

APPENDIX A:

SCHOOL SURVEY QUESTIONNAIRE

Dear Friend

ID#

The Health Psychology Unit of UNISA and the University of Maryland in the USA are collaborating to develop a programme in Eldorado Park. The objective of this programme is to better understand the habits and attitudes of young people with regards to their romantic relationships. Even when two people get along well, there are times when they disagree, become upset with one another; or want different things because they are in a bad mood, are tired, or for some other reason. There are different ways that couples try to resolve their difficulties. **Many of the questions are sensitive but be assured the information you give us is totally confidential. We stress that your participation in completing this questionnaire is totally voluntary and should you not want to answer any question for whatever reason you don't have to. However, in order for our research to be successful in understanding young people's relationships we would appreciate it if you could answer all the questions and ask you to answer as honestly as possible.** Please mark an (X) next to your choice for each question in the survey below.

Age: _____ Sex: MALE FEMALE 1.
 Home/ First Language _____ Religion: _____ 2.
 Std: _____ 3.
 4.
 5. _____

Section A

PLEASE ANSWER CAREFULLY

1. In which area do you live? _____ A1
2. I live in a Flat House Shack Other A2
3. I work Yes No A3
4. I attend religious services (eg. church or mosque) Yes No A4
5. My relationship with my family is: Good Bad A5
6. I like the colour of my skin Yes No A6
7. I believe the colour of my skin affects the way in which my partner treats me Yes No A7
8. I am feel that I am important to **(tick one or more)**
 - My community A8a
 - My family A8b
 - My friends A8c
 - My partner A8d
 - My school A8e
9. I have seen couples fighting physically among my family Yes No A9

10. I have seen couples fighting physically in my community Yes No A10
11. I have seen couples fighting physically among my friends Yes No A11
12. I have seen couples fighting physically in my school Yes No A12

Section B

The questions refer to any type of romantic relationship

- 1a. Have you ever had a partner (boyfriend/girlfriend)? Yes No B1a
- 1b. Do you currently have a partner (boyfriend/girlfriend)? Yes No B1b
1. Have you had a partner in the last twelve months? Yes No B1
2. I have had more than one partner at the same time Yes No B2
3. What was the age of your last or current partner? _____ B3
4. What was the gender of your last or current partner? Male Female B4

Section C

HAS THIS HAPPENED TO YOU IN A ROMANTIC RELATIONSHIP? IF YOU HAVE NEVER HAD A RELATIONSHIP WITH A BOYFRIEND OR GIRLFRIEND, ANSWER AS YOU WOULD IMAGINE IT WOULD BE BETWEEN YOU AND YOUR PARTNER

1. I showed my partner I cared even though we disagreed Yes No C1
2. My partner showed care of me even though we disagreed Yes No C2
3. I explained my side of a disagreement (*meningsverskil*) to my partner Yes No C3
4. My partner explained his or her side of a disagreement (*meningsverskil*) to me Yes No C4
5. I insulted (*verneder*) or swore (*vloek*) at my partner Yes No C5
6. My partner insulted (*verneder*) or swore (*vloek*) at me Yes No C6
7. I threw something at my partner that could hurt Yes No C7
8. My partner threw something at me that could hurt Yes No C8
9. I twisted my partner's arm or hair Yes No C9
10. My partner twisted my arm or hair Yes No C10
11. I had a sprain, bruise, or small cut because of a fight with my partner. Yes No C11
12. My partner had a sprain, bruise, or small cut because of a fight with my partner. Yes No C12
13. I showed respect for my partner's feelings about an issue Yes No C13
14. My partner showed respect for my feelings about an issue Yes No C14
15. I made my partner have sex without a condom Yes No C15

