

**PROTECTING THE NEXT GENERATION PROJECT
NATIONAL SURVEY OF ADOLESCENTS
ADOLESCENT QUESTIONNAIRE**

DATE: JANUARY 14, 2004

NAME OF COUNTRY: GHANA
NAME OF ORGANIZATION: ISSER

IDENTIFICATION																						
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
NAME AND LINE NUMBER OF RESPONDENT _____																						

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
NEXT VISIT: DATE	_____	_____		INTV. CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			

*RESULT CODES:
 1 COMPLETED 4 PARENT/CARETAKER REFUSED 7 INCAPACITATED
 2 NOT AT HOME 5 ADOLESCENT REFUSED 8 OTHER _____
 3 POSTPONED 6 PARTLY COMPLETED (SPECIFY)

LANGUAGE											
LANGUAGE OF QUESTIONNAIRE: ENGLISH	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
LANGUAGE OF INTERVIEW *** _____											
NATIVE LANGUAGE OF RESPONDENT*** _____											
WAS A TRANSLATOR USED? (YES=1, NO=2)											
*** LANGUAGE CODES: 1 ENGLISH 2 AKAN 3 GA 4 EWE 5 NZEMA 6 DAGBANI 7 OTHER _____ (SPECIFY)											

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____	_____	_____								
DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

SURVEY: PARENT/CARETAKER CONSENT FORM FOR MINORS (AGE 12-17 YEARS)

INFORMED CONSENT

Hello. My name is _____ and I am working with the Institute of Statistical, Social and Economic Research at the University of Ghana, Legon. We are conducting a national survey about young people's knowledge of sexuality and use of reproductive health services, the sexual behaviors that put them at risk for pregnancy, and the ways young people protect themselves from these risks. This information is intended to help the government and other organizations to provide better health services for young people.

I would like to ask (NAME) to participate in the survey. (Her/his) participation is entirely voluntary. If (NAME) decides to take part, (she/he) has the right not to answer any particular question and may stop at any time if (she/he) does not want to continue.

The survey usually takes about 45 minutes to complete. All information collected from this study will be kept strictly confidential--I will not share information (NAME) provides in the interview with anyone. No information which could identify you or your household will ever be released.

If you agree that (NAME) can participate in the study, please sign or write your initials here to show that you understand the information above and that your consent is given voluntarily.

I can sign below instead if you do not feel comfortable signing. However, it is important that you understand the information I read to you and that you give your consent voluntarily.

Parent/Caretaker: _____ Date: _____

IF PERSON AGREES BUT IS UNWILLING TO SIGN/INITIAL OR UNABLE TO READ OR SIGN/INITIAL:

I [the interviewer] will sign here indicating that the information was read to you, that you agree that (NAME) can participate in the study and that your consent is given voluntarily.

Signature of interviewer: _____ Date: _____

PARENT/CARETAKER AGREES MINOR 1
CAN BE INTERVIEWED

PARENT/CARETAKER DOES NOT 2
AGREE MINOR CAN BE INTERVIEWED

APPROACH ELIGIBLE MINOR FOR INFORMED CONSENT

END

SURVEY: CONSENT FORM FOR YOUNG PERSON

INFORMED CONSENT

Hello. My name is _____ and I am working with the Institute of Statistical, Social and Economic Research at the University of Ghana, Legon. We are conducting a national survey about young people's knowledge of sexuality and use of reproductive health services, the sexual behaviors that put them at risk for pregnancy, and the ways young people protect themselves from these risks. This information is intended to help the government and other organizations to provide better health services for young people.

I would like to ask you to participate in this survey. Your participation is entirely voluntary. If you decide to take part, you may stop at any time if you do not want to continue. You also have the right not to answer any particular question or questions.

The survey usually takes about 45 minutes to complete. All information collected from this study will be kept strictly confidential- I will not share information you provide in the interview with anyone. No information which could identify you or your household will ever be released.

If you agree to participate in the study, please sign or write your initials here to show that you understand the information above and that your consent is given voluntarily.

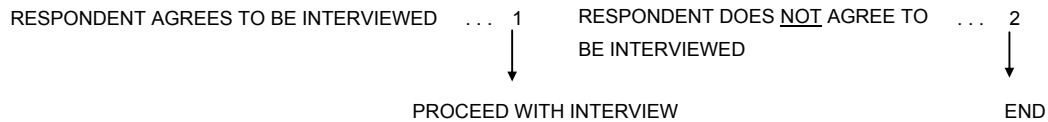
I can sign below instead if you do not feel comfortable signing. However, it is important that you understand the information I read to you and that you give your consent voluntarily.

Respondent: _____ Date: _____

IF PERSON AGREES BUT IS UNWILLING TO SIGN/INITIAL OR UNABLE TO READ OR SIGN/INITIAL:

I [the interviewer] will sign here indicating that the information above was read to you, that you agree to participate in the study and that your consent is given voluntarily.

Signature of interviewer: _____ Date: _____



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME INTERVIEW BEGINS.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	CIRCLE CODE FOR SEX OF RESPONDENT	MALE 1 FEMALE 2	
103	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105	CHECK 104 AGE 12-19 <input type="checkbox"/> AGE 11 OR <input type="checkbox"/> ↓ YOUNGER OR AGE 20 OR OLDER	→	END
106	First I would like to ask you some questions about you and your family. For most of the time until you were 12 years old, did you live in a city, in a town or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
107	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	
108	Have you ever attended school?	YES 1 NO 2	→ 125
109	How old were you when you first started attending school?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
110	What is the highest level of school you have attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4	
111	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
112	Are you currently attending school?	YES 1 NO 2	→ 114
113	During the current school year, did you attend school at any time?	YES 1 NO 2	→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	During the current school year, what level and grade (are/were) you attending?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 GRADE <input type="text"/> <input type="text"/>	
115	During the previous school year, did you attend school at any time?	YES 1 NO 2	→ 117
116	During the previous school year, what level and grade did you attend?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 GRADE <input type="text"/> <input type="text"/>	
117	(Is/was) your school for boys and girls or for only boys/girls?	BOYS AND GIRLS 1 ONLY GIRLS 2 ONLY BOYS 3	
118	(Is/was) your school a government-aided non-religious school, a government-aided religious school, a private, non-religious school or a private, religious school?	GOVT-AIDED NON-RELIGIOUS SCHOOL 1 GOVT-AIDED RELIGIOUS SCHOOL 2 PRIVATE, NON-RELIGIOUS SCHOOL 3 PRIVATE, RELIGIOUS SCHOOL 4	
119	(Are/were) you a day pupil or a boarder at the school?	DAY PUPIL 1 BOARDER 2	
120	CHECK 110 LEVEL ATTENDED <input type="checkbox"/> NO HIGHER <input type="checkbox"/> IS HIGHER ↓ LEVEL ↓ (CODE '4' CIRCLED) ATTENDED ↓		
121	When you last attended secondary school, how often did the teachers keep an eye on pupils to make sure they were not getting into trouble? Was it almost always, sometimes or almost never? How often did the teachers keep an eye on pupils to make sure they were not getting into trouble? Was it almost always, sometimes or almost never?	ALMOST ALWAYS 1 SOMETIMES 2 ALMOST NEVER 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	CHECK 112 NOT CURRENTLY IN SCHOOL (CODE '2' CIRCLED) <input type="checkbox"/> ↓ CURRENTLY IN SCHOOL (CODE '1' CIRCLED) <input type="checkbox"/> →		126
123	What was the main reason you stopped attending school?	COULD NOT PAY SCHOOL FEES 01 LACK OF SCHOOL MATERIALS 02 COMPLETED 03 GOT PREGNANT 04 GOT MARRIED 05 ILLNESS 06 WORK AT HOME 07 NOT INTERESTED 08 NOT A GOOD STUDENT 09 GOT A JOB 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
124	How old were you when you stopped attending school?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
125	Do you think you will attend school at any time in the future?	YES 1 NO 2	127
126	What is the highest level of school you think you will complete?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4	
127	Did you ever receive any vocational training?	YES 1 NO 2	
128	CHECK 112 CURRENTLY IN SCHOOL (CODE '1' CIRCLED) <input type="checkbox"/> ↓ NOT CURRENTLY IN SCHOOL (CODE '2' CIRCLED OR NOT ASKED) <input type="checkbox"/> ↓		
129	Now I would like to ask you about activities you usually do in a day. How do you spend your time when you are not at school? PROBE: Any other activities? RECORD ALL MENTIONED	STUDYING/HOMEWORK A HOUSEHOLD CHORES B HELPING WITH FAMILY BUSINESS/FARM C WORK TO GET MONEY D PLAYING/CHATTING WITH FRIENDS E IDLING F OTHER _____ X (SPECIFY) DON'T KNOW Z	
130	CHECK 129 WORKING (CODES 'C' OR 'D' CIRCLED) <input type="checkbox"/> ↓ NOT WORKING (CODES 'C' OR 'D' NOT CIRCLED) <input type="checkbox"/> →		133
131	Do you usually work at home or away from home?	HOME 1 AWAY 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
142	How important is religion in your life? Very important, somewhat important or not important?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT IMPORTANT 3	
143	How often do you attend religious services? More than once a week, once a week, at least once a month, less than once a month or not at all?	MORE THAN ONCE A WEEK 1 ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS THAN ONCE A MONTH 4 NOT AT ALL 5	

SECTION 2. FAMILY AND SOCIAL GROUPS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>Now I'd like to ask you some questions about your family. Do you live with your natural mother in this household? IF YES: What is her name?</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR NATURAL MOTHER.</p>	<p>YES 1</p> <p>NAME _____ <input type="text"/> <input type="text"/></p> <p>NO 2</p>	→ 211
202	<p>Where does your natural mother live or is she no longer alive?</p>	<p>SAME VILLAGE/TOWN 1</p> <p>SAME DISTRICT 2</p> <p>SAME COUNTRY 3</p> <p>DIFFERENT COUNTRY 4</p> <p>NO LONGER ALIVE 5</p> <p>DON'T KNOW 8</p>	→ 204
203	<p>How often do you see your natural mother? More than once a week, once a week, at least once a month, at least once a year or not at all?</p>	<p>MORE THAN ONCE A WEEK 1</p> <p>ONCE A WEEK 2</p> <p>AT LEAST ONCE A MONTH 3</p> <p>AT LEAST ONCE A YEAR 4</p> <p>NOT AT ALL 5</p>	→ 205
204	<p>How old were you when your natural mother died?</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
205	<p>Did your natural mother ever attend school?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 207
206	<p>What was the highest level of school she attended?</p>	<p>PRIMARY 1</p> <p>MIDDLE/JSS 2</p> <p>SECONDARY/SSS 3</p> <p>HIGHER 4</p> <p>DON'T KNOW 8</p>	
207	<p>CHECK 202</p> <p>MOTHER DIED <input type="checkbox"/> OR DON'T KNOW <input type="checkbox"/> (CODE '5' OR '8' CIRCLED)</p> <p>MOTHER ALIVE <input type="checkbox"/> (CODES '1', '2', '3' OR '4' CIRCLED)</p>		→ 211
208	<p>Is there someone else who is like a mother to you? IF YES: Does she live in the household?</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR MOTHER-FIGURE.</p>	<p>YES, IN HOUSEHOLD 1</p> <p>NAME _____ <input type="text"/> <input type="text"/></p> <p>YES, BUT NOT IN HOUSEHOLD 2</p> <p>NO 3</p>	→ 211 → 211
209	<p>Has your mother-figure ever attended school?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 211

