

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

DATE: FEB. 2004

NAME OF COUNTRY: UGANDA  
NAME OF ORGANIZATION: UBOS

IDENTIFICATION																													
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																												
NAME OF HOUSEHOLD HEAD _____																													
CLUSTER NUMBER .....																													
CENSUS 2002 HOUSEHOLD NUMBER .....																													
REGION/DISTRICT .....																													
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 MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		□

\*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 OF QUESTIONNAIRE: ENGLISH	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td>7</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	7			
7					
LANGUAGE USED IN INTERVIEW .....					
RESPONDENT'S LOCAL LANGUAGE .....					
TRANSLATOR USED (YES=1; NO= 2) .....					
LANGUAGE: 1 ATESO-KARAMOJONG      4 LUO      7 ENGLISH 2 LUGANDA      5 RUNYANKOLE-RUKIGA      8 OTHER 3 LUGBARA      6 RUNYORO-RUTORO					

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

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

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Uganda Bureau of Statistics. 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 Uganda Bureau of Statistics. 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.

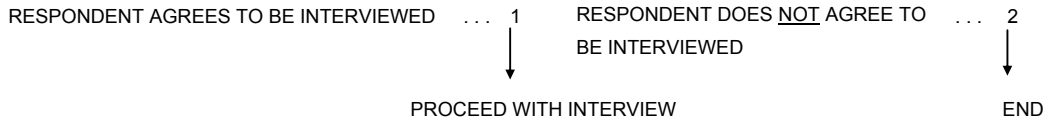
I can sign below instead if you do not feel comfortable signing. However, it is important that you understand the information I read to you and that you give your consent voluntarily.

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, secondary, or tertiary?	PRIMARY ..... 1 SECONDARY ..... 2 TERTIARY ..... 3	
111	What is the highest class you completed at that level?	CLASS ..... <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 class (are/were) you attending?	PRIMARY ..... 1 SECONDARY ..... 2 TERTIARY ..... 3  CLASS ..... <input type="checkbox"/> <input type="checkbox"/>	
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 class did you attend?	PRIMARY ..... 1 SECONDARY ..... 2 TERTIARY ..... 3  CLASS ..... <input type="checkbox"/> <input type="checkbox"/>	
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/student or a boarder at the school?	DAY PUPIL/STUDENT ..... 1 BOARDER ..... 2	
120	CHECK 110  LEVEL ATTENDED <input type="checkbox"/> IS TERTIARY (CODE '3' CIRCLED) ↓		
121	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
141	What is your religion?	CATHOLIC ..... 01 PROTESTANT .....02 PENTECOSTAL/CHARISMATIC . . . . .03 MUSLIM .....04 OTHER CHRISTIAN ..... 05 TRADITIONAL RELIGION ..... 06 NO RELIGION .....07  OTHER _____ 96 (SPECIFY)	       → 201
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 SUB-COUNTY ..... 2</p> <p>SAME DISTRICT ..... 3</p> <p>SAME COUNTRY ..... 4</p> <p>DIFFERENT COUNTRY ..... 5</p> <p>NO LONGER ALIVE ..... 6</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>SECONDARY ..... 2</p> <p>TERTIARY ..... 3</p>	
207	<p>CHECK 202</p> <p>MOTHER DIED <input type="checkbox"/> OR DON'T KNOW <input type="checkbox"/> (CODE '6' OR '8' CIRCLED)</p> <p>MOTHER ALIVE <input type="checkbox"/> (CODES '1', '2', '3', '4' OR '5' 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 SECONDARY ..... 2 TERTIARY ..... 3	
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"/> NO ..... 2	→ 221
212	Where does your natural father live or is he no longer alive?	SAME VILLAGE/TOWN ..... 1 SAME SUB-COUNTY ..... 2 SAME DISTRICT ..... 3 SAME COUNTRY ..... 4 DIFFERENT COUNTRY ..... 5 NO LONGER ALIVE ..... 6 DON'T KNOW ..... 8	→ 214
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 AT LEAST ONCE A YEAR ..... 4 NOT AT ALL ..... 5	→ 215
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 SECONDARY ..... 2 TERTIARY ..... 3	
217	CHECK 212.  FATHER DIED <input type="checkbox"/> OR DON'T KNOW <input type="checkbox"/> (CODE '6' OR '8' CIRCLED)  FATHER ALIVE <input type="checkbox"/> (CODES '1', '2', '3', '4' OR '5' 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"/> YES, BUT NOT IN HOUSEHOLD ..... 2 NO ..... 3	→ 221 → 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 SECONDARY ..... 2 TERTIARY ..... 3	
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/MUSLIM GROUP ..... A FOOT/NETBALL CLUB ..... B DRAMA GROUP/CHOIR ..... C ANTI-AIDS CLUB ..... D RED CROSS ..... E GIRL GUIDES/BOY SCOUTS ..... F WILDLIFE SOCIETY ..... G YOUTH BRIGADE ..... H 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>			→ 319