16. My partner made me have sex without a condom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C16
17. I pushed or shoved my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C17
18. My partner pushed or shoved me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C18
19. I used force (like hitting, holding down, or using a weapon) to make my partner take part in sexual activities with which s/he was not comfortable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C19
20. My partner used force (like hitting, holding down, or using a weapon) to make me take part in sexual activities with which I was not comfortable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C20
21. I used a knife or gun on my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C21
22. My partner used a knife or gun on me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C22
23. I called my partner fat or ugly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C23
24. My partner called me fat or ugly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C24
25. I pushed or hit my partner with something that could hurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C25
26. My partner pushed or hit me with something that could hurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C26
27. I destroyed (<i>vernietig</i>) something belonging to my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C27
28. My partner destroyed (<i>vernietig</i>) something that belonged to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C28
29. I went to a doctor because of a fight with my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C29
30. My partner went to a doctor because of a fight with me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C30
31. I choked (<i>verwurg</i>) my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C31
32. My partner choked (<i>verwurg</i>) me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C32
33. I shouted and yelled at my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C33
34. My partner shouted and yelled at me	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C34
35. I said I was sure we could work out a problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C35
36. My partner was sure we could work it out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C36
37. I needed to see a doctor because of a fight with my partner but, I didn't	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C37
38. My partner needed to see a doctor because of a fight with me but, but didn't	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C38
39. I beat up my partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C39
40. My partner beat me up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C40
41. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C41
42. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C42
43. I insisted on sex when my partner did not want to (but did not use physical force)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C43
44. My partner insisted on sex when I did not want to (but did not use physical force)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C44

45. I slapped my partner in the face Yes No C45
46. My partner slapped me in the face Yes No C46
47. I used threats (*gedreig*) to make my partner take part in sexual activities with which s/he was not comfortable Yes No C47
48. My partner used threats (*gedreig*) to make me take part in sexual activities with which I was not comfortable Yes No C48
49. I suggested a solution (*oplossing*) to solve an argument Yes No C49
50. My partner suggested a solution (*oplossing*) to solve an argument Yes No C50
51. I burned and scalded my partner on purpose Yes No C51 _____ 52.
My partner burned and scalded me on purpose Yes No C52
53. I insisted that my partner take part in sexual activities with which s/he was not comfortable (but did not use physical force) Yes No C53
54. My partner insisted that I take part in sexual activities with which I was not comfortable (but did not use physical force) Yes No C54
55. I accused my partner of being a lousy lover Yes No C55
56. My partner accused me of being a lousy lover Yes No C56
57. I did something to spite my partner Yes No C57
58. My partner did something to spite me Yes No C58
59. I threatened to hit or throw something at my partner Yes No C59
60. My partner threatened to hit or throw something at me Yes No C60
61. I kicked my partner Yes No C61 _____ 62. ~~M~~
partner kicked me Yes No C62
63. I used threats to make my partner have sex Yes No C63
64. My partner used threats to make me have sex Yes No C64
65. I agreed to try a solution to a disagreement my partner suggested Yes No C65
66. My partner agreed to try a solution I suggested Yes No C66
67. I have threatened to hurt someone who my partner loves or cares about Yes No C67
68. My partner has threatened to hurt someone I love or care about Yes No C68
69. I called my partner names that made him/her feel bad Yes No C69
70. My partner called me names that made me feel bad Yes No C70
71. I teased my partner such that he/she felt bad Yes No C71
72. My partner teased me such that I felt bad Yes No C72

Section D

WHAT DO YOU THINK?

