

CONFIDENTIAL QUESTIONNAIRE

0.1	Date	___ / ___ / 202 ___ (SAQDESTAR7) (day) (month) (year)
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DATA HANDLERS

0.2	Name and Surnames: _____ Signature: _____	Code: [___] (SAQDEIDR7)
0.3	Start Time: ___ : ___ (SAQSTRR7)	

VERBAL CONSENT

[Enumerator: Please read the following instructions:]

SAY: We have already asked you many questions, but there are some other things that we would like to ask you. You may feel a little uncomfortable to talk about topics like cigarettes, alcohol, drugs, sexual life, experiences of violence, etc.

Since we want to know what young people like yourself think, we don't need to know your name, that's why we created a questionnaire to be answered anonymously that you will be able to answer using the tablet provided by the enumerator. To ensure privacy, the questions will be available for you to answer directly on the tablet, and you will be able to answer them alone. Once you have answered a question, it will not be possible for me or anyone else to return to that question and see your answer. It will take you about 15 minutes to complete the questions in a suitable environment away from other people and with the security that the information is confidential.

The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. Your decision to participate is completely voluntary. **If there is a question you don't want to answer or you do not understand, you can choose not to answer.** Once you have completed the questionnaire on the tablet, press the SUBMIT button, this way you will be sure that the fieldworker will not read your answers.

***Fieldworker ask and check: Do you have any questions?**

<p>FIELDWORKER: Please register if the participant confirms answering the confidential questionnaire</p> <p><input type="checkbox"/> Participant is happy to answer the questionnaire ► Continue</p> <p><input type="checkbox"/> Participant has changed their mind and no longer wants to answer the questionnaire ► Do not administer the confidential questionnaire</p>

Thank you for your participation

Fieldworker: I declare that I have complied with the process of informed consent following the previous text.

Name: _____

Signature: _____

ID number: _____

Date: ____ / ____ / 202 ____
(day) (month) (year)

Date: ____ / ____ / 202 ____ (SAQDINTR7) (día)
(month) (year)

Start Hour: ____ : ____ (SAQSTTR7)

Age: _____ (SAQAGER7)

Sex: Female (SAQGNDR7)
 Male

SAY: Thank you for your participation. Before you answer the questions on the tablet, I would like to go through two practice questions with you. This is to make sure that you are comfortable reading questions on the tablet and selecting the answer you want.

[FIELDWORKER: Please give the tablet to the participant. When the participant is ready, show them how to start the first practice question.]

Practice question 1

What country do you currently live in?

Choose (X) only one option

- India
- [PE] Peru
- South Africa
- England
- I prefer not to answer

CAPI: Display the following if "Peru" was not chosen as the answer to practice question 1

ENUMERATOR: The participant did NOT choose option two (Peru). Please ask the participant why they did not choose Peru.

Practice question 2

How old are you?

Choose (X) only one option

- I am 0-10 years old
- I am 11-20 years old
- I am 21-30 years old
- I am 31-40 years old
- I am 41-50 years old
- I prefer not to answer

CAPI: Display the following if "I am 21-30 years old" was not chosen as the answer to practice question 2

ENUMERATOR: The participant did NOT choose option three (confirming that they are between 21 and 30 years old). Please ask the participant why they did not choose the option "I am 21-30 years old"

CAPI: When the second practice question is complete, display the following message:

NOW WE WOULD LIKE YOU TO ANSWER SOME MORE QUESTIONS. PLEASE READ EACH QUESTION CAREFULLY AND CHOOSE THE ANSWER BOX THAT APPLIES TO YOU.

Section 1 (YC only)

The first part of the questionnaire is about smoking cigarettes. [\[PE\]](#) For example, Marlboro, Winston, Inca, etc.

1. Have you ever smoked a cigarette?

Choose (X) only one option

(EVRSMKR7)

- Yes
- No [[CAPI: Skip to section 2](#)]
- I prefer not to answer [[CAPI: Skip to section 2](#)]

2. How often do you smoke cigarettes now?

Choose (X) only one option

(OFTSMKR7)

- Every day
- At least once a week
- At least once a month
- Hardly ever
- I prefer not to answer

Section 2 (both cohorts)

We know that in many communities young people like yourself may encounter crime. This part of the questionnaire asks about whether this has happened to you and your friends.

3. How many of your friends are or have been part of a gang?

Choose (X) only one option

(FRNGNGR7)

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends
- I prefer not to answer

4. Are you or have you ever been part of a gang?

Choose (X) only one option

(MEMNGR7)

- Yes
- No
- I prefer not to answer

5. Have you ever been arrested by the police or for committing a crime, even if you were not guilty?

Choose (X) only one option

(ARRSTDR7)

- Yes
- No

I prefer not to answer

Section 3 (both cohorts)

[PE] Many people in Peru drink alcohol like beer (Cristal, Cuzqueña, Arequipeña, Brahma, etc) or spirits (Pisco, whiskey, cañazo, wine, masato or Chicha).

The next questions ask you about your experiences with alcohol. It doesn't include drinking a few sips of wine in church or any other religious ceremony.