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	309	310	311	312	313	314
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	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 INSERT HERBS ..... D USE SHARP OBJECTS ..... E TABLETS/PILLS ..... F TAKING WASHING DETERGENTS ..... G ANTI-MALARIAL MEDICATION ..... H 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%;"> <tr> <td style="width: 50%; vertical-align: top;">           FEMALE <input type="checkbox"/>            ↓            Have you ever tried to end a pregnancy?         </td> <td style="width: 5%; border-left: 1px dashed black;"></td> <td style="width: 45%; vertical-align: top;">           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.	DON'T KNOW ANY WAY ..... A SURGICAL ABORTION ..... B HERBAL DRINK ..... C INSERT HERBS ..... D USE SHARP OBJECTS ..... E TABLETS/PILLS ..... F TAKING WASHING DETERGENTS ..... G ANTI-MALARIAL MEDICATION ..... H 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				

SECTION 4. PREGNANCY

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>Now I'd like to ask you some questions about pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p align="right">→ 403</p>
402	<p>Is this the time just before her period begins, during her period, right after her period, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS ..... 1</p> <p>DURING HER PERIOD ..... 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED ..... 3</p> <p>HALFWAY BETWEEN TWO PERIODS ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>
403	<p>Can a girl get pregnant the very first time she has sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
404	<p>Can a girl get pregnant if a boy withdraws before ejaculating or coming?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
405	<p>Can a girl get pregnant if she has sex standing up?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
406	<p>Can a girl get pregnant if she washes herself thoroughly immediately after sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
407	<p>CHECK 108</p> <p>EVER ATTENDED SCHOOL (CODE '1' CIRCLED) <input type="checkbox"/> ↓</p> <p>NEVER ATTENDED SCHOOL (CODE '2' CIRCLED) <input type="checkbox"/> →</p>	<p align="right">501</p>
408	<p>Some schools have classes on sex education. Have any of your schools offered any classes or talks on sex education?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p align="right">→ 414</p>
409	<p>Did you ever attend any classes or talks on sex education?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">→ 414</p>
410	<p>How old were you when you first attended these classes or talks?</p>	<p>AGE ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>



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 sex education to be taught in schools.</p> <p>b. Discussing sex 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	
01	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↴	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 ↴	YES ..... 1 NO ..... 2
03	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↴	YES ..... 1 NO ..... 2
04	FEMALE CONDOM <u>Women</u> can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↴	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 ↴	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 ↴	YES ..... 1 NO ..... 2
07	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↴	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 ↴	YES ..... 1 NO ..... 2
09	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↴	YES ..... 1 NO ..... 2
10	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↴	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 ↴	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 ↴	YES ..... 1 NO ..... 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2



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	<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"/> ↓ 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?         </td> <td style="width: 50%; padding-left: 10px;">           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?         </td> </tr> </table>	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	
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?				

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="1133 149 1214 170">WHERE</th> <th data-bbox="1230 149 1308 170">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/MAGAZINES .....</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/MAGAZINES .....	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	
	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/MAGAZINES .....	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																																																																						
517	<p>Thinking of all the possible sources (not just the ones you have mentioned), where 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/MAGAZINES .....</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/MAGAZINES .....	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																									
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/MAGAZINES .....	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																																																																						
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																																										
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																																																																							
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																																																																	
YES .....	1																																																																							
NO .....	2																																																																							

