

## Sleep study

**The first section of this form should be completed by the facilitator/field staff.**

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Researcher code

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Scan the participant ID

*If unable to scan, press next for manual entry*

---

Enter the participant ID

---

Re-enter the participant ID

---

**Attention! Before you can proceed, ask the girl for her name and verify the name and barcode from the participants' log. You have scanned ID**

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School code

*Enter the code of the school the student is currently at*

☐ 1

☐ 2

**Re-enter the school**

- ☐ 1
- ☐ 2

**Is the participant female or male?**

- ☐ Female
- ☐ Male

**What form is the participant in?**

Ask "what form are you in?"

- ☐ S2
- ☐ S3

# The next section of this form should be completed by the participant

*The field staff should now press Next and give the tablet to the participant*

---

**Did you read the consent form explaining details about this study?**

- ☐ No
- ☐ Yes

Please read the consent form before you can proceed Or ask your facilitator for help. Then go back and select 'yes' if you would like to continue.

---

**If you had any questions, have these all been answered in a way you understand?**

- ☐ No
- ☐ Yes
- ☐ Didn't have any questions

**Do you understand what this project is about?**

- ☐ No
- ☐ Yes

**Do you understand that it is ok to stop taking part at any time?**

- ☐ No
- ☐ Yes

**Pause** Ask the facilitator for help. If you still do not understand, continue to end the process. Otherwise, please swipe back.

---

**We would now like to ask you whether or not you agree to take part in the study**

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**But before you can proceed, please read the statements below**

---

I understand that at any time, I may stop participating in this study without giving a reason.

---

I agree that my information/data may be used for future research.

---

I understand that the information/data I give will not be linked to me.

---

**Are you happy to participate in this study?**

☐ No

☐ Yes

**Pause** Ask the facilitator for help. If indeed your answer is "No" (you don't want to be part of the study), proceed. Otherwise choose "Yes" if you are happy to participate, swipe back.

---

**Now, we capture your signature to show that you have accepted to participate in this study**

---

Please tap "Gather Signature" button below to sign. Use your free hand to sign or simply write your name. Sign above the line.

*After signing, ask the facilitator to help you to proceed with the form*

---

**Thank you for agreeing to  
participate in this study, we now  
want to ask you a few questions.**

---

**We will start with some questions  
about you and your family**

---

How old are you?

---

Please go back to check your age, if this is truly your age, proceed

---

Are you a day student or boarder?

- ☐ Day
- ☐ Boarding

How many years have you been a boarding student?

---

What religion are you?

- ☐ Roman Catholic
- ☐ Church of Uganda (COU) or Anglican
- ☐ Seventh Day Adventist (SDA)
- ☐ Born again churches
- ☐ Muslim
- ☐ Traditional African Religion
- ☐ No religion
- ☐ Other

Please specify other religion

---

**What ethnicity are you?***Scroll down for more options*

- ☐ Muganda
- ☐ Munyankole
- ☐ Musoga
- ☐ Acholi
- ☐ Alur
- ☐ Burundian
- ☐ Itesot
- ☐ Kenyan
- ☐ Mufumbira
- ☐ Mugisu
- ☐ Mukiga
- ☐ Munyoro
- ☐ Mutooro
- ☐ Rwanda Rwandese
- ☐ Southern Sudanese
- ☐ Tanzanian
- ☐ Ugandan Rwandese
- ☐ Other

**Please specify other ethnicity**

---

**How many people are there in your household (at home) including yourself?**  
**i.e. the number of people who usually eat together at home**

---

Please go back to check your answer, if this is truly the number of people at your home, proceed

---

**Who is the main person who takes care of you (is responsible for you at home)**

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Sibling
- ☐ Aunt
- ☐ Myself, no one looks after me
- ☐ Other

If other caregiver, specify

---

What is the highest form of education that the person who takes care of you completed?

- ☐ None or less than primary
- ☐ Primary
- ☐ Secondary
- ☐ More than secondary
- ☐ Don't know

What is the highest form of education that your **mother** completed?

- ☐ None or less than primary
- ☐ Primary
- ☐ Secondary
- ☐ More than secondary
- ☐ Don't know

What is the highest form of education that your **father** completed?