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	What was the highest level of school she attended?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 DON'T KNOW 8	
211	Do you live with your natural father in this household? IF YES: What is his name? RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR NATURAL FATHER.	YES 1 NAME _____ <input type="text"/> <input type="text"/> → 221 NO 2	
212	Where does your natural father live or is he no longer alive?	SAME VILLAGE/TOWN 1 SAME DISTRICT 2 SAME COUNTRY 3 DIFFERENT COUNTRY 4 NO LONGER ALIVE 5 → 214 DON'T KNOW 8	
213	How often do you see your natural father? More than once a week, once a week, at least once a month, at least once a year or not at all?	MORE THAN ONCE A WEEK 1 ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 → 215 AT LEAST ONCE A YEAR 4 NOT AT ALL 5	
214	How old were you when your natural father died?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
215	Did your natural father ever attend school?	YES 1 NO 2 DON'T KNOW 8 → 217	
216	What was the highest level of school he attended?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 DON'T KNOW 8	
217	CHECK 212. FATHER DIED <input type="checkbox"/> OR DON'T KNOW <input type="checkbox"/> (CODE '5' OR '8' CIRCLED) FATHER ALIVE <input type="checkbox"/> (CODES '1', '2', '3' OR '4' CIRCLED)		→ 221
218	Is there someone else who is like a father to you? IF YES: Does he live in the same household? RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR FATHER-FIGURE.	YES, IN HOUSEHOLD 1 NAME _____ <input type="text"/> <input type="text"/> → 221 YES, BUT NOT IN HOUSEHOLD 2 NO 3 → 221	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
219	Has your father-figure ever attended school?	YES 1 NO 2 DON'T KNOW 8	→ 221
220	What was the highest level of school he attended?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 DON'T KNOW 8	
221	Do you belong to any social group or club?	YES 1 NO 2	→ 301
222	What are those social groups or clubs to which you belong? PROBE: Any others? RECORD ALL MENTIONED.	CHURCH YOUTH/MUSLIM YOUTH ... A FOOTBALL CLUB B DRAMA GROUP C CHOIR GROUP D ANTI-AIDS CLUB E RED CROSS F GIRL GUIDE/BOY SCOUTS G WILDLIFE SOCIETY H YOUTH BRIGADE I OTHER _____ X (SPECIFY)	
223	Do you hold an office or leadership position in any of these groups or clubs?	YES 1 NO 2	

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
301	<p>FEMALE <input type="checkbox"/></p> <p>As girls grow into women, changes happen in their bodies, such as the start of menstrual periods.</p> <p>At what age did you have your first menstrual period, or have you not had one yet?</p>	<p>MALE <input type="checkbox"/></p> <p>As boys grow into men, certain changes happen to their bodies, such as growing pubic hair, voices get deeper, or sometimes they have "wet dreams."</p> <p>At what age did you first notice any of these changes happening in your body, or have none happened yet?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>NO CHANGE YET/NOT MENSTRUATING YET 96</p> <p>DON'T KNOW AGE 98</p>	→ 305
302	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever been pregnant?</p>	<p>MALE <input type="checkbox"/></p> <p>Have you ever made someone pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 305
303	<p>Now I would like to ask you about any babies you may have had, including babies who were born alive but later died, even when shortly after birth. Have you ever given birth?</p>	<p>Now I would like to ask you about any babies you may have fathered, including babies who were born alive but later died, even when shortly after birth. Have you ever fathered a child?</p>	<p>YES 1</p> <p>NO 2</p>	→ 305
304	<p>In total, how many babies have you ever given birth to, including any that may have been born alive but later died?</p>	<p>In total, how many babies have you fathered, including any that may have been born alive but later died?</p>	<p>NUMBER <input type="text"/> <input type="text"/></p>	
305	<p>How long would you like to wait from now before having a(another) child?</p> <p>RECORD "00" MONTHS IF IMMEDIATELY.</p>		<p>MONTHS FROM NOW 1 <input type="text"/> <input type="text"/></p> <p>YEARS FROM NOW 2 <input type="text"/> <input type="text"/></p> <p>AGE IN YEARS 3 <input type="text"/> <input type="text"/></p> <p>WHAT GOD DECIDES 991</p> <p>WAIT UNTIL MARRIAGE 992</p> <p>DON'T WANT A(ANOTHER) CHILD 993</p> <p>DON'T KNOW 998</p>	
306A	<p>RESPONDENT IS FEMALE <input type="checkbox"/> RESPONDENT IS MALE <input type="checkbox"/></p>			→ 321
306B	<p>CHECK 304</p> <p>AT LEAST ONE LIVE BIRTH <input type="checkbox"/> NO LIVE BIRTH <input type="checkbox"/></p> <p style="text-align: center;">↓ 307</p>			→ 321

307 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 308. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.						
308 What name was given to your (first/next) baby? (NAME)	309 Were any of these births twins?	310 In what month and year was (NAME) born? PROBE: What is his/her birthday?	311 Is (NAME) still alive?	312 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	313 IF ALIVE: Is (NAME) living with you?	314 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 314	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	
02	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 314	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
03	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 314	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
04	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 314	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
05	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 314	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	YES ... 1 NO ... 2
315	Have you had any live births since the birth of (NAME OF LAST BIRTH)?				YES 1 NO 2	
316	COMPARE 304 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.					<input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS		SKIP
317	<p>Now I would like to ask you some questions about this last birth. At the time you became pregnant with [BIRTH], did you want to have a child then, would you have liked to wait longer or did you not want to have a child at all?</p>	THEN 1 LATER 2 NOT AT ALL 3 DON'T KNOW 8	
318	<p>Did you see anyone for antenatal care during that pregnancy?</p>	YES 1 NO 2	
319	<p>Are you currently pregnant?</p>	YES 1 NO 2 UNSURE 3	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> → 321
320	<p>At the time you became pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?</p>	THEN 1 LATER 2 NOT AT ALL 3 DON'T KNOW 8	
321	<p>Sometimes people do not want a pregnancy and try to end it. Can you tell me the ways you have heard a pregnancy can be ended?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	DON'T KNOW ANY WAY A SURGICAL ABORTION B HERBAL DRINK C GUINNESS/MALT AND SUGAR D COFFEE AND SUGAR E USE SHARP OBJECTS F TABLETS/PILLS G MASSAGE H JUMPING/FALLING I OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS		SKIP		
322	I won't ask for names, but do you have any close friends who have ever tried to end a pregnancy?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8			
323	RESPONDENT IS FEMALE <input type="checkbox"/> RESPONDENT IS MALE <input type="checkbox"/>		→ 323B		
323A	CHECK 301 MENSTRUATED (AGE RECORDED OR CODE '98' CIRCLED) <input type="checkbox"/>	NEVER MENSTRUATED (CODE '96' CIRCLED) <input type="checkbox"/>	→ 324 → 401		
323B	CHECK 302 EVER MADE SOMEONE PREGNANT (CODE '1' CIRCLED) <input type="checkbox"/>	NEVER MADE SOMEONE PREGNANT (CODE '2' OR CODE '8' CIRCLED) <input type="checkbox"/>	→ 401		
324	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> FEMALE <input type="checkbox"/> ↓ Have you ever tried to end a pregnancy? </td> <td style="width: 50%; padding-left: 10px;"> MALE <input type="checkbox"/> ↓ Has someone you made pregnant ever tried to end the pregnancy? </td> </tr> </table>	FEMALE <input type="checkbox"/> ↓ Have you ever tried to end a pregnancy?	MALE <input type="checkbox"/> ↓ Has someone you made pregnant ever tried to end the pregnancy?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 401
FEMALE <input type="checkbox"/> ↓ Have you ever tried to end a pregnancy?	MALE <input type="checkbox"/> ↓ Has someone you made pregnant ever tried to end the pregnancy?				
325	RESPONDENT IS FEMALE <input type="checkbox"/> RESPONDENT IS MALE <input type="checkbox"/>		→ 401		
326	What did you take or do? PROBE: Anything else? RECORD ALL MENTIONED.	SURGICAL ABORTION B HERBAL DRINK C GUINNESS/MALT AND SUGAR D COFFEE AND SUGAR E USE SHARP OBJECTS F TABLETS/PILLS G MASSAGE H JUMPING/FALLING I OTHER _____ X (SPECIFY)			
327	Where did you go to try to end the pregnancy? PROBE: Any others? RECORD ALL MENTIONED.	GOVERNMENT CLINIC/HOSPITAL ... A PRIVATE CLINIC/HOSPITAL/DOCTOR B NGO CLINIC C DRUG SHOP/PHARMACY D STREET VENDOR E TRADITIONAL HEALER/HERBALIST/ SPIRITUAL HEALER F MOBILE CLINIC G PRIVATE NURSE/MIDWIFE H NO PLACE I OTHER _____ X (SPECIFY)			
328	Did you succeed in ending the pregnancy?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8			

NO.	QUESTIONS AND FILTERS	SKIP
411	<p>Do you remember the following topics being discussed in any of these classes or talks?</p> <p>a. How pregnancy happens</p> <p>b. Contraception/ how to prevent pregnancy</p> <p>c. Abstinence/ say 'no' to sex</p> <p>d. Sexually transmitted infections or diseases</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
412	<p>How were these classes or talks taught? In a lecture, small group discussion, role play, video/film, or in some other way?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>LECTURE A</p> <p>SMALL GROUP DISCUSSION B</p> <p>ROLE PLAY C</p> <p>VIDEO/FILM D</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>
413	<p>Who mainly led the classes or talks? Were they mainly led by teachers, students, nurses or some other people?</p>	<p>TEACHERS 1</p> <p>STUDENTS 2</p> <p>NURSES 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>
414	<p>Please tell me whether you agree or disagree with the following statements.</p> <p>a. It is important for family life education to be taught in schools.</p> <p>b. Discussing family life education with young people encourages young people to have sex.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>NOT SURE 8</p> <p>AGREE 1</p> <p>DISAGREE 2</p> <p>NOT SURE 8</p>

SECTION 5. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a male or female can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 501, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 501, ASK 502.