NO.	QUESTIONS AND FILTERS	WHERE	PREFER	SKIP
520	Where is that?  PROBE: Any others?  RECORD ALL MENTIONED.	GOVT 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	01 02 03 04 05 06 07 08 09 96 98	
521	Where would you <u>most</u> prefer to go to get methods to prevent pregnancy?			523
522	Do you think that at this place you <u>most</u> prefer for getting methods to prevent pregnancy:  a. the information you share would be 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		
523	CHECK 521  GOVT CLINIC/ HOSPITAL IS <u>NOT</u> MOST PREFERRED (CODE '01' NOT CIRCLED) <input type="checkbox"/>	GOVT CLINIC/HOSPITAL IS <input type="checkbox"/> MOST PREFERRED (CODE '01' CIRCLED)		527
524	CHECK 520  DOES NOT KNOW GOVT CLINIC/ HOSPITAL (CODE 'A' NOT CIRCLED) <input type="checkbox"/>	KNOWS GOVT CLINIC/ HOSPITAL (CODE 'A' CIRCLED) <input type="checkbox"/>		526
525	Do you know of any government clinic or hospital for methods to prevent pregnancy?	YES ..... 1 NO ..... 2		527
526	Do you think that at a government clinic or hospital:  a. the information you share would be 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		

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 style="text-align: center;">YES</th> <th style="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/BROCHURE .....</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/BROCHURE .....	1	2	HEALTH WORKER .....	1	2	COMMUNITY/SOCIAL CLUB MEETING .....	1	2	
	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																									
531	Have you ever heard the following messages about family planning?  a. for family planning, go to a health facility with a yellow flower?  b. produce only children that you can look after?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>FOR FAMILY PLANNING, GO TO A HEALTH FACILITY WITH A YELLOW FLOWER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PRODUCE ONLY CHILDREN THAT YOU CAN LOOK AFTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FOR FAMILY PLANNING, GO TO A HEALTH FACILITY WITH A YELLOW FLOWER	1	2	PRODUCE ONLY CHILDREN THAT YOU CAN LOOK AFTER	1	2																
	YES	NO																									
FOR FAMILY PLANNING, GO TO A HEALTH FACILITY WITH A YELLOW FLOWER	1	2																									
PRODUCE ONLY CHILDREN THAT YOU CAN LOOK AFTER	1	2																									

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 604:  <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.</p> <p>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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Have you ever heard of fondling? By this I mean someone' s private parts, breasts or other parts of the body being touched in a sexual way.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 618
616	Do you know of any close friends who have fondled or been fondled?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
617	Have you ever fondled or been fondled?	YES ..... 1 NO ..... 2	
618	Have you ever heard of sexual intercourse? By this I mean a penis in a vagina.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 801
619	Do you know of any close friends who have had sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
620	Have you ever had sexual intercourse?	YES ..... 1 NO ..... 2	→ 783
621	When was the <u>first</u> time you had sexual intercourse (if ever)?  PROBE: How old were you when you <u>first</u> had sexual intercourse (if ever)?	NEVER ..... 00  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  AGE IN YEARS ..... <input type="text"/> <input type="text"/>	→ 783     → 701

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</p> <p>LIVE-IN PARTNER ..... 02</p> <p>BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 03</p> <p>CASUAL ACQUAINTANCE ..... 04</p> <p>COMMERCIAL SEX WORKER ..... 05</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
702	How old was this person?	<p>AGE OF PERSON ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 704
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</p> <p>NO, LESS THAN 10 YEARS OLDER ..... 2</p> <p>OLDER, DON'T KNOW DIFFERENCE ..... 3</p> <p>YOUNGER THAN RESPONDENT ..... 4</p> <p>SAME AGE ..... 5</p> <p>DON'T KNOW ..... 8</p>	
704	What was the main reason you first had sexual intercourse with this person?	<p>MARRIED/ UPON MARRIAGE ..... 01</p> <p>NATURAL FEELINGS/ FELT LIKE IT ..... 02</p> <p>PARTNER INSISTED/ WANTED SEX ..... 03</p> <p>INFLUENCE FROM FRIENDS ..... 04</p> <p>EXPECTATION OF GIFTS/MONEY ..... 05</p> <p>WANTED TO GET PREGNANT/HAVE BABY ..... 06</p> <p>WAS FORCED ..... 07</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
705	The <u>first</u> time you had sexual intercourse, was a male condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER ..... 7</p> <p>DON'T KNOW ..... 8</p>	→ 707
706	What was the main reason a male condom was used?	<p>PREVENT PREGNANCY ..... 1</p> <p>PREVENT STD/HIV ..... 2</p> <p>PREVENT BOTH STD/PREGNANCY ..... 3</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>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 infections?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER ..... 7</p> <p>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</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 align="center">(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	Thinking about the first time you had sexual intercourse would you say you were very willing, somewhat willing or not willing at all?	VERY WILLING ..... 1 SOMEWHAT WILLING ..... 2 NOT WILLING AT ALL ..... 3	
710	When was the <u>last</u> time you had sexual intercourse with this person?  IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4 HAD SEX ONLY ONE TIME ..... 996	<div style="border: 1px solid black; width: 20px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> <div style="margin-left: 10px;">           → 715         </div>
711	Have you had sexual intercourse with anyone in the last 12 months?	YES ..... 1 NO ..... 2	→ 781
712	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3	
713	How old is the person with whom you last had sexual intercourse?	AGE OF PERSON ..... DON'T KNOW ..... 98	→ 715
714	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	
715	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)	
716	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 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	

