

Sista 2 Sista Club Survey

Please answer the following questions with just a YES or a NO. Don't think too long about the answer - your initial reaction is normally the right answer for you.

There are no correct or incorrect answers to these questions.

This is totally confidential - no one will be shown your answers and you are not to write your name anywhere on this page.

The Risk Assessment Tool (First Round)

Would you describe yourself as a happy person?	
Would you describe yourself as a confident person?	
Do you enjoy living life?	
Do you enjoy your life?	
Do you have dreams and aspirations for your life?	
Do you regularly attend school?	
Do you feel that you give of your best in your school assignments and homework?	
Do you plan to complete your O or A levels?	
Would you like to study further, after school?	
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	
Do you have a good relationship with your mother?	
Did you pass 5 'O' level subjects if you have already finished school?	
If you did not finish school, do you plan to complete your schooling?	
Do you enjoy going to school?	
Do you have plans to study further?	
Do you still have plans for improving your life?	
Do you have a large group of friends?	
Do you have one or two people that you would regard as your "best friends"?	
Do you have a group of friends that you think are supportive?	
Are you involved in social activities other than school?	
Do you have career plans for when you leave school?	
Are both your parents still alive?	
Do you live with both your parents?	
Do you have a good relationship with your father?	
Do you feel you have a role to play at home?	



Do you feel confident accessing services at your local clinic such as sexually transmitted infection screening, pregnancy testing or family planning services?	
Do you have a boyfriend	
Have you ever had a boyfriend?	
Are you in a long term sexual relationship?	
Were you forced to leave school? (Personal or family circumstances)	
Have you ever been physically beaten?	
Have you ever felt emotionally threatened?	
Have you ever contemplated suicide?	
Are you the only person in your home responsible for younger brothers and sisters?	
Are you sexually active?	
Have you ever performed oral sex?	
Have you ever had anal sex?	
Have you ever felt physically threatened?	
Have you ever been sexually abused?	
Have you ever had sex with anyone in return for money or food or any goods?	
Have you ever been diagnosed with a STI (treated or untreated)?	
Have you ever been forced to have sex against your will?	
Have you ever been pregnant?	

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	
Do you have your own source of income (a job, a business or a grant)?	
Are you part of a "round" or "mukando"?	
Do you run your own business (size does not matter)?	
If you owe money are you able to meet your debt repayments every month?	
Are you in debt?	
Are you dependent on others for your income?	
Have you ever exchanged sexual favours for income?	
Are you the only person in your home responsible for younger brothers and sisters?	





	Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10
	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No	Pink No
	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes	Gold Yes
Total										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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48										
49										
50										
51										
Lower Risk Higher Risk										



The Risk Assessment Tool (Second Round)

Self Awareness

Would you describe yourself as a happy person?	<input type="checkbox"/>
Would you describe yourself as a confident person?	<input type="checkbox"/>
Do you enjoy living life?	<input type="checkbox"/>
Do you enjoy your life?	<input type="checkbox"/>
Do you have dreams and aspirations for your life?	<input type="checkbox"/>
Have you ever contemplated suicide?	<input type="checkbox"/>

Education (for girls in school)

Do you regularly attend school?	<input type="checkbox"/>
Do you enjoy going to school?	<input type="checkbox"/>
Do you feel that you give of your best in your school assignments and homework?	<input type="checkbox"/>
Do you plan to complete your O or A levels?	<input type="checkbox"/>
Would you like to study further, after school?	<input type="checkbox"/>
Do you have career plans for when you leave school?	<input type="checkbox"/>
Have you set a goal for your life? (e.g. To finish school, to travel, to own your own business)	<input type="checkbox"/>

Education (for girls who have left school already)

Did you pass 5 'O' level subjects?	<input type="checkbox"/>
If you did not finish school, do you plan to complete your schooling?	<input type="checkbox"/>
Do you have plans to study further?	<input type="checkbox"/>
Do you still have plans for improving your life?	<input type="checkbox"/>
Were you forced to leave school? (Personal or family circumstances)	<input type="checkbox"/>

Social Relationships

Do you have a large group of friends?	<input type="checkbox"/>
Do you have one or two people that you would regard as your "best friends"?	<input type="checkbox"/>
Do you have a group of friends that you think are supportive?	<input type="checkbox"/>
Are you involved in social activities other than school?	<input type="checkbox"/>
Are both your parents still alive?	<input type="checkbox"/>
Do you live with both your parents?	<input type="checkbox"/>
Do you have a good relationship with your mother?	<input type="checkbox"/>
Do you have a good relationship with your father?	<input type="checkbox"/>
Do you feel you have a role to play at home?	<input type="checkbox"/>
Have you ever been physically beaten?	<input type="checkbox"/>
Have you ever felt physically threatened?	<input type="checkbox"/>
Have you ever felt emotionally threatened?	<input type="checkbox"/>
Are you the only person in your home responsible for younger brothers and sisters?	<input type="checkbox"/>



Sexual Knowledge

Do you feel confident accessing RH services such as STI screening, pregnancy testing or family planning services at your local clinic?	<input type="checkbox"/>
Do you have a boyfriend or are you in a long term sexual relationship?	<input type="checkbox"/>
Have you ever had a boyfriend?	<input type="checkbox"/>
Are you sexually active?	<input type="checkbox"/>
Have you ever performed oral sex?	<input type="checkbox"/>
Have you ever had anal sex?	<input type="checkbox"/>
Have you ever been sexually abused?	<input type="checkbox"/>
Have you ever had sex with anyone in return for money or food or any goods?	<input type="checkbox"/>
Have you ever been diagnosed with a sexually transmitted infection (treated or untreated)?	<input type="checkbox"/>
Have you ever been forced to have sex against your will?	<input type="checkbox"/>
Have you ever been pregnant?	<input type="checkbox"/>

For Girls That Have Financial Responsibilities

Do you earn enough money to meet your needs?	<input type="checkbox"/>
Do you have your own source of income (a job, a business or a grant)?	<input type="checkbox"/>
Are you part of a "round" or "mukando"?	<input type="checkbox"/>
Do you run your own business (size does not matter)?	<input type="checkbox"/>
If you owe money are you able to meet your debt repayments every month?	<input type="checkbox"/>
Are you in debt?	<input type="checkbox"/>
Are you dependent on others for your income?	<input type="checkbox"/>
Have you ever exchanged sexual favours for income?	<input type="checkbox"/>
Are you the only person in your home responsible for younger brothers and sisters?	<input type="checkbox"/>



Self Awareness

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10		
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes		
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No		
1		2		3		4		5		6	
Lower Risk											
Higher Risk											

Education (for girls in school)

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10				
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes				
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No				
1		2		3		4		5		6		7	
Lower Risk													
Higher Risk													

Education (for girls who have left school already)

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10				
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes				
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No				
1		2		3		4		5		6		7	
Lower Risk													
Higher Risk													

Social Relationships

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10			
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes			
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No			
1	2	3	4	5	6	7	8	9	10	11	12	13
Lower Risk												Higher Risk

Sexual Knowledge

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10		
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes		
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No		
1	2	3	4	5	6	7	8	9	10	11	
Lower Risk										Higher Risk	

Financial Awareness

Person1	Person2	Person3	Person4	Person5	Person6	Person7	Person8	Person9	Person10
Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes	Pink Yes
Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No	Gold No
1	2	3	4	5	6	7	8	9	
Lower Risk									Higher Risk