501	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	502 Have you or your partner ever used (METHOD)?
01	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↴ ↓
02	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↴ ↓
03	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↴ ↓
04	FEMALE CONDOM <u>Women</u> can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↴ ↓
05	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES 1 NO 2 ↴ ↓
06	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↴ ↓
07	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↴ ↓
08	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↴ ↓
09	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↴ ↓
10	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↴ ↓
11	IUD/COIL Women can have a loop or coil placed inside of them by a doctor or a nurse.	YES 1 NO 2 ↴ ↓
12	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↴ ↓
13	What other methods have you heard of? _____ (SPECIFY) _____ (SPECIFY) NO 2 RECORD ALL MENTIONED OR WRITE IN THE METHOD IF NOT SPECIFIED. FOR EACH METHOD MENTIONED, ASK 502.	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	SKIP
503	CHECK 501 NO METHOD KNOWN <input type="checkbox"/> <div style="text-align: center;">↓</div> KNOWS 1 OR MORE METHODS <input type="checkbox"/>	506
504	Do you know where a young person like you could get information about ways of preventing pregnancy?	YES 1 NO 2 → 530
505	Where is that? PROBE: Any others? RECORD ALL MENTIONED.	MOTHER A FATHER B SPOUSE/PARTNER C BROTHER D SISTER E OTHER FEMALE FAMILY F OTHER MALE FAMILY G FEMALE FRIENDS H MALE FRIENDS I TEACHER / SCHOOL J DOCTOR/NURSE/CLINIC K TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER L NEWSPAPER M BOOKS/MAGS N RADIO O TELEVISION P INTERNET Q POSTER/ BILLBOARD R CHURCH S OTHER _____ X (SPECIFY) DON'T KNOW/UNSURE Z → 530
506	CHECK 319 NOT PREGNANT OR NOT ASKED (RESPONDENT IS MALE) <input type="checkbox"/> <div style="text-align: center;">↓</div> PREGNANT <input type="checkbox"/>	510
507	CHECK 502 EVER USED A METHOD (CODE '1' CIRCLED) <input type="checkbox"/> <div style="text-align: center;">↓</div> NEVER USED A METHOD (CODE '1' NOT CIRCLED) <input type="checkbox"/>	510
508	Are you currently doing something or using any method to delay or avoid getting (someone) pregnant?	YES 1 NO 2 → 510
509	Which method are you using? PROBE: Any other things? RECORD ALL MENTIONED	PILL A INJECTABLES B MALE CONDOM C FEMALE CONDOM D FOAM/JELLY E RHYTHM/PERIODIC ABSTINENCE F WITHDRAWAL G EMERGENCY CONTRACEPTION G FEMALE STERILIZATION I MALE STERILIZATION J IUD/COIL K IMPLANTS L OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS		SKIP
510	Do you think you will do something to delay or avoid a pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	
511	Do you think that having family planning methods available to young people encourages young people to have sexual intercourse?	YES 1 NO 2 UNSURE 3	
512	CHECK QUESTION 501_(03) HEARD OF <input type="checkbox"/> NEVER HEARD <input type="checkbox"/> MALE CONDOM ↓ OF MALE CONDOM		516
513	Have you ever seen a male condom demonstration? By a condom demonstration, I mean someone like a nurse, other adult, or peer showing people how a male condom is correctly used.	YES 1 NO 2 DON'T KNOW 8	
514	Please tell me if you agree or disagree with the following statements, even if you have never used a male condom. a. A male condom should always be put on <u>before</u> sexual intercourse starts. b. A male condom should be put on the penis only if the penis is fully erect or stiff. c. A male condom can be used more than once. d. Using a male condom reduces sexual pleasure. e. Using a male condom is a sign of not trusting your partner. f. It is embarrassing to buy or ask for male condoms.	AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8	
515	FEMALE <input type="checkbox"/> ↓ How confident are you that you could get a male partner to wear a condom if you wanted him to use one? Very confident, somewhat confident, or not confident at all?	MALE <input type="checkbox"/> ↓ How confident are you that you would know how to wear a male condom if you wanted to? Very confident, somewhat confident, or not confident at all?	VERY 1 SOMEWHAT 2 NOT AT ALL 3

NO.	QUESTIONS AND FILTERS		SKIP																																																																					
516	<p>Can you tell me where you got information about methods to prevent pregnancy?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<table border="1"> <thead> <tr> <th></th> <th data-bbox="1159 153 1235 178">WHERE</th> <th data-bbox="1260 153 1336 178">PREFER</th> </tr> </thead> <tbody> <tr><td>MOTHER</td><td>A</td><td>A</td></tr> <tr><td>FATHER</td><td>B</td><td>B</td></tr> <tr><td>SPOUSE/PARTNER</td><td>C</td><td>C</td></tr> <tr><td>BROTHER</td><td>D</td><td>D</td></tr> <tr><td>SISTER</td><td>E</td><td>E</td></tr> <tr><td>OTHER FEMALE FAMILY</td><td>F</td><td>F</td></tr> <tr><td>OTHER MALE FAMILY</td><td>G</td><td>G</td></tr> <tr><td>FEMALE FRIENDS</td><td>H</td><td>H</td></tr> <tr><td>MALE FRIENDS</td><td>I</td><td>I</td></tr> <tr><td>TEACHER / SCHOOL</td><td>J</td><td>J</td></tr> <tr><td>DOCTOR/NURSE/CLINIC</td><td>K</td><td>K</td></tr> <tr><td>TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER</td><td>L</td><td>L</td></tr> <tr><td>NEWSPAPER</td><td>M</td><td>M</td></tr> <tr><td>BOOKS/MAGS</td><td>N</td><td>N</td></tr> <tr><td>RADIO</td><td>O</td><td>O</td></tr> <tr><td>TELEVISION</td><td>P</td><td>P</td></tr> <tr><td>INTERNET</td><td>Q</td><td>Q</td></tr> <tr><td>POSTER/ BILLBOARD</td><td>R</td><td>R</td></tr> <tr><td>CHURCH</td><td>S</td><td>S</td></tr> <tr><td>OTHER _____</td><td>X</td><td>X</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>DON'T KNOW/UNSURE</td><td>Z</td><td>Z</td></tr> </tbody> </table>		WHERE	PREFER	MOTHER	A	A	FATHER	B	B	SPOUSE/PARTNER	C	C	BROTHER	D	D	SISTER	E	E	OTHER FEMALE FAMILY	F	F	OTHER MALE FAMILY	G	G	FEMALE FRIENDS	H	H	MALE FRIENDS	I	I	TEACHER / SCHOOL	J	J	DOCTOR/NURSE/CLINIC	K	K	TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER	L	L	NEWSPAPER	M	M	BOOKS/MAGS	N	N	RADIO	O	O	TELEVISION	P	P	INTERNET	Q	Q	POSTER/ BILLBOARD	R	R	CHURCH	S	S	OTHER _____	X	X	(SPECIFY)			DON'T KNOW/UNSURE	Z	Z	
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517	<p>Thinking of all the possible sources (not just the ones you have mentioned), <u>where</u> would you <u>prefer</u> to get information about methods to prevent pregnancy?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<table border="1"> <tbody> <tr><td>FEMALE FRIENDS</td><td>H</td><td>H</td></tr> <tr><td>MALE FRIENDS</td><td>I</td><td>I</td></tr> <tr><td>TEACHER / SCHOOL</td><td>J</td><td>J</td></tr> <tr><td>DOCTOR/NURSE/CLINIC</td><td>K</td><td>K</td></tr> <tr><td>TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER</td><td>L</td><td>L</td></tr> <tr><td>NEWSPAPER</td><td>M</td><td>M</td></tr> <tr><td>BOOKS/MAGS</td><td>N</td><td>N</td></tr> <tr><td>RADIO</td><td>O</td><td>O</td></tr> <tr><td>TELEVISION</td><td>P</td><td>P</td></tr> <tr><td>INTERNET</td><td>Q</td><td>Q</td></tr> <tr><td>POSTER/ BILLBOARD</td><td>R</td><td>R</td></tr> <tr><td>CHURCH</td><td>S</td><td>S</td></tr> <tr><td>OTHER _____</td><td>X</td><td>X</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>DON'T KNOW/UNSURE</td><td>Z</td><td>Z</td></tr> </tbody> </table>	FEMALE FRIENDS	H	H	MALE FRIENDS	I	I	TEACHER / SCHOOL	J	J	DOCTOR/NURSE/CLINIC	K	K	TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER	L	L	NEWSPAPER	M	M	BOOKS/MAGS	N	N	RADIO	O	O	TELEVISION	P	P	INTERNET	Q	Q	POSTER/ BILLBOARD	R	R	CHURCH	S	S	OTHER _____	X	X	(SPECIFY)			DON'T KNOW/UNSURE	Z	Z																									
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518	<p>Can you tell me some of the things that make it hard for people your age to get methods to prevent pregnancy?</p> <p>PROBE: Any other things?</p> <p>RECORD ALL MENTIONED.</p>	<table border="1"> <tbody> <tr><td>NO PROBLEMS/ BARRIERS</td><td>A</td></tr> <tr><td>NOT KNOWING WHERE TO GO</td><td>B</td></tr> <tr><td>NOT KNOWING HOW TO GET TO THERE</td><td>C</td></tr> <tr><td>INCONVENIENT HOURS/DAYS</td><td>D</td></tr> <tr><td>PRIVACY NOT RESPECTED</td><td>E</td></tr> <tr><td>NOT TREATED NICELY BY PERSON/ STAFF</td><td>F</td></tr> <tr><td>COSTLY/ NOT ABLE TO PAY FOR SERVICES</td><td>G</td></tr> <tr><td>NO SAME SEX PROVIDER</td><td>H</td></tr> <tr><td>NOT BEING ALLOWED TO GO ALONE</td><td>I</td></tr> <tr><td>AFRAID/FEARFUL</td><td>J</td></tr> <tr><td>EMBARRASSED/FEEL SHY</td><td>K</td></tr> <tr><td>OTHER _____</td><td>X</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> <tr><td>DON'T KNOW</td><td>Z</td></tr> </tbody> </table>	NO PROBLEMS/ BARRIERS	A	NOT KNOWING WHERE TO GO	B	NOT KNOWING HOW TO GET TO THERE	C	INCONVENIENT HOURS/DAYS	D	PRIVACY NOT RESPECTED	E	NOT TREATED NICELY BY PERSON/ STAFF	F	COSTLY/ NOT ABLE TO PAY FOR SERVICES	G	NO SAME SEX PROVIDER	H	NOT BEING ALLOWED TO GO ALONE	I	AFRAID/FEARFUL	J	EMBARRASSED/FEEL SHY	K	OTHER _____	X	(SPECIFY)		DON'T KNOW	Z																																										
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519	<p>Do you know where a young person like you can go to get methods to prevent pregnancy?</p>	<table border="1"> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2	→ 530																																																																	
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NO.	QUESTIONS AND FILTERS		SKIP																								
527	Have you ever gone to (PLACES MENTIONED IN Q. 520) for methods to prevent pregnancy?	YES 1 NO 2	→ 530																								
528	Where did you go? PROBE: Any others? RECORD ALL MENTIONED.	GOVERNMENT CLINIC/HOSPITAL A PRIVATE CLINIC/HOSPITAL/DOCTOR B NGO CLINIC C DRUG SHOP/PHARMACY D STREET VENDOR E TRADITIONAL HEALER/HERBALIST/ SPIRITUAL HEALER F FRIENDS G SCHOOL/SCHOOL COUNSELOR H CHURCH I OTHER _____ X (SPECIFY) DON'T KNOW Z																									
529	When was the last time you went?	MONTHS AGO 1 <input type="text"/> <input type="text"/> YEARS AGO 2 <input type="text"/> <input type="text"/> DON'T KNOW 998																									
530	In the last few months have you heard or seen messages about family planning: a. on the radio? b. on the television? c. in a newspaper or magazine? d. in a poster? e. in a leaflets or brochures? f. from a health worker? g. at a community or social club meeting?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLET/BROCHURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEALTH WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY/SOCIAL CLUB MEETING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER/MAGAZINE	1	2	POSTER	1	2	LEAFLET/BROCHURE	1	2	HEALTH WORKER	1	2	COMMUNITY/SOCIAL CLUB MEETING	1	2	
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531	Have you heard the following messages about family planning: a. Life Choices: It's your life. It's your choice? b. Make the choice that is best for you? c. Contraceptives are safe and effective? d. Obra ni wora bo?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>LIFE CHOICES: IT'S YOUR LIFE IT'S YOUR CHOICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MAKE THE CHOICE THAT IS BEST FOR YOU</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONTRACEPTIVES ARE SAFE AND EFFECTIVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>OBRA NI WORA BO</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	LIFE CHOICES: IT'S YOUR LIFE IT'S YOUR CHOICE	1	2	MAKE THE CHOICE THAT IS BEST FOR YOU	1	2	CONTRACEPTIVES ARE SAFE AND EFFECTIVE	1	2	OBRA NI WORA BO	1	2										
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SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
601	<p align="center">FEMALE <input type="checkbox"/></p> <p>Have you ever been married or lived together with a man as if married?</p>	<p align="center">MALE <input type="checkbox"/></p> <p>Have you ever been married or lived together with a woman as if married?</p>	<p>YES 1</p> <p>NO 2</p>	→ 609
602	<p>Are you currently married or living together with a man as if married?</p>	<p>Are you currently married or living together with a woman as if married?</p>	<p>YES 1</p> <p>NO 2</p>	→ 606
603	<p align="center">FEMALE <input type="checkbox"/></p> <p>Besides yourself, does your husband have other wives or does he live with other women as if married?</p>	<p align="center">MALE <input type="checkbox"/></p> <p>↓</p>	<p>YES 1</p> <p>NO 2</p>	→ 605
604	<p>Including yourself, how many wives or other partners live with your husband now?</p>	<p>Altogether, how many wives or other partners live with you now?</p>	<p>NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/></p>	
605	<p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE(S) AND LIVE-IN PARTNER(S). IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>FEMALE <input type="checkbox"/> → Please tell me the name of your husband (the man you are living together with as if married) now.</p> <p align="center">AFTER RECORDING, GO TO 606.</p> <hr/> <p>MALE <input type="checkbox"/> → CHECK 603: <u>IF ONE WIFE/PARTNER:</u> Please tell me the name of your wife (the woman you are living with as if married). AFTER RECORDING, GO TO 606.</p> <p><u>IF MORE THAN ONE WIFE/PARTNER:</u> Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). AFTER RECORDING, SKIP TO 607B.</p>		<p align="center">LINE NUMBER</p> <p>NAME _____ <input type="text"/> <input type="text"/></p> <p>NAME _____ <input type="text"/> <input type="text"/></p> <p>NAME _____ <input type="text"/> <input type="text"/></p> <p>NAME _____ <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
606	<p>FEMALE <input type="checkbox"/></p> <p>Have you been married or lived with a man only once or more than once?</p>	<p>MALE <input type="checkbox"/></p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p>ONLY ONCE 1</p> <p>MORE THAN ONCE 2</p>	→ 607B
607A	<p>In what month and year did you start living with your husband/partner?</p>	<p>In what month and year did you start living with your wife/partner?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p>	
607B	<p>Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p>	<p>Now I would like to ask about when you married or began living with a woman as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a woman as if married?</p>	<p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 611A
608	<p>How old were you when you started living with him?</p>	<p>How old were you when you started living with her?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	→ 611A
609	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever had a boyfriend?</p>	<p>MALE <input type="checkbox"/></p> <p>Have you ever had a girlfriend?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 7</p>	<input type="checkbox"/> → 611A
610	<p>Do you have a boyfriend now?</p>	<p>Do you have a girlfriend now?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 7</p>	
611A	<p>CHECK 104</p> <p>12-14 YEARS OLD <input type="checkbox"/> 15-19 YEARS OLD <input type="checkbox"/></p>			→ 621
611B	<p>CHECK 601</p> <p>NEVER MARRIED OR LIVED TOGETHER (CODE '2' CIRCLED) <input type="checkbox"/> EVER MARRIED OR LIVED TOGETHER (CODE '1' CIRCLED) <input type="checkbox"/></p>			→ 621
612	<p>Now I am going to ask you some questions about what young people might do together. Have you ever heard of kissing?</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> → 615
613	<p>Do you know of any close friends who have kissed or been kissed?</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
614	<p>Have you ever kissed or been kissed?</p>		<p>YES 1</p> <p>NO 2</p>	

