

YOUNG LIVES STUDY SELF ADMINISTERED QUESTIONNAIRE – YOUNGER COHORT – INDIA 2016	Format No: R58YRS	Child Code: IN ___ 8 ___
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CONFIDENTIAL QUESTIONNAIRE

0.1	Date	___ / ___ / 2016 (day) (month) (year)
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FIELDWORKER DATA

0.2	Name and Surnames: _____ Signature: _____	Code: [___]
0.3	Start time: ___ : ___	

VERBAL ASSENT / CONSENT

We have already asked you many questions, but there are some other things that we would like to ask. You may feel a little uncomfortable to talk about topics like cigarettes, alcohol, 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. It will take you about 15 to 20 minutes in a suitable environment, away from other people who might listen and with the security that the information is confidential.

Your participation will provide us important information on the problems and needs of different life aspects of young people like yourself.

The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. **If there is a question you don't want to answer, you can leave it blank.** If you don't understand a question or need help, you can ask the fieldworker who gave you this questionnaire. Once you have completed the questionnaire, put it in an envelope and close it, this way you will be sure that the fieldworker will not read your answers.

Name, your decision to participate is completely voluntary. This means that if you want you can participate and fill the questionnaire, and if you don't want there is no problem. Likewise, if you decide to participate and at some point you don't want to continue, you can stop, that will not affect you or your family.

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

Do you want to answer? Yes No

Thank you for your participation

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

Name: _____

Signature: _____

DNI: _____

Date: ___ / ___ / 2016
(day) (month) (year)

Final time: ___ : ___

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Date: ___ / ___ / **2016** (SASTDAY/SASTMNT/SASTYEAR)
 (day) (month) (year)

Start time: ___ : ___ (SASTTIME)

Age: _____ (SACHAGE)

Sex: Female (SACHSEX)
 Male

PLEASE READ EACH QUESTION CAREFULLY AND CHOOSE (✓) THE ANSWER BOX THAT APPLIES TO YOU.

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

1. For each of the statements below, decide if it is 'true' or 'false'. If you are not sure, choose 'I don't know'.

Statement	True	False	I don't know	NK	NA	RTA
A woman/girl cannot get pregnant the first time she has sex. (PRGFRR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a girl washes herself after sex, she will not get pregnant. (WSHAFT5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a condom can prevent you from getting a disease through sex. (USECNR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who looks very healthy cannot pass on a disease through sex. (LKSHLTR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person can get HIV or Aids by having sex. (HIVSEXR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you would want to get a condom, where would you most likely go?

Choose only one option

(WHRCNR5)

- Shop or street vendor
- Pharmacy /Drugstore
- Family planning services or health facility
- I would ask to a family member
- I would ask to my partner/spouse
- Other, please say where: _____
- I do not know what a condom is
- I do not know where I could get a condom
- NK
- NA
- RTA

*Please write the date and time you finished answering.

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End date: ___ / ___ / **2016** (SAENDAY/SAENMNT/SAENYEAR)
(day) (month) (year)

End time: ___ : ___ (SAENTIME)

Fold the questionnaire, put it in an envelope, seal it and give it to the fieldworker who gave it to you.

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