- | | | |
|---|--|------|
| 1. My partner's money influences our relationship | <input type="checkbox"/> Yes <input type="checkbox"/> No | D1 |
| 2. If I give money to my partner I have the right to decide what she/he should or should not do | <input type="checkbox"/> Yes <input type="checkbox"/> No | D2 |
| 3. If I give money to my partner I have the right to hit her/him in order to make them act right | <input type="checkbox"/> Yes <input type="checkbox"/> No | D3 |
| 4. I think that physical aggression (<i>fisiese agressie</i>) is part of a relationship | <input type="checkbox"/> Yes <input type="checkbox"/> No | D4 |
| 5. I think that verbal aggression (<i>mondelingse agressie</i>) is part of a relationship | <input type="checkbox"/> Yes <input type="checkbox"/> No | D5 |
| 6. I think that making one's partner have sex against her/his will is part of a relationship | <input type="checkbox"/> Yes <input type="checkbox"/> No | D6 |
| 7. Even if my partner were abusive (<i>mishandeling</i>), I would still insist on using a condom during sex | <input type="checkbox"/> Yes <input type="checkbox"/> No | D7 |
| 7a. I think that in a relationship your partner must be willing to have sex when you want to | <input type="checkbox"/> Yes <input type="checkbox"/> No | D7a |
| 8. If a partner makes one have sex against one's will, that means that: (tick one or more) | | |
| <input type="checkbox"/> it's just their way of showing love | | D8a |
| <input type="checkbox"/> she /he is drunk or on drugs | | D8b |
| <input type="checkbox"/> she/ he did or said something they should not have | | D8c |
| <input type="checkbox"/> she / he does not love them | | D8d |
| 9. If a partner acts aggressively (<i>agressief</i>) toward the other, that means that: (tick one or more) | | |
| <input type="checkbox"/> it's just their way of showing love | | D9a |
| <input type="checkbox"/> she/ he drunk or on drugs | | D9b |
| <input type="checkbox"/> she/he did or said something they something they should not have | | D9c |
| <input type="checkbox"/> she/ he does not love them | | D9d |
| 10. If a partner is verbally abusive (<i>mondelingse mishandeling</i>) of the other, that means that: (tick one or more) | | |
| <input type="checkbox"/> it's just their way of showing love | | D10a |
| <input type="checkbox"/> she/ he is drunk or on drugs | | D10b |
| <input type="checkbox"/> she / he did or said something they should not have | | D10c |

she/ he does not love them

D10d

11. I always help people in trouble Agree Not sure Disagree D11 _____
12. I like everyone Agree Not sure Disagree D12 _____
13. I am always a good listener Agree Not sure Disagree D13 _____
14. Sometimes I take advantage of my friends Agree Not sure Disagree D14 _____
15. If I don't know something I will admit it Agree Not sure Disagree D15 _____

Section E

HAVE YOU EVER...

1. Been physically hurt by a parent or family member? Yes No E1
2. With whom have you talked to about HIV/AIDS? (**tick one or more**)
- your parents E2a
 - other adults (teacher, doctor, family member, neighbour etc) E2b
 - a friend or peer E2c
 - no one E2d
3. With whom have you talked about sex? (**tick one or more**)
- your parents E3a
 - other adults (teacher, doctor, family member, neighbour etc) E3b
 - a friend or peer E3c
 - no one E3d
4. With whom have you talked about romantic relationships? (**tick one or more**)
- your parents E4a
 - other adults (teacher, doctor, family member, neighbour etc) E4a
 - a friend or peer E4b
 - no one E4c

Section F

SEXUAL HISTORY

These questions are sensitive but the information you give us is totally confidential. Your participation in completing this section is voluntary and should you not want to complete any question for whatever reason, you don't have. However, we would like to remind you that in order for our research to be success in understanding young people's relationships we would appreciate it if could answer all the questions and ask you to answer as honestly as possible.

1. Have you ever had sex (sexual intercourse)? Yes No F1

IF YOU ANSWERED "YES" TO THIS QUESTION, SKIP THIS NEXT QUESTION

- 1b. If you have **never** had sex, what are the reasons? (**tick one or more**)
- too young F1b1 _____
 - waiting until I am married F1b2 _____
 - have not found the right person yet F1b3 _____
 - my family would not approve F1b4 _____
 - have not had the opportunity yet F1b5 _____

- I am scared to try it F1b6 _____
 my friends would not approve F1b7 _____
 other (specify): _____ F1b8 _____

If you have NEVER had sex (sexual intercourse), skip to question 13 in this section