SECTION 7. RELATIONSHIPS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>Now I'd like to ask you some questions about the first time you had sexual intercourse. What was this person's relationship to you at that time?</p> <p>IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?</p>	<p>HUSBAND/WIFE 01 LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER _____ 96 (SPECIFY)</p>	
702	How old was this person?	<p>AGE OF PERSON <input type="text"/> <input type="text"/> → 704 DON'T KNOW 98</p>	
703	Do you think that (he/she) was at least 10 years older than you or not?	<p>YES, 10 OR MORE YEARS OLDER 1 NO, LESS THAN 10 YEARS OLDER 2 OLDER, DON'T KNOW DIFFERENCE 3 YOUNGER THAN RESPONDENT 4 SAME AGE 5 DON'T KNOW 8</p>	
704	What was the main reason you first had sexual intercourse with this person?	<p>MARRIED/ UPON MARRIAGE 01 NATURAL FEELINGS/ FELT LIKE IT 02 PARTNER INSISTED/ WANTED SEX 03 INFLUENCE FROM FRIENDS 04 EXPECTATION OF GIFTS/MONEY 05 WANTED TO GET PREGNANT/HAVE BABY 06 WAS FORCED 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98</p>	
705	The <u>first</u> time you had sexual intercourse, was a male condom used?	<p>YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8</p>	→ 707
706	What was the main reason a male condom was used?	<p>PREVENT PREGNANCY 1 PREVENT STD/HIV 2 PREVENT BOTH STD/PREGNANCY 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8</p>	
707	The <u>first</u> time you had sexual intercourse, were any OTHER methods used to prevent pregnancy or sexually transmitted diseases?	<p>YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8</p>	→ 709
708	<p>What other method or methods were used?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL A INJECTABLES B FEMALE CONDOM D FOAM/JELLY E RHYTHM/PERIODIC ABSTINENCE F WITHDRAWAL G EMERGENCY CONTRACEPTION H FEMALE STERILIZATION I MALE STERILIZATION J IUD/COIL K IMPLANTS L OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	The <u>last</u> time you had sexual intercourse with this person, was a male condom used?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 719
718	What was the main reason a male condom was <u>not</u> used?	WANTED TO GET PREGNANT 1 PARTNER REFUSED 2 DIDN'T HAVE A CONDOM 3 FELT SAFE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 721
719	What was the main reason a male condom was used?	PREVENT PREGNANCY 1 PREVENT STD/HIV 2 PREVENT BOTH STD/PREGNANCY 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
720	Who suggested using a male condom that last time?	MYSELF 1 MY PARTNER 2 JOINT DECISION 3 REFUSED TO ANSWER 7 DON'T KNOW 8	
721	The <u>last</u> time you had sexual intercourse with this person were any OTHER methods used to prevent pregnancy or sexually transmitted diseases?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 723
722	What other method or methods were used? PROBE: Anything else? RECORD ALL MENTIONED.	PILL A INJECTABLES B FEMALE CONDOM D FOAM/JELLY E RHYTHM/PERIODIC ABSTINENCE F WITHDRAWAL G EMERGENCY CONTRACEPTION H FEMALE STERILIZATION I MALE STERILIZATION J IUD/COIL K IMPLANTS L OTHER X (SPECIFY)	
723	The last time you had sexual intercourse with this person, did you or this person drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER 3 NEITHER 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	MALE <input type="checkbox"/> ↓ FEMALE <input type="checkbox"/>	→ 730	
725	CHECK 710 and 712 HAD SEX IN LAST <input type="checkbox"/> 3 MONTHS ↓ HAD NO SEX <input type="checkbox"/> IN LAST 3 MONTHS	→ 730	
726	In the past 3 months, how many times have you had sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	
727	In the past 3 months, how many times was a male condom used during sexual intercourse with this person?	NO CONDOM USED 00 → 730 NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	
728	In the past 3 months, did you ever start having sexual intercourse with this person without a male condom and then put a male condom on later?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
729	In the past 3 months, did a male condom you were using with this person ever break or slip off during sexual intercourse?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
730	Have you and this person ever talked about methods to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	
731	CHECK 715 NO SPOUSE <input type="checkbox"/> OR LIVE-IN ↓ PARTNER SPOUSE OR LIVE-IN <input type="checkbox"/> PARTNER	→ 734	
732	Have you received anything from this person, such as money, gifts or something else, so you would have sexual intercourse with (him/her)?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 734
733	What did you receive? IF RESPONDENT SAYS "GIFT", PROBE: What type of gift? RECORD ALL MENTIONED.	MONEY A FOOD B SCHOOL FEES C DRUGS (INCL. GLUE) D ALCOHOL E SHELTER/RENT F CLOTHES G TRANSPORT H JEWELRY/COSMETICS I ENTERTAINMENT (SUCH AS VIDEO GAMES) J OTHER X _____ (SPECIFY)	
734	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→ 781

