Persor	nal details
Age:	
Sex:	
No. of	children:
Child/d	children's Respective age's:
City:	
Annua	I Income: (tick appropriate)
- - -	2 Lakhs to 5 Lakhs 5 Lakhs to 10 Lakhs 10 Lakhs to 20 Lakhs Above 20 Lakhs
1.	Have you heard about child sexual abuse? What do you know about it?
2.	In what "physical spaces" do you think your child is most vulnerable?
3.	On an average, how many adults/older children does your child interact with daily?
Here a	re some of the basic rules of personal/body safety for children:
	Your body belongs to you
	No one should touch, look at, talk about or photograph your private parts.
	Secrets that make you feel uncomfortable, yucky, scared or involve private parts – must
	not be kept.
	Never take money, gifts, toys and sweets to do something you don't want to do.
	If someone breaks the touching rule, shout NO! very loudly, and tell a trusting adult.
	If no one listens to you, keep telling until someone does.
	If someone breaks the touching rule, and if yelling NO! didn't help or if you were too
	afraid to say anything, remember it is NOT your fault.

4.	Have you taught your child any of the above rules? If yes, kindly tick above – if you
have o	ther rules, list them in the space provided.
5.	If you have avoided talking about these rules ; is it because —
	you don't think this could happen to your child
	Of a lack of appropriate material/information available to you
	Your discomfort/uncertainty about talking about these matters with your child
	You have fears about this topic – if yes, please detail the kind of fears you have.
	You feel your child is too young for a discussion of such issues
	You feel such a discussion may disturb your child or make him/her fearful
6.	Are you aware if your child's school addresses this issue of personal safety?
7.	If yes, are you comfortable about the school doing so? please explain.
8.	If yes, what are your thoughts on how the issue is addressed by the school?
9.	Has your child ever expressed discomfort with an adult/older child in a particular
space	or situation? If yes, how did you respond? How would you have liked to respond?
10.	Has your child ever reported another child's similar discomfort or fear? If yes, how