6. Do you ever drink alcohol?
Choose (X) only one option

(EVRALCR7)

- Yes
- No [CAPI: Skip to Q.10]
- I prefer not to answer [CAPI: Skip to Q.10]

7. How often do you usually drink alcohol?
Choose (X) only one option

(YOUALCR7)

- Every day
- At least once a week
- At least once a month
- Only on special occasions (for example, weddings, funerals, etc.)
- Hardly ever
- I prefer not to answer

8. Have you ever been drunk from too much alcohol?
Choose (X) only one option

(DRKALCR7)

- Yes
- No
- I prefer not to answer

9. During the past 12 months, how many of these things happened to you while you were drinking alcohol or because you had been drinking alcohol?
You can choose (X) more than one option

- I got into fights or caused trouble (ALCFGHR7)
- I felt sick or fell over (ALCSCKR7)
- I got in a traffic accident (ALCACCR7)
- I got caught driving a motorbike/car while under the influence of alcohol (ALCCHTR7)
- I hit my partner (ALCHITR7)
- None of these things happened to me (ALCNONR7)
- I prefer not to answer

10. Have you ever (at least one time in your entire life) consumed any of the following substances? Choose (X) in each line.

CAPI: If they respond they have never tried or prefer not to answer skip to next row.

Have you ever tried any of the following substances?	No, never	Just one time	Yes, sometimes	Yes, many times	I prefer not to answer
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1. Marijuana (TRDMARR7)	<input type="checkbox"/>				
2. Other drugs (Terokal. crack, heroin, opium, ketamine, hashish, etc.) (TRDOTHR7)	<input type="checkbox"/>				

Section 4 (YC only)

Many young people your age think a lot about sex. Some of you might already have had sex. We call it sex when a man puts his penis inside the vagina of a woman. The following questions are about sex and what you know about it.

11. Did you receive any kind of education in school about sex, pregnancy and/or contraception? (SEXEDUR7)

No

Yes

I prefer not to answer

12. If you would want to get a condom or any other kind of contraceptive, where would you most likely go? Choose (X) only one option (WHRCNDR7)

Shop or street vendor

Pharmacy /Drugstore, family planning services or health facility

Family member, my boyfriend/girlfriend /partner / spouse

Other, please specify where: _____

I don't know what a condom/contraceptive is

I don't know where I could get a condom/contraceptive

I prefer not to answer

13. Have you ever in your life had a romantic relationship with someone? This does not imply that you have had sex with that person. (ROMRELR7)

No

Yes, with one person

Yes, with more than one person

I prefer not to answer

14. How old were you when you had sexual intercourse for the first time? (AGESEX7)

I have never had sex [CAPI: skip to section 5]

15 years or less

16 years

17 years

18 years

19 years

20 years

21 years

22 years

23 years

I prefer not to answer

15. The first time you had sex, did you use any of these contraception methods?

You can choose (X) more than one option

- Withdrawal (FCONDMR7)
- Condom (FDRINFR7)
- Regular Pill (FMPLLR7)
- Morning-after-pill (FMRAFTR7)
- Injection (FUSINJR7)
- Rhythm method, family planning (FDNKNWR7)
- I don't know if we used any method (FNTUSER7)
- We didn't use any method (FOTMTDR7)
- Other, please specify:
FSPCMRR5 _____
- I prefer not to answer

16. Nowadays, do you use any of these contraception methods?

You can choose (X) more than one option

- I don't have any sexual relations at the moment [[CAPI: skip to section 5](#)]
- Withdrawal (UCONDMR7)
- Condom (UDRINFR7)
- Regular Pill (UMPLLR7)
- Morning-after-pill (UMRAFTR7)
- Injection (UUSINJR7)
- Rhythm method, family planning (UDNKNWR7)
- I don't know if we use any method (UNTUSER7)
- We don't use any method (UOTMTDR7)
- Other, please specify: _____
- I prefer not to answer

17. Would you say that the decision on using or not using contraceptives is mainly yours, mainly your partner's or is a joint decision? (DCUSCNR5)

- Mainly my decision
- Mainly my partner's decision
- Joint decision
- Other, specify: _____
- I prefer not to answer [[CAPI: skip to section 5](#)]

18. If the decision on using contraceptives was only yours, would you make the same choice?

- No
- Yes
- I prefer not to answer

Section 5 (both Cohorts)

Now I will ask your opinion about different things, and I want you to tell me what you think or feel about them. This section intends to ask about your opinion, so **there are no right or wrong answers**.

Now, you will read some comments and statements and I want you to tell me how much you agree or disagree with them by selecting the option that best reflects your opinion.

19.		Strongly disagree	Disagree	More or less	Agree	Strongly agree	Prefer not to answer
	In general, to what extent do you agree or disagree that all women should have the right of access to an abortion?	<input type="checkbox"/>					
20.		Strongly disagree	Disagree	More or less	Agree	Strongly agree	Prefer not to answer
1	Gay men and lesbians should be free to live their own life as they wish.						
2	If a close family member was a gay man or a lesbian, I would feel ashamed.	<input type="checkbox"/>					
3	Gay male and lesbian couples should have the same rights to adopt children as straight couples.	<input type="checkbox"/>					

Section 6 (both cohorts)

We know that in many places young people like you are treated very poorly or are beaten by other people.