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
735	When was the <u>last</u> time you had sexual intercourse with another person?	DAYS AGO 1 <table border="1" data-bbox="1159 149 1312 205"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1159 205 1312 262"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1159 262 1312 319"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																									
736	How old is this person?	AGE OF PERSON <table border="1" data-bbox="1159 359 1312 415"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98					→ 738																				
737	Do you think that (he/she) is at least 10 years older than you or not?	YES, 10 OR MORE YEARS OLDER 1 NO, LESS THAN 10 YEARS OLDER 2 OLDER, DON'T KNOW DIFFERENCE 3 YOUNGER THAN RESPONDENT 4 SAME AGE 5 DON'T KNOW 8																									
738	What was your relationship to this person at that time? IF BOYFRIEND/GIRLFRIEND: Are you living together as if married?	HUSBAND/WIFE 01 LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY) _____																									
739	How long have you been involved in a sexual relationship with this person? IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS 1 <table border="1" data-bbox="1159 974 1312 1031"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1159 1031 1312 1087"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1159 1087 1312 1144"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1159 1144 1312 1201"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																									
740	The last time you had sexual intercourse with this person, was a male condom used?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 742																								
741	What was the main reason a male condom was <u>not</u> used?	WANTED TO GET PREGNANT 1 PARTNER REFUSED 2 DIDN'T HAVE A CONDOM 3 FELT SAFE 4 OTHER 6 (SPECIFY) _____ DON'T KNOW 8	→ 744																								
742	What was the main reason a male condom was used?	PREVENT PREGNANCY 1 PREVENT STD/HIV 2 PREVENT BOTH STD/PREGNANCY 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8																									
743	Who suggested using a male condom that last time?	MYSELF 1 MY PARTNER 2 JOINT DECISION 3 REFUSED TO ANSWER 7 DON'T KNOW 8																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
744	The last time you had sexual intercourse with this person were any OTHER methods used to prevent pregnancy or sexually transmitted diseases?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	<input type="checkbox"/> → 746
745	What other method or methods were used? PROBE: Anything else? RECORD ALL MENTIONED.	PILL A INJECTABLES B FEMALE CONDOM D FOAM/JELLY E RHYTHM/PERIODIC ABSTINENCE F WITHDRAWAL G EMERGENCY CONTRACEPTION H FEMALE STERILIZATION I MALE STERILIZATION J IUD/COIL K IMPLANTS L OTHER _____ X (SPECIFY)	
746	The last time you had sexual intercourse with this person, did you or this person drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER 3 NEITHER 4	
747	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		<input type="checkbox"/> → 753
748	CHECK 735 HAD SEX IN LAST <input type="checkbox"/> HAD NO SEX <input type="checkbox"/> 3 MONTHS IN LAST 3 MONTHS		<input type="checkbox"/> → 753
749	In the past 3 months, how many times have you had sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	
750	In the past 3 months, how many times was a male condom used during sexual intercourse with this person?	NO CONDOM USED 00 NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	<input type="checkbox"/> → 753
751	In the past 3 months, did you ever start having sexual intercourse with this person without a male condom and then put a male condom on later?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
752	In the past 3 months, did a male condom you were using with this person ever break or slip off during sexual intercourse?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
753	Have you and this person ever talked about methods to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
762	<p>How long have you been involved in a sexual relationship with this person?</p> <p>IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS 1</p> <p>WEEKS 2</p> <p>MONTHS 3</p> <p>YEARS 4</p> <table border="1" data-bbox="1159 149 1312 369"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
763	<p>The last time you had sexual intercourse with this person, was a male condom used?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 7</p> <p>DON'T KNOW 8</p>	→ 765								
764	<p>What was the main reason a male condom was <u>not</u> used?</p>	<p>WANTED TO GET PREGNANT 1</p> <p>PARTNER REFUSED 2</p> <p>DIDN'T HAVE A CONDOM 3</p> <p>FELT SAFE 4</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 8</p>	→ 767								
765	<p>What was the main reason a male condom was used?</p>	<p>PREVENT PREGNANCY 1</p> <p>PREVENT STD/HIV 2</p> <p>PREVENT BOTH STD/PREGNANCY 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 8</p>									
766	<p>Who suggested using a male condom that last time?</p>	<p>MYSELF 1</p> <p>MY PARTNER 2</p> <p>JOINT DECISION 3</p> <p>REFUSED TO ANSWER 7</p> <p>DON'T KNOW 8</p>									
767	<p>The last time you had sexual intercourse with this person were any OTHER methods used to prevent pregnancy or sexually transmitted diseases?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 7</p> <p>DON'T KNOW 8</p>	→ 769								
768	<p>What other method or methods were used?</p> <p>DO NOT READ LIST.</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PILL A</p> <p>INJECTABLES B</p> <p>FEMALE CONDOM D</p> <p>FOAM/JELLY E</p> <p>RHYTHM/PERIODIC ABSTINENCE F</p> <p>WITHDRAWAL G</p> <p>EMERGENCY CONTRACEPTION H</p> <p>FEMALE STERILIZATION I</p> <p>MALE STERILIZATION J</p> <p>IUD/COIL K</p> <p>IMPLANTS L</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
769	The last time you had sexual intercourse, did you or this person drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER 3 NEITHER 4	
770	MALE <input type="checkbox"/> ↓ FEMALE <input type="checkbox"/>		→ 776
771	CHECK 758 HAD SEX IN LAST <input type="checkbox"/> 3 MONTHS ↓ HAD NO SEX <input type="checkbox"/> IN LAST 3 MONTHS		→ 776
772	In the past 3 months, how many times have you had sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	
773	In the past 3 months, how many times was a male condom used during sexual intercourse with this person?	NO CONDOM USED 00 NUMBER OF TIMES <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98	→ 776
774	In the past 3 months, did you ever start having sexual intercourse with this person without a male condom and then put a male condom on later?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
775	In the past 3 months, did a male condom you were using with this person ever break or slip off during sexual intercourse?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	
776	Have you and this person ever talked about methods to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	
777	CHECK 761 NOT SPOUSE <input type="checkbox"/> OR LIVE-IN ↓ PARTNER SPOUSE OR LIVE-IN <input type="checkbox"/> PARTNER		→ 780
778	Have you received anything from this person, such as money, gifts or something else, so you would have sexual intercourse with (him/her)?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	→ 780

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
779	What did you receive? IF RESPONDENT SAYS "GIFT", PROBE: What type of gift? RECORD ALL MENTIONED.	MONEY A FOOD B SCHOOL FEES C DRUGS (INCL. GLUE) D ALCOHOL E SHELTER/RENT F CLOTHES G TRANSPORT H JEWELRY/COSMETICS I ENTERTAINMENT (SUCH AS VIDEO GAMES) J OTHER X _____ (SPECIFY)																									
780	In total, with how many different people have you had sexual intercourse with in the last 12 months?	NUMBER OF PEOPLE <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98																									
781	In total, with how many different people have you had sexual intercourse with in your lifetime? IF NON NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PEOPLE <input type="text"/> <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98																									
782	CHECK 710, 712, 735 AND 758. HAD NO SEX <input type="checkbox"/> HAD SEX IN <input type="checkbox"/> IN LAST 3 MONTHS LAST 3 MONTHS OR LAST 12 WEEKS OR LAST 12 WEEKS WITH ANY PARTNER WITH ANY PARTNER		801																								
783	People have different reasons for not having sexual intercourse. What are the reasons why you have <u>not</u> had sexual intercourse (recently)? PROBE: Any others? RECORD ALL MENTIONED.	<table border="1"> <thead> <tr> <th></th> <th>REASON</th> <th>MAIN</th> </tr> </thead> <tbody> <tr> <td>DON'T HAVE A PARTNER ...</td> <td>A</td> <td>01</td> </tr> <tr> <td>WAIT UNTIL MARRIAGE</td> <td>B</td> <td>02</td> </tr> <tr> <td>AFRAID TO GET PREGNANT/ MAKE SOMEONE PREGNANT</td> <td>C</td> <td>03</td> </tr> <tr> <td>AVOID STIs/AIDS</td> <td>D</td> <td>04</td> </tr> <tr> <td>OTHER _____</td> <td>X</td> <td>96</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>Z</td> <td>98</td> </tr> </tbody> </table>		REASON	MAIN	DON'T HAVE A PARTNER ...	A	01	WAIT UNTIL MARRIAGE	B	02	AFRAID TO GET PREGNANT/ MAKE SOMEONE PREGNANT	C	03	AVOID STIs/AIDS	D	04	OTHER _____	X	96	(SPECIFY)			DON'T KNOW	Z	98	
	REASON	MAIN																									
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AFRAID TO GET PREGNANT/ MAKE SOMEONE PREGNANT	C	03																									
AVOID STIs/AIDS	D	04																									
OTHER _____	X	96																									
(SPECIFY)																											
DON'T KNOW	Z	98																									
784	IF MORE THAN ONE REASON: What is the <u>main</u> reason why you have not had sexual intercourse (recently)?																										
785	Do you feel any pressure from others <u>not</u> to have sexual intercourse? IF YES: A great deal or a little?	A GREAT DEAL 1 A LITTLE 2 NONE 3 DON'T KNOW 8	787																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
786	<p>From whom do you feel pressure <u>not</u> to have sexual intercourse?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>GIRLFRIEND/ BOYFRIEND A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>BROTHER D</p> <p>SISTER E</p> <p>OTHER FEMALE FAMILY F</p> <p>OTHER MALE FAMILY G</p> <p>FEMALE FRIENDS H</p> <p>MALE FRIENDS I</p> <p>TEACHER J</p> <p>CHURCH K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
787	<p>CHECK 620 AND 621</p> <p>NEVER <input type="checkbox"/> EVER HAD <input type="checkbox"/></p> <p>HAD SEX ↓ SEX →</p>	<p>→ 801</p>	
788	<p>How old do you expect you will be when you have sexual intercourse for the first time?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>WHEN MARRIED 91</p> <p>DON'T KNOW 98</p>	

