during the first 18 years of your life . . .

Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs?

◯ Yes ◯ No

Did you live with a household member who was depressed, mentally ill or suicidal?

◯ Yes ◯ No

Did you live with a household member who was ever sent to jail or prison?

◯ Yes ◯ No

Were your parents ever separated or divorced?

◯ Yes ◯ No

Did any of your parents or caregivers die?

◯ Yes ◯ No ◯ Don't know / Unsure

These next questions are about certain things you may actually have heard or seen IN YOUR HOME. These are things that may have been done to another household member but not necessarily to you.

Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did you see or hear a parent or household member in your home being slapped, kicked, punched or beaten up?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc?

◯ Many times ◯ A few times ◯ Once ◯ Never

These next questions are about certain things YOU may have experienced. When you were growing up, during the first 18 years of your life . . .

Did a parent, guardian or other household member yell, scream or swear at you, insult or humiliate you?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did a parent, guardian or other household member spank, slap, kick, punch or beat you up?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did someone touch or fondle you in a sexual way when you did not want them to?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did someone make you touch their body in a sexual way when you did not want them to?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to?

◯ Many times ◯ A Few times ◯ Once ◯ Never

Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to?

◯ Many times ◯ A few times ◯ Once ◯ Never

PEER VIOLENCE

These next questions are about BEING BULLIED when you were growing up. Bullying is when a young person or group of young people say or do bad and unpleasant things to another young person. It is also bullying when a young person is teased a lot in an unpleasant way or when a young person is left out of things on purpose. It is not bullying when two young people of about the same strength or power argue or fight or when teasing is done in a friendly and fun way. When you were growing up, during the first 18 years of your life . . .

How often were you bullied?

◯ Many times ◯ A few times ◯ Once ◯ Never

How were you bullied most often?

- ☐ I was hit, kicked, pushed, shoved around, or locked indoors
- ☐ I was made fun of because of my race, caste, nationality or colour
- ☐ I was made fun of because of my religion / spiritual beliefs
- ☐ I was made fun of with sexual jokes, comments, or gestures
- ☐ I was left out of activities on purpose or completely ignored
- ☐ I was made fun of because of how my body or face looked
- ☐ I was bullied in some other way
- ☐ Other

This next question is about PHYSICAL FIGHTS. A physical fight occurs when two young people of about the same strength or power choose to fight each other. When you were growing up, during the first 18 years of your life . . .

How often were you in a physical fight?

◯ Many times ◯ A few times ◯ Once ◯ Never

WITNESSING COMMUNITY VIOLENCE

These next questions are about how often, when you were a child, YOU may have seen or heard certain things in your NEIGHBOURHOOD OR COMMUNITY (not in your home or on TV, movies, or the radio). When you were growing up, during the first 18 years of your life . . .

Did you see or hear someone being beaten up in real life?

◯ Many times ◯ A few times ◯ Once ◯ Never

Did you see or hear someone being stabbed or shot in real life?

◯ Many times ◯ A few times ◯ Once ◯ Never

Did you see or hear someone being threatened with a knife or gun in real life?

◯ Many times ◯ A few times ◯ Once ◯ Never

EXPOSURE TO WAR/COLLECTIVE VIOLENCE

These questions are about whether YOU did or did not experience any of the following events when you were a child. The events are all to do with collective violence, including wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture and organized violent crime such as banditry and gang warfare. When you were growing up, during the first 18 years of your life . . .

Were you forced to go and live in another place due to any of these events?

◯ Many times ◯ A few times ◯ Once ◯ Never

Did you experience the deliberate destruction of your home due to any of these events?

◯ Many times ◯ A few times ◯ Once ◯ Never

Were you beaten up by soldiers, police, militia, or gangs?

- ◯ Many times
- ◯ A few times
- ◯ Once
- ◯ Never

Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs?

- ◯ Many times
- ◯ A few times
- ◯ Once
- ◯ Never