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 infections?	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 infections?	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 153 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 infections?</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 data-bbox="831 1136 1235 1188"></th> <th data-bbox="1114 1136 1235 1161">REASON</th> <th data-bbox="1235 1136 1326 1161">MAIN</th> </tr> </thead> <tbody> <tr> <td data-bbox="831 1213 1235 1239">DON'T HAVE A PARTNER ...</td> <td data-bbox="1159 1213 1235 1239">A</td> <td data-bbox="1268 1213 1326 1239">01</td> </tr> <tr> <td data-bbox="831 1241 1235 1266">WAIT UNTIL MARRIAGE .....</td> <td data-bbox="1159 1241 1235 1266">B</td> <td data-bbox="1268 1241 1326 1266">02</td> </tr> <tr> <td data-bbox="831 1268 1235 1293">AFRAID TO GET PREGNANT/ MAKE SOMEONE PREGNANT</td> <td data-bbox="1159 1268 1235 1293">C</td> <td data-bbox="1268 1268 1326 1293">03</td> </tr> <tr> <td data-bbox="831 1295 1235 1320">AVOID STIs/AIDS .....</td> <td data-bbox="1159 1295 1235 1320">D</td> <td data-bbox="1268 1295 1326 1320">04</td> </tr> <tr> <td data-bbox="831 1373 1235 1398">OTHER _____</td> <td data-bbox="1159 1373 1235 1398">X</td> <td data-bbox="1268 1373 1326 1398">96</td> </tr> <tr> <td data-bbox="831 1400 1235 1425">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td data-bbox="831 1428 1235 1453">DON'T KNOW .....</td> <td data-bbox="1159 1428 1235 1453">Z</td> <td data-bbox="1268 1428 1326 1453">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																									
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																									
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	<input type="checkbox"/> → 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 border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>DURING PREGNANCY</td> <td align="right">..... 1</td> <td align="right">..... 2</td> <td align="right">..... 8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="right">..... 1</td> <td align="right">..... 2</td> <td align="right">..... 8</td> </tr> <tr> <td>DURING BREASTFEEDING</td> <td align="right">..... 1</td> <td align="right">..... 2</td> <td align="right">..... 8</td> </tr> </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
816	Is there anything (else) a person can do to avoid or reduce their chances of getting AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	818
817	What else can a person do?  PROBE: Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ..... H AVOID BLOOD TRANSFUSIONS ..... I AVOID SHARING RAZORS/BLADES ..... J AVOID KISSING ..... K AVOID MOSQUITO BITES ..... L SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ..... M  OTHER _____ X (SPECIFY)	
818	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
819	Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
820	Do you think your chances of getting HIV/AIDS are great, moderate, small, or you have no chance at all?	GREAT ..... 1 MODERATE ..... 2 SMALL ..... 3 NO CHANCE AT ALL ..... 4 HAS HIV/AIDS ..... 5 DON'T KNOW ..... 8	
821	I won't ask for names, but do you personally know someone who has the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
822	Do you personally know someone who died of AIDS or who people said died of AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
823	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	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.	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
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.	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/MAGAZINES .....	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
829	Should youth 12 -14 years old be taught about how to avoid AIDS?	YES .....	1	
		NO .....	2	→ 831
		DON'T KNOW .....	8	
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>(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>US\$ <table border="1" data-bbox="1015 514 1295 571"> <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> <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>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>(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>(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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
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)																									
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	
	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																									
848	Have you heard the slogan "No sex before marriage?"	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
849	Have you heard the slogan "Life, guard it well with a Lifeguard condom?"	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
850	Have you heard the slogan "Abstain from sex, if you can't use a condom"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
851	Have you heard the slogan "Say no to sex"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
852	Have you heard the slogan "Be aware, AIDS kills"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
853	Have you heard the slogan "Stay safe, stay in school, the country needs you alive"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
854	Have you heard the slogan "No condom, no sex"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
855	Have you heard the slogan "Be faithful to your partner"?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