SECTION 8. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2 DON'T KNOW 8	901																
802	Can people get the AIDS virus from having sex with persons who are infected with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
803	Can the virus that causes AIDS be transmitted from a mother to a child: a. During pregnancy? b. During delivery? c. During breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY	1	2	8	DURING DELIVERY	1	2	8	DURING BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREGNANCY	1	2	8																
DURING DELIVERY	1	2	8																
DURING BREASTFEEDING	1	2	8																
804	Can people get the AIDS virus from sharing razors or other sharp objects used for skin piercings or cutting?	YES 1 NO 2 DON'T KNOW 8																	
805	Can people get the AIDS virus from getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8																	
806	Can people get the AIDS virus from a blood transfusion?	YES 1 NO 2 DON'T KNOW 8																	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
808	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
809	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
810	Can people reduce their chances of getting AIDS by not having sex at all?	YES 1 NO 2 DON'T KNOW 8																	
811	Can people reduce their chances of getting AIDS by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
812	Can people reduce their chances of getting AIDS by using a condom correctly every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
813	Can people reduce their chances of getting AIDS by avoiding sharing injections/needles?	YES 1 NO 2 DON'T KNOW 8																	
814	Can a man infected with the AIDS virus be cured if he has sex with a virgin?	YES 1 NO 2 DON'T KNOW 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
824	If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from him or her?	YES 1 NO 2 DON'T KNOW 8																																																																			
825	If a member of your family became infected with the AIDS virus, would you want it to remain secret?	YES 1 NO 2 DON'T KNOW 8																																																																			
826	If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	YES 1 NO 2 DON'T KNOW 8																																																																			
827	Can you tell me where you got information about HIV/AIDS? PROBE: Any others? RECORD ALL MENTIONED.	<table border="1"> <thead> <tr> <th></th> <th>WHERE</th> <th>PREFER</th> </tr> </thead> <tbody> <tr><td>MOTHER</td><td>A</td><td>A</td></tr> <tr><td>FATHER</td><td>B</td><td>B</td></tr> <tr><td>SPOUSE/PARTNER</td><td>C</td><td>C</td></tr> <tr><td>BROTHER</td><td>D</td><td>D</td></tr> <tr><td>SISTER</td><td>E</td><td>E</td></tr> <tr><td>OTHER FEMALE FAMILY</td><td>F</td><td>F</td></tr> <tr><td>OTHER MALE FAMILY</td><td>G</td><td>G</td></tr> <tr><td>FEMALE FRIENDS</td><td>H</td><td>H</td></tr> <tr><td>MALE FRIENDS</td><td>I</td><td>I</td></tr> <tr><td>TEACHER / SCHOOL</td><td>J</td><td>J</td></tr> <tr><td>DOCTOR/NURSE/CLINIC</td><td>K</td><td>K</td></tr> <tr><td>TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER</td><td>L</td><td>L</td></tr> <tr><td>NEWSPAPER</td><td>M</td><td>M</td></tr> <tr><td>BOOKS/MAGS</td><td>N</td><td>N</td></tr> <tr><td>RADIO</td><td>O</td><td>O</td></tr> <tr><td>TELEVISION</td><td>P</td><td>P</td></tr> <tr><td>INTERNET</td><td>Q</td><td>Q</td></tr> <tr><td>POSTER/ BILLBOARD</td><td>R</td><td>R</td></tr> <tr><td>CHURCH</td><td>S</td><td>S</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td><td>X</td></tr> <tr><td>DON'T KNOW/UNSURE</td><td>Z</td><td>Z</td></tr> </tbody> </table>		WHERE	PREFER	MOTHER	A	A	FATHER	B	B	SPOUSE/PARTNER	C	C	BROTHER	D	D	SISTER	E	E	OTHER FEMALE FAMILY	F	F	OTHER MALE FAMILY	G	G	FEMALE FRIENDS	H	H	MALE FRIENDS	I	I	TEACHER / SCHOOL	J	J	DOCTOR/NURSE/CLINIC	K	K	TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER	L	L	NEWSPAPER	M	M	BOOKS/MAGS	N	N	RADIO	O	O	TELEVISION	P	P	INTERNET	Q	Q	POSTER/ BILLBOARD	R	R	CHURCH	S	S	OTHER _____ (SPECIFY)	X	X	DON'T KNOW/UNSURE	Z	Z	
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828	Thinking of all the the possible sources (not just the ones you have mentioned already) where would you <u>prefer</u> to get information about HIV/AIDS? Probe: Any others? RECORD ALL MENTIONED.	<table border="1"> <thead> <tr> <th></th> <th>WHERE</th> <th>PREFER</th> </tr> </thead> <tbody> <tr><td>MOTHER</td><td>A</td><td>A</td></tr> <tr><td>FATHER</td><td>B</td><td>B</td></tr> <tr><td>SPOUSE/PARTNER</td><td>C</td><td>C</td></tr> <tr><td>BROTHER</td><td>D</td><td>D</td></tr> <tr><td>SISTER</td><td>E</td><td>E</td></tr> <tr><td>OTHER FEMALE FAMILY</td><td>F</td><td>F</td></tr> <tr><td>OTHER MALE FAMILY</td><td>G</td><td>G</td></tr> <tr><td>FEMALE FRIENDS</td><td>H</td><td>H</td></tr> <tr><td>MALE FRIENDS</td><td>I</td><td>I</td></tr> <tr><td>TEACHER / SCHOOL</td><td>J</td><td>J</td></tr> <tr><td>DOCTOR/NURSE/CLINIC</td><td>K</td><td>K</td></tr> <tr><td>TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER</td><td>L</td><td>L</td></tr> <tr><td>NEWSPAPER</td><td>M</td><td>M</td></tr> <tr><td>BOOKS/MAGS</td><td>N</td><td>N</td></tr> <tr><td>RADIO</td><td>O</td><td>O</td></tr> <tr><td>TELEVISION</td><td>P</td><td>P</td></tr> <tr><td>INTERNET</td><td>Q</td><td>Q</td></tr> <tr><td>POSTER/ BILLBOARD</td><td>R</td><td>R</td></tr> <tr><td>CHURCH</td><td>S</td><td>S</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>X</td><td>X</td></tr> <tr><td>DON'T KNOW/UNSURE</td><td>Z</td><td>Z</td></tr> </tbody> </table>		WHERE	PREFER	MOTHER	A	A	FATHER	B	B	SPOUSE/PARTNER	C	C	BROTHER	D	D	SISTER	E	E	OTHER FEMALE FAMILY	F	F	OTHER MALE FAMILY	G	G	FEMALE FRIENDS	H	H	MALE FRIENDS	I	I	TEACHER / SCHOOL	J	J	DOCTOR/NURSE/CLINIC	K	K	TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER	L	L	NEWSPAPER	M	M	BOOKS/MAGS	N	N	RADIO	O	O	TELEVISION	P	P	INTERNET	Q	Q	POSTER/ BILLBOARD	R	R	CHURCH	S	S	OTHER _____ (SPECIFY)	X	X	DON'T KNOW/UNSURE	Z	Z	
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829	Should youth 12 -14 years old be taught about how to avoid AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 831																																																																		
830	Should youth 12 -14 years old be taught about using a condom to avoid AIDS?	YES 1 NO 2 DON'T KNOW 8																																																																			
831	I'd like to ask you about your views on testing for HIV/AIDS. Again, everything that you tell me is confidential. Have you heard that people can get tested to see if they are infected with the virus that causes AIDS?	YES 1 NO 2	→ 847																																																																		
832	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→ 844																																																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
833	<p>Where can you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>PROBE: Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>GOVERNMENT CLINIC/HOSPITAL A</p> <p>PRIVATE CLINIC/HOSPITAL/DOCTOR B</p> <p>NGO CLINIC C</p> <p>DRUG SHOP/PHARMACY D</p> <p>MOBILE CLINIC E</p> <p>STAND ALONE TESTING CENTER F</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>							
834	<p>Does a person have to pay to get tested?</p> <p>IF YES: About how much?</p>	<p>NO COST 000000</p> <p>CURRENCY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 999998</p>							
835	<p>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER 7</p>	<p style="text-align: right;">844</p>						
836	<p>The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required?</p>	<p>RESPONDENT ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p>							
837	<p>What was the main reason you got tested the last time?</p>	<p>TO KNOW STATUS 01</p> <p>PREGNANT/ PRENATAL 02</p> <p>I'M SEXUALLY ACTIVE 03</p> <p>ENCOURAGED BY COUNSELOR 04</p> <p>ENCOURAGED BY PEER EDUCATOR 05</p> <p>ENCOURAGED BY PARENTS OR FAMILY 06</p> <p>ENCOURAGED BY PEERS 07</p> <p>TO GET MARRIED 08</p> <p>PARTNER TOLD ME TO DO SO 09</p> <p>CONCERN ABOUT A PARTNER 10</p> <p>REQUIRED TO GET A JOB 11</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>							
838	<p>Where did you go for the test the last time?</p>	<p>GOVERNMENT CLINIC/HOSPITAL 01</p> <p>PRIVATE CLINIC/HOSPITAL/DOCTOR 02</p> <p>NGO CLINIC 03</p> <p>DRUG SHOP/PHARMACY 04</p> <p>MOBILE CLINIC 05</p> <p>STAND ALONE TESTING CENTER 06</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
839	At any time during that last test, did you get any counseling about ways of protecting yourself or your partner from AIDS?	YES 1 NO 2	
840	I don't want to know the results, but did you get the results of that test?	YES 1 NO 2 REFUSED TO ANSWER 7	→ 842
841	What is the main reason you did not get the results?	I'M NOT AT RISK 01 SCARED TO KNOW STATUS 02 SOMEONE MIGHT SEE ME 03 JUST DON'T WANT TO KNOW 04 INDIFFERENT/DON'T CARE 05 OTHER _____ 96 (SPECIFY)	→ 847
842	Did you tell anyone the results of the test?	YES 1 NO 2	→ 847
843	Whom did you tell? Please tell me their relationships to you, not their names. PROBE: Any others? RECORD ALL MENTIONED.	PARTNER/SPOUSE A BOYFRIEND/GIRLFRIEND B MOTHER C FATHER D BROTHER E SISTER F OTHER FEMALE FAMILY G OTHER MALE FAMILY H FEMALE FRIEND I MALE FRIEND J TEACHER K DOCTOR/NURSE L TRADITIONAL HEALER/HERBALIST/ SPIRITUAL HEALER M PHARMACIST N PEER EDUCATOR O OTHER _____ X (SPECIFY)	→ 847
844	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 846
845	What is the main reason you have not been tested yet?	NOT SEXUALLY ACTIVE 01 NOT AT RISK FOR OTHER REASONS 02 DO NOT KNOW WHERE TO GO 03 COSTS TOO MUCH 04 CAN GET INFECTION FROM TEST 05 DON'T WANT TO KNOW STATUS 06 SOMEONE MIGHT SEE ME 07 OTHER _____ 96 (SPECIFY)	→ 847
846	What is the main reason you do <u>not</u> want to be tested?	NOT SEXUALLY ACTIVE 01 NOT AT RISK FOR OTHER REASONS 02 DO NOT KNOW WHERE TO GO 03 COSTS TOO MUCH 04 CAN GET INFECTION FROM TEST 05 DON'T WANT TO KNOW STATUS 06 SOMEONE MIGHT SEE ME 07 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
847	In the last few months have you heard or seen messages about HIV/AIDS: a. on the radio? b. on the television? c. in a newspaper or magazine? d. in a poster? e. in a leaflets or brochures? f. from a health worker? g. at a community or social club meeting?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLET/BROCHU</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY/SOCIAL CLUB MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER/MAGAZINE ...	1	2	POSTER	1	2	LEAFLET/BROCHU	1	2	HEALTH WORKER	1	2	COMMUNITY/SOCIAL CLUB MEETING	1	2	
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848	Have you heard or seen the slogan "Reach Out, Show Compassion?"	YES 1 NO 2 DON'T KNOW 8																									
849	Have you heard or seen the slogan "Stop AIDS, Love Life?"	YES 1 NO 2 DON'T KNOW 8																									
850	Have you heard or seen the slogan "It pays to wait?"	YES 1 NO 2 DON'T KNOW 8																									
851	Have you heard or seen the slogan "Say no to casual sex?"	YES 1 NO 2 DON'T KNOW 8																									
852	Have you heard or seen the slogan "Change your life No means no.....Think?"	YES 1 NO 2 DON'T KNOW 8																									
853	Have you seen a television show called "Things we do for love" that features the characters Pusher, B.B. and Marcia?	YES 1 NO 2 DON'T KNOW 8																									
854	Have you heard or seen the slogan " If it is not on, it is not in"?	YES 1 NO 2 DON'T KNOW 8																									
855	Have you heard or seen the slogan " Don't go Mungo Park"?	YES 1 NO 2 DON'T KNOW 8																									
856	Have you heard or seen the slogan "Think before you play?"	YES 1 NO 2 DON'T KNOW 8																									