<p>21. Have you ever been beaten up or physically hurt in other ways by the following people? You can choose (X) more than one option</p> <p><input type="checkbox"/> Somebody from your family (BFAMILYR7)</p> <p><input type="checkbox"/> Boyfriend/Girlfriend/Spouse/Partner (BBYFRNR7)</p> <p><input type="checkbox"/> Stranger (BSTRNGR7)</p> <p><input type="checkbox"/> Friend (BFRNDR7)</p> <p><input type="checkbox"/> Boss (BEMPLYR7)</p> <p><input type="checkbox"/> Never been beaten up or physically hurt in other ways (BNEVERR7)</p> <p><input type="checkbox"/> Prefer not to say</p>	
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22.	<p>Have any of the following people made comments or put you names for your body or personality, ignored you or deliberately excluded you from activities, put others against you, humiliated / insulted you or locked you in a bathroom? You can choose (X) more than one option</p>	<p>TICK ALL THAT APPLY</p>
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00	It never happened to me	(CMNEVRR7)	<input type="checkbox"/>
01	Spouse (partner)	(CMSPSER7)	<input type="checkbox"/>
02	Mother	(CMMTHR7)	<input type="checkbox"/>
03	Father	(CMFTHR7)	<input type="checkbox"/>
04	Brother/Sister	(CMBRTHR7)	<input type="checkbox"/>
05	Other male relatives	(CMMLRLR7)	<input type="checkbox"/>
06	Other female relatives	(CMFMRLR7)	<input type="checkbox"/>
07	Other Known males	(CMOTMLR7)	<input type="checkbox"/>
08	Other Known females	(CMOTFLR7)	<input type="checkbox"/>
79	Prefer not to say		<input type="checkbox"/>
9	Other: specify	(CMOTHR7)	<input type="checkbox"/>

Section 7 (both cohorts)

Many young people navigate the internet and social media for a variety of purposes. The internet/social media is a wonderful resource, but sometimes it could have hazards, particularly for young people. The following questions are about your experiences navigating the internet/social media, and whether you have ever faced any of the following situations when using the internet or social media (e.g., WhatsApp, Instagram Facebook, Tik Tok).

23. How frequently have you encountered the following when using the internet?		<i>Choose [X] your answer</i>					
		Never	Rarely	Sometimes	Often	Always	Prefer not to answer
1	Been bullied over the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Received unwanted sexual comments over the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Come across pornography on the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Been sent unsolicited (not asked for) sexual material over the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Come across violent or gruesome material on the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Come across racist or hateful material on the internet/social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8 (both cohorts, MEN AND WOMEN)

The next questions are about things that happen to many people, and that your current partner, or any other previous partner may have done to you.

		A) Yes or No? CAPI: If "No" or prefer not to answer, skip to next row	C) In the past 12 months would you say that this has happened once, few or many times?	D) Did this happen before the past 12 months? If yes, would you say that this has happened once, few or many times? CAPI: If "No, this did not happen before past 12 months", skip to next row	E) Did this happen during COVID lockdown? If yes, would you say that this has happened once, few or many times?
24.	Insulted you or made your feel bad about yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen in last 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen before the past 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen during lockdown <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer
25.	Belittled or humiliated you in front of other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen in last 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen before the past 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen during lockdown <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer
26.	Done things to scare or intimidate you on purpose (e.g. by the way they looked at you, by yelling and smashing things?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen in last 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen before the past 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen during lockdown <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer
27.	Verbally threatened to hurt you or someone you care about?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen in last 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen before the past 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen during lockdown <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer
28.	Physically hit you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen in last 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen before the past 12 months <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No, this did not happen during lockdown <input type="checkbox"/> Once <input type="checkbox"/> Few times <input type="checkbox"/> Many times <input type="checkbox"/> Prefer not to answer

29. Have you ever been physically hurt by someone?

Yes

No [CAPI: Skip to section 9]

I prefer not to answer [CAPI: Skip to section 9]

30a. If you have been physically hurt by someone, was it someone in your family?

Yes

No [CAPI: Skip to section 9]

I prefer not to answer [CAPI: Skip to section 9]

30b. If you have been physically hurt by someone in your family, did this happen during the COVID-19 lockdown period?

Yes

No

I prefer not to answer

Section 9. (both cohorts)

We know that in many places young people like you often experience different forms of violence in their communities.

31. In your whole life, have you EVER been?	Yes	No	Prefer not to answer
1. Attacked with a weapon, like a knife or a bat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shot at (not necessarily wounded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chased and you thought that you could really get hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. In your whole life, have you EVER seen someone else get?			
7. Attacked with a weapon, like a knife or a bat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shot at (not necessarily wounded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chased and you thought that they could really get hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. You have helped with a very important survey for young people.

Please now swipe to the right to continue to the next screen. This will complete this section of the survey. The fieldworker will NOT be able to see any of your responses, all your answers are completely confidential.

Now, please give the tablet back to the enumerator.

ENUMERATOR: Please record the end time of the self-administered questionnaire.