

# Shamiri Institute Program

## Informed Consent

We are researchers from Shamiri Institute, an organization dedicated to helping high school students enhance their academic performance, emotional well-being, and overall happiness.

You are being invited to participate in this research study as we seek to better understand your beliefs and opinions.

If you are willing to participate, you will complete a survey about how you feel and your opinions.

The questionnaire will help assess your mental well-being and social support before and after the program. Everything that you say will be confidential, and we will not use your real name or any identifying information in any of our reports or papers.

Your participation is completely voluntary feel free to ask any questions.

There are no personal risks to your participation, but you might benefit from this study by learning more about your mental wellness and feelings.

Before you are involved, the school officials will first obtain permission from your parents. Even if they approve, the final decision rests in your hands. You can decline to answer any questions, and if you do not wish to continue, you can withdraw from the research at any time for any reason. Additionally, you have the right to withdraw your consent for the use of your research response after your participation.

If you are unsure about anything during this period, please don't hesitate to ask. By continuing, you agree to participate in this study. Please answer honestly.

If you have any questions, you can ask anyone from our team now or later. If you have questions later, you may contact Shamiri Staff Kevien Mulambe, who can be reached at 0794103092 or kevienotieno@gmail.com. **If you agree to voluntarily participate in this study, please sign below.**

Name

Age

*In completed years*

Gender

*(Please cross one)*

Male

☐

Female

☐

School Name

Name of County the School is Located?

Form/Stream

Admission Number

Today's Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

**In this section, we want to assess how you feel about the following statements. Please read each statement carefully and select the option that best reflects your perspective. Choose only ONE response per question. Remember, there are no right or wrong answers; please answer truthfully.**

Feeling down, depressed, or hopeless

Feeling tired or having little energy

Little interest or pleasure in doing things

Poor appetite or overeating

Trouble falling or staying asleep, or sleeping too much

Trouble concentrating on things, such as reading or schoolwork

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

Moving or speaking so slowly that other people have noticed? Or being so fidgety/restless that you move around a lot more than usual

A. Not at all  
B. Several days (2-7 days)  
C. Over half the days (more than 7 days)  
D. Nearly almost every day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**In this section, we would like to assess if you have been bothered or worried about the following things over the past TWO WEEKS. Please take a moment to reflect on your experiences during this period before answering, and select only ONE response for each question.**

A. Not at all  
B. Several days (2-7 days)  
C. Over half the days (more than 7 days)  
D. Nearly almost every day

Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it's hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid, as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Below are statements about how people interact. Please indicate your level of agreement with each statement by selecting one of the following options: Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree. Remember there are no right or wrong answers.**

Strongly Disagree  
Disagree  
Neutral  
Agree  
Strongly Agree

I can talk about my problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can count on my friends when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family helps me to make some decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now I would like you to answer the following questions. We encourage you to be honest with your responses and share as much detail as you would like.**

**What are the biggest challenges affecting your well-being as a student?**

**What kind of support do you think would help you the most?**

**How do you feel about your relationships with family and friends?**

Thank you so much for your response and for participating in this survey. Your responses will help improve the Shamiri program and support students like you. If there is anything else you'd like to share with us, please feel free to do so in the provided space below.