SECTION 9. SEXUALLY-TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you heard about any other infections (apart from HIV/AIDS) that people can get from sexual contact?	YES 1 NO 2	→ 904
902	Do you know where a young person like you could get information about infections people can get from sexual contact?	YES 1 NO 2	→ 1001
903	Where is that? PROBE: Any others? RECORD ALL MENTIONED.	MOTHER A FATHER B SPOUSE/PARTNER C BROTHER D SISTER E OTHER FEMALE FAMILY OTHER MALE FAMILY G FEMALE FRIENDS H MALE FRIENDS I TEACHER / SCHOOL J DOCTOR/NURSE/CLINIC K TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER L NEWSPAPER M BOOKS/MAGS N RADIO O TELEVISION P INTERNET Q POSTER/ BILLBOARD R CHURCH S OTHER _____ X (SPECIFY) DON'T KNOW/UNSURE Z	→ 1001
904	Can you describe any symptoms of sexually-transmitted infections? PROBE: Any others? RECORD ALL MENTIONED.	ULCER/SORE ON PRIVATE PARTS A GENITAL DISCHARGE B ITCHING IN PRIVATE PARTS C LOWER ABDOMINAL TENDERNESS/PAIN D WARTS OR GROWTHS ON PRIVATE PARTS E BURNING PAIN ON URINATION F OTHER _____ X (SPECIFY) DON'T KNOW ANY SYMPTOMS Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		WHERE	PREFER	
905	<p>Can you tell me where you got information about infections people can get from sexual contact?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	MOTHER	A	A
		FATHER	B	B
		SPOUSE/PARTNER ..	C	C
		BROTHER	D	D
		SISTER	E	E
		OTHER FEMALE FAMILY ..	F	F
		OTHER MALE FAMILY ..	G	G
		FEMALE FRIENDS	H	H
		MALE FRIENDS	I	I
		TEACHER / SCHOOL ..	J	J
		DOCTOR/NURSE/CLINIC	K	K
		TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER	L	L
906	<p>Thinking about all the possible sources (not just the ones you have mentioned already), where would you <u>prefer</u> to get information about these kinds of infections?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	NEWSPAPER	M	M
		BOOKS/MAGS	N	N
		RADIO	O	O
		TELEVISION	P	P
		INTERNET	Q	Q
		POSTER/ BILLBOARD	R	R
		CHURCH	S	S
		OTHER _____	X	X
		(SPECIFY)		
		DON'T KNOW	Z	Z
		NO PROBLEMS/ BARRIERS	A	A
		NOT KNOWING WHERE TO GO	B	B
NOT KNOWING HOW TO GET TO THERE	C	C		
INCONVENIENT HOURS/DAYS	D	D		
PRIVACY NOT RESPECTED	E	E		
NOT TREATED NICELY BY PERSON/STAFF ..	F	F		
COSTLY/NOT ABLE TO PAY FOR SERVICES ..	G	G		
NO SAME SEX PROVIDER	H	H		
NOT BEING ALLOWED TO GO ALONE	I	I		
AFRAID/FEARFUL	J	J		
EMBARRASSED/SHY	K	K		
TREATMENT NOT EFFECTIVE	L	L		
OTHER _____	X	X		
(SPECIFY)				
DON'T KNOW	Z	Z		
907	<p>Can you tell me some of the things that make it hard for people your age to get advice or treatment for infections that people can get from sexual contact?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
908	Do you know where a young person like you can go for treatment for sexually transmitted infections?	YES 1 NO 2	→ 916																																										
909	Where is that? PROBE: Any others? RECORD ALL MENTIONED.	<table border="1"> <thead> <tr> <th data-bbox="761 243 1227 289"></th> <th data-bbox="1227 243 1318 289">WHERE</th> <th data-bbox="1318 243 1421 289">PREFER</th> </tr> </thead> <tbody> <tr> <td data-bbox="761 289 1227 321">GOVT CLINIC/HOSPITAL</td> <td data-bbox="1227 289 1318 321">A</td> <td data-bbox="1318 289 1421 321">01</td> </tr> <tr> <td data-bbox="761 321 1227 352">PRIVATE CLINIC/HOSPITAL</td> <td data-bbox="1227 321 1318 352">B</td> <td data-bbox="1318 321 1421 352">02</td> </tr> <tr> <td data-bbox="761 352 1227 384">NGO CLINIC</td> <td data-bbox="1227 352 1318 384">C</td> <td data-bbox="1318 352 1421 384">03</td> </tr> <tr> <td data-bbox="761 384 1227 415">DRUG SHOP/PHARMACY</td> <td data-bbox="1227 384 1318 415">D</td> <td data-bbox="1318 384 1421 415">04</td> </tr> <tr> <td data-bbox="761 415 1227 447">STREET VENDOR</td> <td data-bbox="1227 415 1318 447">E</td> <td data-bbox="1318 415 1421 447">05</td> </tr> <tr> <td data-bbox="761 447 1227 478">TRADIT SPIRITUAL HEALER</td> <td data-bbox="1227 447 1318 478"></td> <td data-bbox="1318 447 1421 478"></td> </tr> <tr> <td data-bbox="761 478 1227 510">HERBALIST/SPIRITUAL HEALER ..</td> <td data-bbox="1227 478 1318 510">F</td> <td data-bbox="1318 478 1421 510">06</td> </tr> <tr> <td data-bbox="761 510 1227 541">FRIENDS</td> <td data-bbox="1227 510 1318 541">G</td> <td data-bbox="1318 510 1421 541">07</td> </tr> <tr> <td data-bbox="761 541 1227 573">SCHOOL/SCHOOL COUNSELOR</td> <td data-bbox="1227 541 1318 573">H</td> <td data-bbox="1318 541 1421 573">08</td> </tr> <tr> <td data-bbox="761 573 1227 604">CHURCH</td> <td data-bbox="1227 573 1318 604">I</td> <td data-bbox="1318 573 1421 604">09</td> </tr> <tr> <td data-bbox="761 604 1227 636">OTHER _____</td> <td data-bbox="1227 604 1318 636">X</td> <td data-bbox="1318 604 1421 636">96</td> </tr> <tr> <td data-bbox="761 636 1227 667">(SPECIFY)</td> <td data-bbox="1227 636 1318 667"></td> <td data-bbox="1318 636 1421 667"></td> </tr> <tr> <td data-bbox="761 667 1227 688">DON'T KNOW</td> <td data-bbox="1227 667 1318 688">Z</td> <td data-bbox="1318 667 1421 688">98</td> </tr> </tbody> </table>		WHERE	PREFER	GOVT CLINIC/HOSPITAL	A	01	PRIVATE CLINIC/HOSPITAL	B	02	NGO CLINIC	C	03	DRUG SHOP/PHARMACY	D	04	STREET VENDOR	E	05	TRADIT SPIRITUAL HEALER			HERBALIST/SPIRITUAL HEALER ..	F	06	FRIENDS	G	07	SCHOOL/SCHOOL COUNSELOR	H	08	CHURCH	I	09	OTHER _____	X	96	(SPECIFY)			DON'T KNOW	Z	98	→ 912
	WHERE	PREFER																																											
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PRIVATE CLINIC/HOSPITAL	B	02																																											
NGO CLINIC	C	03																																											
DRUG SHOP/PHARMACY	D	04																																											
STREET VENDOR	E	05																																											
TRADIT SPIRITUAL HEALER																																													
HERBALIST/SPIRITUAL HEALER ..	F	06																																											
FRIENDS	G	07																																											
SCHOOL/SCHOOL COUNSELOR	H	08																																											
CHURCH	I	09																																											
OTHER _____	X	96																																											
(SPECIFY)																																													
DON'T KNOW	Z	98																																											
911	Do you think that at (MOST PREFERRED PLACE MENTIONED IN Q. 910) for treatment for these kinds of infections: a. the information you share would be kept confidential? b. you would be able to easily get there? c. you would be treated with respect? d. you would be able to pay for the services?	<table> <tbody> <tr> <td data-bbox="761 688 1318 720">YES</td> <td data-bbox="1318 688 1421 720">1</td> </tr> <tr> <td data-bbox="761 720 1318 751">NO</td> <td data-bbox="1318 720 1421 751">2</td> </tr> <tr> <td data-bbox="761 751 1318 783">DON'T KNOW</td> <td data-bbox="1318 751 1421 783">8</td> </tr> <tr> <td data-bbox="761 783 1318 814">YES</td> <td data-bbox="1318 783 1421 814">1</td> </tr> <tr> <td data-bbox="761 814 1318 846">NO</td> <td data-bbox="1318 814 1421 846">2</td> </tr> <tr> <td data-bbox="761 846 1318 877">DON'T KNOW</td> <td data-bbox="1318 846 1421 877">8</td> </tr> <tr> <td data-bbox="761 877 1318 909">YES</td> <td data-bbox="1318 877 1421 909">1</td> </tr> <tr> <td data-bbox="761 909 1318 940">NO</td> <td data-bbox="1318 909 1421 940">2</td> </tr> <tr> <td data-bbox="761 940 1318 972">DON'T KNOW</td> <td data-bbox="1318 940 1421 972">8</td> </tr> <tr> <td data-bbox="761 972 1318 1003">YES</td> <td data-bbox="1318 972 1421 1003">1</td> </tr> <tr> <td data-bbox="761 1003 1318 1035">NO</td> <td data-bbox="1318 1003 1421 1035">2</td> </tr> <tr> <td data-bbox="761 1035 1318 1066">DON'T KNOW</td> <td data-bbox="1318 1035 1421 1066">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	YES	1	NO	2	DON'T KNOW	8	YES	1	NO	2	DON'T KNOW	8	YES	1	NO	2	DON'T KNOW	8																			
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912	CHECK 910 GOVT CLINIC/ HOSPITAL IS <u>NOT</u> MOST PREFERRED (CODE '01' NOT CIRCLED) <input type="checkbox"/>	GOVT CLINIC/HOSPITAL IS MOST PREFERRED (CODE '01' CIRCLED) <input type="checkbox"/>	→ 916																																										
913	CHECK 909 DOES NOT KNOW GOVT CLINIC/ HOSPITAL (CODE 'A' NOT CIRCLED) <input type="checkbox"/>	KNOWS GOVT CLINIC/ HOSPITAL (CODE 'A' CIRCLED) <input type="checkbox"/>	→ 915																																										
914	Do you know of any government clinic or hospital for getting treatment for sexually transmitted infections?	YES 1 NO 2	→ 916																																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you think that at a government clinic or hospital: a. the information you share would be kept confidential? b. you would be able to easily get there? c. you would be treated with respect? d. you would be able to pay for the services?	YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8	
916	Have you ever had a sexually-transmitted infection?	YES 1 NO 2 DON'T KNOW 8	
917	Sometimes people experience a bad-smelling, abnormal discharge from their private parts. Have you ever had a bad-smelling, abnormal discharge?	YES 1 NO 2 DON'T KNOW 8	
918	Sometimes people have a genital sore or ulcer. Have you ever had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
919	CHECK 916, 917 AND 918 IF 'YES' (CODE '1') TO <input type="checkbox"/> IF 'NO' (CODE '2') OR <input type="checkbox"/>	ANY QUESTION DON'T KNOW' (CODE '8') TO ALL 3 QUESTIONS	1001
920	Have you ever gone for care or treatment for (this sexually transmitted infection/abnormal discharge/genital sore or ulcer)?	YES 1 NO 2	922