- ☐ None or less than primary
- ☐ Primary
- ☐ Secondary
- ☐ More than secondary
- ☐ Don't know

# Now we have questions about your home

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**Which of the following do you have in your home?***Select all that apply*

- ☐ Computer
- ☐ Furniture (table, sofa, chair, bed)
- ☐ More than 10 chickens or other birds
- ☐ Cows, goats, sheep, rabbits or pigs
- ☐ Moving motorbike
- ☐ Moving car
- ☐ Land for farming
- ☐ None

**How available is electricity or solar at your home?**

- ☐ Available most of the time
- ☐ Available some of the time
- ☐ Not available (no electricity and no solar)

**Which type of toilet do you have at your home?***Select all that apply*

- ☐ Flush toilet
- ☐ Pit latrine
- ☐ VIP latrine (latrine with vent or pipe)
- ☐ No toilet or latrine

**What is the **main** source of water you use at your home?**

- ☐ Tap water into house
- ☐ Tap water outside of house in compound
- ☐ Public tap water outside home
- ☐ Well, spring, river, pond, lake, dam, rain
- ☐ Other

**If other source of water, specify**

---

For each question, please select the response that best describes your sleeping in the *last two weeks*.

---



**Difficulty falling asleep**

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

**Difficulty staying asleep**

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

**Problems waking up too early**

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

**How satisfied/dissatisfied are you with your *current* sleep pattern?**

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Moderately satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

**How noticeable to others do you think you sleep is in terms of impairing the quality of your life?**

- ☐ Not at all noticeable
- ☐ A little
- ☐ Somewhat
- ☐ Much
- ☐ Very much noticeable

**How worried/distressed are you about your current sleep?**

- ☐ Not at all worried
- ☐ A little
- ☐ Somewhat
- ☐ Much
- ☐ Very much worried

**To what extent do you consider your sleep to interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) currently?**

- ☐ Not all interfering
- ☐ A little
- ☐ Somewhat
- ☐ Much
- ☐ Very much interfering

Please report on your typical sleep behaviour over the past 4 weeks. Please respond to questions according to your perception of a normal week that includes your usual school days and school free days.

---

**I go to school on a regular basis**

- ☐ No
- ☐ Yes

**I go to school on:**

- ☐ 1 day a week
- ☐ 2 days a week
- ☐ 3 days a week
- ☐ 4 days a week
- ☐ 5 days a week
- ☐ 6 days a week
- ☐ 7 days a week

If you answer "Yes, on 7 days"(e.g boarding) or "No", please consider if your sleep times may nonetheless differ between regular 'school days' and fill out the MCTQ in this respect.

**School days**

The next set of questions are about your **school days**

---

Image 1: I go to bed at:

hh:mm

---

Image 2: Note that some people stay awake for some time when in bed

---

Image 3: I actually get ready to fall sleep at .... o'clock

hh:mm

---

Image 4: I need ... minutes to fall asleep

---

Image 5: I wake up at .... o'clock

hh:mm

---

Image 6: After ... minutes I get up.

---

I use an alarm clock on school days or my parents wake me up

☐ No

☐ Yes

If yes, I regularly wake up before the alarm rings

☐ No

☐ Yes

## Free Days

The next set of questions are about your **free days** e.g when you don't have to go to school

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Image 1: I go to bed at:

hh:mm

---

Image 2: Note that some people stay awake for some time when in bed

---

**Image 3: I actually get ready to fall sleep at .... o'clock**

hh:mm

---

**Image 4: I need ... minutes to fall asleep**

---

**Image 5: I wake up at .... o'clock**

hh:mm

---

**Image 6: After ... minutes I get up.**

---

**I use an alarm clock on school days or my parents wake me up**

☐ No

☐ Yes

**My wake-up time (image5) is due to the use of an alarm clock or my parents waking me up.**

☐ No

☐ Yes

**There are particular reasons why I cannot freely choose my sleep time on free days**

☐ No

☐ Yes

**if yes, select the reason**

☐ Familymember/pet

☐ Hobbies

☐ other

## School Details

**My usual school schedule starts at o'clock**

hh:mm

---

**My usual school schedule end at o'clock**

hh:mm

---

**My school schedules are**

- ☐ Very flexible
- ☐ A little flexible
- ☐ Rather inflexible
- ☐ Very inflexible

**I travel to school**

- ☐ Within an enclosed vehicles(e.g car, bus, underground)
- ☐ Not within an enclosed vehicle(on foot, by bike)
- ☐ I'm homeschooled

**For the commute to school, I need**

hh:mm

---

**For the commute from school, I need**

hh:mm

---

Please indicate to what extent you personally agree or disagree with each statement

