

WOT QUESTIONNAIRE 4: 1 month after graduation

Name: _____ Address: _____ Interviewer: _____

1. What is your situation like in the camp now?

2. How are you supporting yourself now?

3. How do you feel about yourself now?

4. Are you continuing with your vocational activity? Why or why not?

5. Have you sold any sex since graduation? Why or why not?

6. Did you use a condom the last time you had sex? Why or Why not?

7. What did you most like about being in WOT?

8. What did you least like about being in WOT?

Do you need any additional support or information?

Interviewer comments or observations:

Supervisor: Record referral actions below:

| To which agency? | To whom specifically? | When? | For which services? | Was permission obtained? |
|------------------|-----------------------|-------|---------------------|--------------------------|
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Name/Signature of Supervisor: _____ Date: _____