- 1c. Have you had sex (sexual intercourse) in the past year? Yes No F1c _____
 1d. Are you currently sexually active? Yes No F1d _____
 1e. The first time you had sex, how old were you? _____ Yes No F1e _____
 1f. The first time you had sex, what were the reasons? **(tick one or more)**
- you were physically aroused F1fa _____
 - you were curious F1fb _____
 - you felt pressure from your friends F1fc _____
 - your partner insisted F1fd _____
 - your partner said that if you loved him/her you should have sex F1fe _____
 - your partner threatened to beat (hit) you F1ff _____
 - your partner threatened to leave you F1fg _____
 - you loved your partner F1fh _____
 - your partner hit you F1fi _____
 - your partner threatened to rape you F1fj _____
 - you were afraid that you would lose your partner F1fk _____
 - you were raped F1fl _____
 - another reason (specify): _____ F1fm _____
2. I have had an STD other than AIDS since I started having sex Yes No F2
 3. I have had an STD in the past twelve months Yes No F3
 4. I used a condom the last time I had sex Yes No F4
 5. I have been pregnant or have gotten someone pregnant Yes No F5
 5b. If yes to question 5 above, did the pregnancy go full term (ie. result in a live birth) Yes No F5b
 6. I have children Yes No F6
 6b. How many _____ **(If not skip to question 8)** F6b
 7. I support my child without assistance from their father/mother Yes No F7
 8. I have exchanged sex for money Yes No F8
 9. I have exchanged sex for drugs Yes No F9
 10. I have exchanged sex for clothes Yes No F10
 11. I have exchanged sex for food Yes No F11
 12. I have had _____ (how many?) sexual partners over the past year F12

13. I feel really lonely, or like I don't fit in at all ,
even when there are other people around Yes No F13
14. I never say things to hurt someone else's
feelings Agree Not sure Disagree F14_____
15. I like to gossip sometimes Agree Not sure Disagree F15_____
16. I am always able to admit it if I make a
mistake Agree Not sure Disagree F16_____
17. I am usually nasty to people who are
nasty to me Agree Not sure Disagree F17_____
18. I usually try to get even with people
who have been unfair to me Agree Not sure Disagree F18_____

Section G

IN THE LAST TWELVE MONTHS, HAVE YOU...

1. Participated in a fight? Yes No G1
2. Were attacked physically by the police? Yes No G2
- 2b. Were threatened by the police with violence? Yes No G2b
3. Were threatened with a weapon by the police? Yes No G3
4. Were hit or beaten so badly that you were taken
to the doctor or emergency room? Yes No G4
5. Were beaten by someone you did not know? Yes No G5
- 5b. Were beaten by someone you know? Yes No G5a
6. Were beaten up by a group of people? Yes No G6
7. Participated in a group of people who were
beating up someone else? Yes No G7
8. Were threatened with rape? Yes No G8
9. Threatened someone with rape? Yes No G9
10. Were actually raped? Yes No G10
- 10a. Were actually raped by a stranger? Yes No G10a
- 10b. Were actually raped by someone I know? Yes No G10b
11. Actually raped someone? Yes No G11
12. Were attacked or stabbed with a knife? Yes No G12
13. Attacked or stabbed someone with a knife? Yes No G13
14. Were hit by gunshot? Yes No G14
15. Shot someone with a gun? Yes No G15
16. Someone close to you was hit by gunshot? Yes No G16
17. Saw someone being attacked with a knife or gun? Yes No G17
18. Carried a weapon for protection? Yes No G18
19. Sold drugs? Yes No G19

Section H

IN YOUR LIFETIME, HAVE YOU...

1. Ever been threatened with rape? Yes No H1 _____
2. Actually raped? Yes No H2 _____

If you answered no to question 1 and 2 above, skip to the section DRUG USE page 10