856	Have you heard the message that "Girls are six times more likely to get infected with HIV than boys"?	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/MAGAZINES ..... 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/MAGAZINES .....	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>WHERE</th> <th>PREFER</th> </tr> </thead> <tbody> <tr><td>GOVT CLINIC/HOSPITAL ..... A</td><td>01</td></tr> <tr><td>PRIVATE CLINIC/HOSPITAL/ DOCTOR ..... B</td><td>02</td></tr> <tr><td>NGO CLINIC ..... C</td><td>03</td></tr> <tr><td>DRUG SHOP/PHARMACY ..... D</td><td>04</td></tr> <tr><td>STREET VENDOR ..... E</td><td>05</td></tr> <tr><td>TRADITIONAL HEALER/ HERBALIST/SPIRITUAL HEALER .. F</td><td>06</td></tr> <tr><td>FRIENDS ..... G</td><td>07</td></tr> <tr><td>SCHOOL/SCHOOL COUNSELOR H</td><td>08</td></tr> <tr><td>CHURCH ..... I</td><td>09</td></tr> <tr><td>OTHER _____ . X</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> <tr><td>DON'T KNOW ..... Z</td><td>98</td></tr> </tbody> </table>	WHERE	PREFER	GOVT CLINIC/HOSPITAL ..... A	01	PRIVATE CLINIC/HOSPITAL/ DOCTOR ..... B	02	NGO CLINIC ..... C	03	DRUG SHOP/PHARMACY ..... D	04	STREET VENDOR ..... E	05	TRADITIONAL 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																												
GOVT CLINIC/HOSPITAL ..... A	01																												
PRIVATE CLINIC/HOSPITAL/ DOCTOR ..... B	02																												
NGO CLINIC ..... C	03																												
DRUG SHOP/PHARMACY ..... D	04																												
STREET VENDOR ..... E	05																												
TRADITIONAL 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																												
910	Where would you <u>most</u> prefer to go for treatment for sexually transmitted infections?																												
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?	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																											
912	CHECK 910  GOVT CLINIC/ HOSPITAL IS <u>NOT</u> MOST PREFERRED (CODE '01' NOT CIRCLED) <input type="checkbox"/> ↓	GOVT CLINIC/HOSPITAL IS <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"/> ↓ 1006                 </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"/> ↓ 1006	MALE <input type="checkbox"/> ↓ Have you heard of male circumcision?	YES ..... 1 NO ..... 2	→ 1006
FEMALE <input type="checkbox"/> ↓ 1006	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 LOCAL INJECTION DOCTOR ..... 07  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
1011	Who talked to you?  PROBE: Any others?  RECORD ALL MENTIONED.	SPOUSE/PARTNER ..... A MOTHER ..... B FATHER ..... C BROTHER ..... D SISTER ..... E AUNT ..... F UNCLE ..... G COUSIN ..... H GRANDMOTHER ..... I GRANDFATHER ..... J  OTHER _____ X (SPECIFY)	
1012	Did anyone <u>outside</u> your family ever talk to you about sex-related matters?	YES ..... 1 NO ..... 2	→ 1014
1013	Who talked to you?  PROBE: Any others?  RECORD ALL MENTIONED.	GIRLFRIEND ..... A BOYFRIEND ..... B MALE FRIENDS ..... C FEMALE FRIENDS ..... D TEACHER/SCHOOL ..... E HEALTH PROVIDER ..... F RELIGIOUS LEADER/CHURCH ..... G  OTHER _____ X (SPECIFY)	
1014	a. How many close female friends do you have?          b. How many close male friends do you have?	NUMBER FEMALE ..... <input type="text"/> <input type="text"/> NONE ..... 00 DON'T KNOW ..... 98  NUMBER MALE ..... <input type="text"/> <input type="text"/> NONE ..... 00 DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	CHECK 602  CURRENTLY MARRIED <input type="checkbox"/> (CODE '1' CIRCLED) ↓      NOT MARRIED <input type="checkbox"/> (CODE '2' CIRCLED) OR BLANK) ↓		
1016	<p><u>Before</u> you got married, how much would you say your parents or caregivers really knew about the following:</p> <p>a. Where you went at night. Would you say they did not know, sometimes knew, or always knew?</p> <p>b. What you did with your free time. Would you say they did not know, sometimes knew, or always knew?</p> <p>c. Who your friends were. Would you say they did not know, sometimes knew, or always knew?</p>	<p>How much would you say your parents or caregivers really know about the following:</p> <p>a. Where you go at night. Would you say they do not know, sometimes know, or always know?</p> <p>b. What you do with your free time. Would you say they do not know, sometimes know, or always know?</p> <p>c. Who your friends are. Would you say they do not know, sometimes know, or always know?</p>	<p>DON'T KNOW ..... 1 SOMETIMES ..... 2 ALWAYS ..... 3</p> <p>DON'T KNOW ..... 1 SOMETIMES ..... 2 ALWAYS ..... 3</p> <p>DON'T KNOW ..... 1 SOMETIMES ..... 2 ALWAYS ..... 3</p>
1017	<p>I am going to read you a series of statements. Please tell me whether you agree or disagree with each statement.</p> <p>a. Young women should remain virgins until they marry.</p> <p>b. Young men should remain virgins until they marry.</p> <p>c. Usually people do not plan to have sex, it just happens.</p>	<p>AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8</p> <p>AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8</p> <p>AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8</p>	
1018	<p>Have you ever consulted or received information from a Senga (or local equivalent terms) on sex-related matters?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW SENGA ..... 8</p>	
1020	<p>CHECK 620 AND 621</p> <p>EVER HAD SEX <input type="checkbox"/> ↓      NEVER HAD SEX <input type="checkbox"/> →</p>		1101
1021	<p>FEMALES <input type="checkbox"/> ↓      MALES <input type="checkbox"/> ↓</p> <p>Have you ever used petroleum jelly to soften the vagina?</p> <p>Have you ever had sexual intercourse with someone who used petroleum jelly to soften the vagina?</p>	<p>YES ..... 1 NO ..... 2</p>	