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
921	The last time that you went, where did you go?	GOVERNMENT CLINIC/HOSPITAL A PRIVATE CLINIC/HOSPITAL/DOCTOR B NGO CLINIC C DRUG SHOP/PHARMACY D STREET VENDOR E TRADITIONAL HEALER/HERBALIST/ SPIRITUAL HEALER F FRIENDS G SCHOOL/SCHOOL COUNSELOR H CHURCH I OTHER _____ X (SPECIFY) DON'T KNOW Z	→ 924
922	What are the reasons you did not go for care or treatment? PROBE: Any others? RECORD ALL MENTIONED.	EMBARRASSED A DON'T WANT PARTNER TO KNOW B DON'T WANT OTHER PEOPLE TO KNOW C DON'T KNOW WHERE TO GO D COST E OTHER _____ X (SPECIFY) DON'T KNOW Z	
923	Where would you like to go?	GOVERNMENT CLINIC/HOSPITAL A PRIVATE CLINIC/HOSPITAL/DOCTOR B NGO CLINIC C DRUG SHOP/PHARMACY D STREET VENDOR E TRADITIONAL HEALER/HERBALIST/ SPIRITUAL HEALER F FRIENDS G SCHOOL/SCHOOL COUNSELOR H CHURCH I OTHER _____ X (SPECIFY) NOWHERE Y DON'T KNOW Z	
924	Have you tried to treat yourself with any homemade remedies, over-the-counter medication or anything else for (this sexually transmitted infection/abnormal discharge/genital sore or ulcer)?	YES 1 NO 2	→ 1001
925	What are some of the reasons why you tried to treat the (sexually transmitted infection/abnormal discharge/genital sore or ulcer) yourself? PROBE: Any others? RECORD ALL MENTIONED.	EMBARRASSED A DON'T WANT PARTNER TO KNOW B DON'T WANT OTHER PEOPLE TO KNOW C DON'T KNOW WHERE TO GO D COST E OTHER _____ X (SPECIFY) DON'T KNOW Z	

SECTION 10. SOCIO-CULTURAL PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1001	I'd like to ask you some questions about growing up. Have you ever participated in a puberty or initiation rite?	YES 1 NO 2 DON'T KNOW ANY RITE 3	<input type="checkbox"/> → 1003		
1002	At what age did you have this rite?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98			
1003	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> FEMALE <input type="checkbox"/> ↓ Have you heard of female circumcision? </td> <td style="width: 50%; padding-left: 10px;"> MALE <input type="checkbox"/> ↓ Have you heard of male circumcision? </td> </tr> </table>	FEMALE <input type="checkbox"/> ↓ Have you heard of female circumcision?	MALE <input type="checkbox"/> ↓ Have you heard of male circumcision?	YES 1 NO 2	→ 1006
FEMALE <input type="checkbox"/> ↓ Have you heard of female circumcision?	MALE <input type="checkbox"/> ↓ Have you heard of male circumcision?				
1004	Have you yourself been circumcised?	YES 1 NO 2	→ 1006		
1005	How old were you when you were circumcised?	AGE IN YEARS <input type="text"/> <input type="text"/> INFANT 00 DON'T KNOW 98			
1006	In the last 12 months have you ever had cuts or piercings, including body or facial decoration and scarification, with blades or other sharp instruments?	YES 1 NO 2			
1007	In the last 12 months, did you receive any injections?	YES 1 NO 2	→ 1010		
1008	How many injections did you receive?	NUMBER <input type="text"/> <input type="text"/>			
1009	Who gave you the injection the last time you got it?	DOCTOR 01 NURSE 02 PHARMACIST 03 DRUG VENDOR 04 SELF-ADMINISTERED 05 FRIEND OR FAMILY 06 OTHER _____ 96 (SPECIFY)			
1010	Now I would like to ask you some questions about people who may have talked to you about personal things. Did anyone in your family ever talk to you about sex-related matters?	YES 1 NO 2	→ 1012		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	CHECK 602 CURRENTLY MARRIED <input type="checkbox"/> (CODE '1' CIRCLED) ↓		
1016	NOT MARRIED <input type="checkbox"/> (CODE '2' CIRCLED) OR BLANK) ↓ ----- <u>Before</u> you got married, how much would you say your parents or caregivers really knew about the following: a. Where you went at night. Would you say they did not know, sometimes knew, or always knew? b. What you did with your free time. Would you say they did not know, sometimes knew, or or always knew? c. Who your friends were. Would you say they did not know, sometimes knew, or always knew?	How much would you say your parents or caregivers really know about the following: a. Where you go at night. Would you say they do not know, sometimes know, or always know? b. What you do with your free time. Would you say they do not know, sometimes know, or always know? c. Who your friends are. Would you say they do not know, sometimes know, or always know? DON'T KNOW 1 SOMETIMES 2 ALWAYS 3 DON'T KNOW 1 SOMETIMES 2 ALWAYS 3 DON'T KNOW 1 SOMETIMES 2 ALWAYS 3	
1017	I am going to read you a series of statements. Please tell me whether you agree or disagree with each statement. a. Young women should remain virgins until they marry. b. Young men should remain virgins until they marry. c. Usually people do not plan to have sex, it just happens.	AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8 AGREE 1 DISAGREE 2 DON'T KNOW 8	

SECTION 11. WORRIES, SUBSTANCE USE, AND CHILDHOOD BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1101	At this point in your life, how worried are you about each of the following things? Are you very worried, somewhat worried or not worried at all about: a. Your health? b. Getting enough to eat? c. Getting money? d. Getting (someone) pregnant? e. Getting HIV/AIDS?	Very worried	Somewhat worried	Not worried	Don't know	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
		1	2	3	8	
1102	Have you ever tried drinks containing alcohol?	YES 1 NO 2 REFUSED TO ANSWER 7				
1103	Have you ever tried any (other) type of mood-altering substance? IF YES: What substances did you try?	NEVER TRIED 1 TRIED 2 (SPECIFY) REFUSED TO ANSWER 7				
1104	CHECK 1102 EVER TRIED ALCOHOL (CODE '1' CIRCLED) <input type="checkbox"/> NEVER TRIED ALCOHOL (CODE '2' OR '7' CIRCLED) <input type="checkbox"/>					1107
1105	How old were you when you first tried a drink containing alcohol?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98				
1106	In the last 12 months, have you ever gotten "drunk" from drinking alcohol-containing beverages?	YES 1 NO 2				
1107	Think now about what your family life was like up until age 10. How often did your family <u>not</u> have enough food to feed everyone? Very often, somewhat often, or not often at all?	VERY OFTEN 1 SOMEWHAT OFTEN 2 NOT OFTEN AT ALL 3 DON'T KNOW 8				
1108	When you were growing up until age 10, did your household suffer because someone drank too much alcohol?	YES 1 NO 2 DON'T KNOW 8				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1210	Sometimes parents or other adults hurt children. When you were growing up until age 10, did a parent or other adult living in your home ever hit you hard enough to leave marks or cause injury?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8	<div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle; margin-left: 5px;"> 1301 </div>
1211	How often did this happen? Very often, somewhat often or not very often at all?	VERY OFTEN 1 SOMEWHAT OFTEN 2 NOT VERY OFTEN 3 DON'T KNOW 8	

SECTION 13. CONSENT, CONTACT INFORMATION AND INTERVIEWER OBSERVATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1301	<p>Thank you so much for your time. Your views are very important and will help make health and social services better for people your age. We may want to contact you again in the next year or two for an interview about how life changes for young people. We will ask for your permission again at that time to participate. Agreeing to participate now does not mean you have to participate the next time around. May we contact you at a later point in time?</p> <p>YES, AGREES TO BE CONTACTED <input type="checkbox"/></p>	<p>DOES <u>NOT</u> AGREE <input type="checkbox"/> TO BE CONTACTED</p> <p>→ 1304</p>									
1302	<p>Could you please give us information about 1 or 2 people who would know where you are in the future? Again, all information you provide is kept confidential and will only be used to contact you in the future if you no longer live here.</p> <p>PERSON #1 NAME: _____ RELATIONSHIP TO RESPONDENT: _____ ADDRESS OR PHYSICAL DESCRIPTION OF RESIDENCE: _____</p>										
1303	<p>PERSON #2 NAME: _____ RELATIONSHIP TO RESPONDENT: _____ ADDRESS OR PHYSICAL DESCRIPTION OF RESIDENCE: _____</p>										
1304	<p>RECORD THE TIME AT END OF INTERVIEW.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
1305	<p>HOW WELL DO YOU THINK THE RESPONDENT UNDERSTOOD THE SURVEY QUESTIONS?</p>	<p>VERY WELL 1 WELL 2 NOT VERY WELL 3</p>									
1306	<p>WERE OTHER PERSONS WITHIN HEARING RANGE AT ANY TIME DURING THE INTERVIEW?</p> <p>RECORD ALL RELEVANT CODES</p>	<p>NO PERSON WITHIN HEARING RANGE A SPOUSE/PARTNER B RESPONDENT'S MOTHER C RESPONDENT'S FATHER D BROTHERS/SISTERS E OTHER TEENS F OTHER CHILDREN G OTHER ADULTS H</p>									
1307	<p>INTERVIEWER'S OBSERVATIONS: _____</p> <p>_____</p>										
1308	<p>SUPERVISOR'S OBSERVATIONS: _____</p> <p>_____</p>										
1309	<p>NAME OF THE SUPERVISOR: _____ DATE: _____</p>										
1310	<p>EDITOR'S OBSERVATIONS: _____</p> <p>_____</p>										
1311	<p>NAME OF THE EDITOR: _____ DATE: _____</p>										