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**I must always have at least 9 hours sleep to function well or do well during the day**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I don't get the sleep I need on a particular night, I must catch up the next day by napping or by sleeping longer the next night**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**I am really worried that difficulty falling or staying asleep over a long period of time, might affect my physical appearance**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I have trouble getting to sleep, I should stay in bed and try harder**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I have trouble getting to sleep, it makes me worry that I may stop being able to sleep**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I don't get the sleep I need, I know that it will really affect the things that I do the next day**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I feel annoyed, sad, or worried during the day, it is always because I didn't get the sleep I needed the night before**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I don't get the sleep I need on one night, I know it will disturb the way I sleep for the whole week**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I feel tired, have no energy, or just seem to do badly during the day, it is always because I didn't get the sleep I needed the night before**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

**When I have lots of thoughts at night, I usually feel that I cannot control all these thoughts that I am having**

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Agree
- ☐ Strongly agree

The next questions are about changes that may be happening to your body. These changes normally happen to different young people at different ages. Please select only one option for each question.

---

**Would you say that your grown in height:**

- ☐ has not yet begun to spurt (spurt means faster than usual)
- ☐ has barely started
- ☐ is definitely underway
- ☐ seems complete

**How about the growth of your body hair? (Body hair means hair any place other than your head, such as under your arms)**

- ☐ has not yet started to grow
- ☐ has barely started to grow
- ☐ is definitely underway
- ☐ seems complete

**Have you noticed any skin changes, especially pimples?**

- ☐ skin has not yet started changing
- ☐ skin has barely started changing
- ☐ skin changes are definitely underway
- ☐ skin changes seems complete

**Have you noticed that your breasts have begun to grow?**

- ☐ have not yet started growing
- ☐ have barely started growing
- ☐ breast growth is definitely underway
- ☐ breast growth seems complete

**Have you begun to menstruate (start your period)?**

- ☐ No
- ☐ Yes

**If yes, how old were you when you started to menstruate?**

---

The next questions are about changes that may be happening to your body. These changes normally happen to different young people at different ages. Please select only one option for each question.

---

**Would you say that your grown in height:**

- ☐ has not yet begun to spurt (spurt means faster than usual)
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**How about the growth of your body hair? (Body hair means hair any place other than your head, such as under your arms)**

- ☐ has not yet started to grow
- ☐ has barely started to grow
- ☐ is definitely underway
- ☐ seems complete

**Have you noticed any skin changes, especially pimples?**

- ☐ skin has not yet started changing
- ☐ skin has barely started changing
- ☐ skin changes are definitely underway
- ☐ skin changes seems complete

**Have you noticed a deepening of your voice?**

- ☐ voice has not yet started changing
- ☐ voice has barely started changing
- ☐ voice changes are definitely underway
- ☐ voice changes seem complete

**Have you begun to grow hair on your face?**

- ☐ facial hair has not yet started growing
- ☐ facial hair has barely started growing
- ☐ facial hair has definitely started
- ☐ facial hair growth seems complete

The next section of the survey asks about your experience menstruating

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**How many days did your last menstrual period last?**

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**How heavy was the flow of your last menstrual period?**

- ☐ Light
- ☐ Moderate
- ☐ Heavy

The next section of the survey asks about any pain you experience during menstruation.

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**During your most recent period, did you experience cramping or pain in the abdomen, back or legs during or just before your period?**

- ☐ No
- ☐ Yes

**Where did you experience pain?**

- ☐ Lower abdomen
- ☐ Lower back
- ☐ Pelvis/groin
- ☐ Legs
- ☐ Other

**For how many days during (or just before) your period, did you experience cramping or pain?**

---

**How severe was this pain. Would you say it was mild pain, moderate pain, or severe pain?**

- ☐ Mild pain
- ☐ Moderate pain
- ☐ Severe pain
- ☐ No response

**During your most recent period, did the pain prevent you from sleeping?**

- ☐ Never
- ☐ Once
- ☐ 2-3 times
- ☐ 4 or more times
- ☐ No response

The next set of questions ask you about your sleeping environment

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**Is the room that you sleep in only used for sleeping?**

- ☐ No
- ☐ Yes

**What else is the room used for?**

- ☐ Cooking
- ☐ Eating
- ☐ Playing
- ☐ Other

If other, please state:

---

Do you sleep in a room with other people

- ☐ No
- ☐ Yes

How many other people?