3. How old were you at the time the threat of rape or actual rape happened? _____ H3 _____
4. Was the perpetrator (perpetrator = person who threatened to rape or actually raped you) Male or Female H4 _____
5. How many perpetrators threatened to rape or actually raped you: _____ H5 _____
6. Who was the perpetrator who threatened you with rape or actually raped you? He or she was **(tick one)**
- your boyfriend H6a _____
 - your ex-boyfriend H6b _____
 - your girlfriend H6c _____
 - your ex-girlfriend H6d _____
 - a family member H6e _____
 - a friend H6f _____
 - someone you did not actually know but had seen or heard of him/her H6g _____
 - someone you did not know at all H6h _____
 - other (specify) _____ H6i _____
7. Where did the threat or incident of rape take place: **(tick one)**
- your home H7a _____
 - perpetrator's home H7b _____
 - hotel room H7c _____
 - school grounds H7d _____
 - perpetrator's car H7e _____
 - veld or park H7f _____
 - public toilet H7g _____
 - alley H7h _____
 - transport terminus H7i _____
 - other (specify) _____ H7j _____
8. During the threat of or actual rape incident, the perpetrator ... **(tick one or more)**
- verbally abused you H8a _____
 - grabbed you H8b _____
 - kicked you H8c _____
 - hit you H8d _____
 - throttled or choked you H8e _____
 - punched you H8f _____
 - carried a weapon H8g _____
 - other (specify) _____ H8h _____
9. If the perpetrator carried a weapon(s), indicate what type(s): **(tick one or more)**
- knife H9a _____
 - bottle H9b _____

- firearm (gun) H9c _____
 blunt instrument (eg. a stick or knobkerrie) H9d _____
 screwdriver H9e _____
 other (specify): _____ H9f _____
10. How was the weapon used: **(tick one)**
- You were only threatened with the weapon H10a _____
 You were hurt with the weapon H10b _____
11. Was anyone under the influence of alcohol or drugs? **(tick one or more)**
- Alcohol H11a _____
 Drugs H11b _____
 No H11c _____
12. If yes, who? **(tick one or more)**
- You H12a _____
 The perpetrator H12b _____
13. After the incident did you tell anybody about it? Who? **(tick one or more)**
- no one H13a _____
 a family member H13b _____
 a friend H13c _____
 a teacher H13d _____
 a nurse or doctor H13e _____
 a social worker or a psychologist H13f _____
 the police H13g _____
 other (specify): _____ H13h _____
14. Was a police case opened? Yes No H14 _____

Section I

DRUG USE

1. I use **GLUE** or other **INHALANTS**: **(tick one)** I1
- every day
 1 to 3 times per week
 on the weekends
 sometimes
 never
2. I use **COCAINE**: **(tick one)** I2
- every day
 1 to 3 times per week
 on the weekends
 sometimes
 never
3. I use **MARIJUANA** or **MANDRAX**: **(tick one)** I3
- every day
 1 to 3 times per week
 on the weekends
 sometimes

never

4. I use **MEDICINES** that make you high: (**tick one**) I4
 every day
 1 to 3 times per week
 on the weekends
 sometimes
 never

5. I use **ALCOHOLIC BEVERAGES**: (**tick one**) I5
 every day
 1 to 3 times per week
 on the weekends
 sometimes
 never

Section J

TELL US ABOUT YOUR FRIENDS:

1. How many of your close friends have had or are having sex? Most Some None J1_____
2. Of your close friends who have had sex, how many use condoms? Most Some None J2_____

Among those that have had relationships, how many of your close friends:

3. are happy in the relationships? Most Some None J3_____
4. are in relationships where they feel respected? Most Some None J4_____
5. have been forced to have sex against their will? Most Some None J5_____
6. were hit, slapped, beaten, or kicked by their partner? Most Some None J6_____
7. were emotionally abused by their partners? Most Some None J7_____
8. were physically aggressive toward their partner? Most Some None J8_____
9. were emotionally aggressive toward their partners? Most Some None J9_____
10. were forced by their partners to have sex against their will? Most Some None J10_____

Are there any questions you don't understand?

Questions you think should be left out? Give your reasons why.

Questions you think we should include?

Do your answers to these questions accurately reflect your experiences with relationships so far?

Your overall impression of the questionnaire.

What types of programmes should be developed to address the issues faced by adolescents, as identified in this questionnaire? PLEASE BE AS SPECIFIC AS POSSIBLE!

Additional comments regarding issues which are of concern to the relationships among adolescents?

THANK YOU FOR YOUR COOPERATION !!!