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				

SECTION 12. SPECIAL QUESTIONS (1 RANDOMLY CHOSEN RESPONDENT PER HOUSEHOLD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN (8):  PERSON SELECTED FOR THIS SECTION <input type="checkbox"/>	PERSON NOT SELECTED <input type="checkbox"/>	1301
1202	IS THERE PRIVACY?:  NO ONE OVER 3 YEARS PRESENT OR LISTENING <input type="checkbox"/>	OTHERS PRESENT OR LISTENING <input type="checkbox"/>	1301
1203	READ TO ALL RESPONDENTS:  Now I would like to ask you just a few questions about some other important aspects of a person's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the risks young people in Uganda face. Let me assure you that your answers are completely confidential and will not be told to anyone. No one else in the household is being asked the questions you are going to be asked and no one else will know what has been discussed.		
1204	Young people sometimes have sex in different ways. Have you ever heard of anal intercourse? By this I mean where a man puts his penis in his partner's anus?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	1207
1205	Do you know of any friends who have had anal intercourse?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	
1206	Have you ever had anal intercourse?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	
1207	Sometimes people do things to us we do <u>not</u> want. Has anyone ever touched you in an unwanted sexual way, such as touching, kissing, grabbing, or fondling?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	
1208	Has anyone ever physically forced, hurt or threatened you into having sexual intercourse?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	1210
1209	What was the relationship of this person(s) to you?  RECORD ALL MENTIONED.	SPOUSE/PARTNER ..... A BOYFRIEND/GIRLFRIEND ..... B MALE/FEMALE FRIEND ..... C FATHER/MOTHER ..... D BROTHER/SISTER ..... E UNCLE/AUNT ..... F OTHER FAMILY ..... G SCHOOLMATE ..... H ACQUAINTANCE ..... I TEACHER ..... J STRANGER ..... K OTHER ..... X (SPECIFY) REFUSED TO ANSWER ..... Y DON'T KNOW ..... Z	

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><b>INTERVIEWER'S OBSERVATIONS:</b> _____</p> <p>_____</p>										
1308	<p><b>SUPERVISOR'S OBSERVATIONS:</b> _____</p> <p>_____</p>										
1309	<p>NAME OF THE SUPERVISOR: _____ DATE: _____</p>										
1310	<p><b>EDITOR'S OBSERVATIONS:</b> _____</p> <p>_____</p>										
1311	<p>NAME OF THE EDITOR: _____ DATE: _____</p>										