---

I go to bed when:

- ☐ Someone (parents/guardian/matron) tells me to
- ☐ I feel tired
- ☐ It is quiet in the house/dormitory
- ☐ I have finished studying
- ☐ I am too tired to study
- ☐ Other

The most common reason is:

- ☐ Someone (parents/guardian/matron) tells me to
- ☐ I feel tired
- ☐ It is quiet in the house/dormitory
- ☐ I have finished studying
- ☐ I am too tired to study
- ☐ Other

On school days, the main reason I wake up is:

- ☐ My alarm goes off
- ☐ Someone (parents/guardian/matron) wakes me up
- ☐ Other people in my room get up
- ☐ External noise/light wakes me up
- ☐ Other

If other, please state

---

**On free (non-school days), the main reason I wake up is: (select one)**

- ☐ My alarm goes off
- ☐ Someone (parents/guardian/matron) wakes me up
- ☐ Other people in my room get up
- ☐ External noise/light wakes me up
- ☐ Other

**What are the reasons you typically have a poor night sleep?**

- ☐ It is too noisy
- ☐ It is too light
- ☐ It is too hot/cold
- ☐ I am worried or anxious
- ☐ I am in pain

**What is the most common reason you typically have a poor night sleep?**

- ☐ It is too noisy
- ☐ It is too light
- ☐ It is too hot/cold
- ☐ I am worried or anxious
- ☐ I am in pain

The next questions will ask you about how you feel. Please select the word that shows how often each of these things happens to you. There are no right or wrong answers.

---

**I feel sad or empty**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I worry when I think I have done poorly at something**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I would feel afraid of being on my own at home**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**Nothing is much fun anymore**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I worry that something awful will happen to someone in my family**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I worry what other people think of me**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have trouble sleeping**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I feel scared if I have to sleep on my own**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have problems with my appetite**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I suddenly become dizzy or faint when there is no reason for this**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have to do some things over and over again (like washing my hands, cleaning or putting things in certain order)**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have no energy for things**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I suddenly start to tremble or shake when there is no reason for this**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I cannot think clearly**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I feel worthless**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have to think of special thoughts (like numbers or words) to stop bad things from happening**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I think about death**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I feel like I don't want to move**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I worry that I will suddenly get a scared feeling when there is nothing to be afraid of**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I am tired a lot**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I feel afraid that I will make a fool of myself in front of people**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I have to do some things in just the right way to stop bads things from happening**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I feel restless**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

**I worry that something bad will happen to me**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

How often have they been bothered by the following over the past 2 weeks?

---

**Little interest or pleasure in doing things**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day



**Feeling down, depressed, or hopeless**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Trouble falling or staying asleep, or sleeping too much**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Feeling tired or having little energy**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Poor appetite or overeating**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Feeling bad about yourself or that you are a failure or have let yourself or your family down**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Trouble concentrating on things, such as reading the newspaper or watching television**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

**Thoughts that you would be better off dead, or of hurting yourself**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems?

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**Feeling nervous, anxious, or on edge**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Not being able to stop or control worrying**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Worrying too much about different things**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Trouble relaxing**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Being so restless that it is hard to sit still**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Becoming easily annoying or irritable**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

**Feeling afraid as if something awful might happen**

- ☐ Not at all
- ☐ Several days
- ☐ More than half days
- ☐ Nearly every day

These next questions are about how you feel *generally*. Please give your answers on the basis of how things have been for you **over the last six months**. How true is this statement for you?

---

**I try to be nice to other people. I care about their feelings**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am restless (siteerera), I cannot stay still for long**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I get a lot of headaches, stomach-aches or sickness**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I usually share with others (food, games, pens etc.)**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I get very angry and often lose my temper**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am usually on my own. I generally play alone or keep to myself**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I usually do as I am told**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I worry a lot (kweralikirira)**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am helpful if someone is hurt, upset or feeling ill**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am always moving, it is hard for me to sit still**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I have one good friend or more**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I fight a lot. I can make other people do what I want**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am often unhappy, down-hearted or tearful**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**Other people of my age generally like me**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I easily lose focus, I find it difficult to concentrate**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am nervous (okutya) in new situations. I easily lose confidence**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am kind to younger children**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I am often accused of lying or cheating**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**Other children or young people pick on me or bully me**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I often offer to help others (parents, teachers, children)**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I think before I do things**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I take things that are not mine from home, school or elsewhere**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I get on better with adults than with people my own age**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I have many fears, I am easily scared**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)

**I finish the housework or schoolwork I'm doing. My attention is good**

- ☐ Not true (ssi kituufu)
- ☐ Somewhat true (kittufumu)
- ☐ Certainly true (kituufu ddala)