



YOUNG LIVES

**ROUND 4 SURVEY PERU
JUNE TO DECEMBER 2013**

SELF-ADMINISTERED QUESTIONNAIRE

OLDER COHORT



**Young Lives is funded by UK aid from the
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www.younglives.org.uk

YOUNG LIVES STUDY: IIN, GRADE SELF ADMINISTERED QUESTIONNAIRE – OLD COHORT – PERU 2013	Format No: R38YRS	Child Code: PE ___ 8 ___
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CONFIDENTIAL QUESTIONNAIRE

0.1	Date	___ / ___ / 2013 (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: ___ / ___ / 2013
(day) (month) (year)

Final time: ___ : ___

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Date: ___ / ___ / 2013 (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.

Section 1

The first questions are about how you get on with your parents/guardians and how you feel about things at home.

1. For each statement choose whether this statement is ‘certainly true for you’, ‘a little true for you’ or ‘not true for you’.

Statement	Certainly true for you	A little true for you	Not true for you
1. You usually feel able to speak about your views and feelings with your parents/guardians. (SPVIEWR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Most of the time your parents/guardians treat you fairly when you do something wrong. (TRFAIRR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Compared to your sisters , you get fewer things (clothes, money, food). (CMSITGR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Compared to your brothers , you get fewer things (clothes, money, food). (CMBRTGR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compared to your brothers , you have less freedom to leave the house when you want. (CMBRFRR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Compared to your sisters , you have less freedom to leave the house when you want. (CMSIFRR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2

The second part of the questionnaire is about smoking cigarettes.

<p>2. How many of your best friends smoke cigarettes at least once a month? Choose only <u>one</u> option (FRNSMKR3)</p> <p><input type="checkbox"/> All of my friends</p> <p><input type="checkbox"/> Most of my friends</p> <p><input type="checkbox"/> A few of my friends</p> <p><input type="checkbox"/> None of my friends</p>
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3. Do the following people smoke?

You can choose **more than one** option

- Parents/guardians (SMKPRNR3)
- Brothers/sisters (SMKSIBR3)
- Boyfriend/girlfriend (SMKBOYR3)
- The best friend (SMKFRNR3)
- None of them

4. How old were you when you tried a cigarette for the first time?

Choose only **one** option

(AGECIGR3)

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- I have never tried a cigarette

5. How often do you smoke cigarettes now?

Choose only **one** option

(OFTSMKR3)

- I never smoke cigarettes
- Every day
- At least once a week
- At least once a month
- Hardly ever

6. On the days you smoke, how many cigarettes do you usually smoke?

Choose only **one** option

(NUMCIGR3)

- I never smoke cigarettes
- 1 cigarette or less per day
- 2 to 5 cigarettes per day
- 6 or more per day

Section 3

We know that in many communities young people like yourself are beaten up or treated badly by other people. The first part of this questionnaire asks about things that have happened to you and your friends.

7. How many of your best friends have ever been beaten up?

Choose only one option

(FRNBTNR3)

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends

8. Have you ever been beaten up or physically hurt in other ways by the following people?

You can choose more than one option

- Somebody from your family (BFAMILYR3)
- Boyfriend/girlfriend (BBYFRNR3)
- Stranger (BSTRNGR3)
- Friend (BFRNDR3)
- Teacher
- Spouse/partner
- Employer
- I have never been hurt physically

9. During the last 30 days, on how many days did you carry a weapon such as a knife, machete or gun to be able to protect yourself?

Choose only one option

(CRYWPNR3)

- 1 day
- 2 to 3 days
- More than 4 days
- Never

10. How many of your best friends have been / are members of a gang?

Choose only one option

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends

11. Have you ever been member of a gang?

Choose only one option

- Yes
- No

12. Have you been arrested by the police or taken into custody for an illegal or delinquent offense?

Choose only one option

- Yes
 No

13. Have you ever been sentenced to spend time in a corrections institution, like a jail, prison or a youth institution like a juvenile hall or reform school or training school or to perform community service?

Choose only one option

- Yes
 No

Section 4

Many people in Peru drink alcohol like beer (Cristal, Cuzqueña, Arequipeña, Franca, etc.) or spirits like Pisco, whisky, cañazo, vino, masato or chicha de jora). The next questions ask you about your experiences with alcohol.

14. How many of your best friends drink alcohol at least once a month?

Choose only one option

(FRNALCR3)

- All of my friends
 Most of my friends
 A few of my friends
 None of my friends

15. How often do you usually drink alcohol?

Choose only one option

(YOUALCR3)

- Every day
 At least once a week
 At least once a month
 Only on special occasions (for example, weddings, funerals, Christmas, New Year)
 Hardly ever
 I never drink alcohol

16. When you drink alcohol, how much do you usually drink per day?

Choose only one option

(MCHALCR3)

- I never drink alcohol
 1 cup/glass or less
 2 cups/glasses
 3 cups/glasses or more

17. Have you ever been drunk from too much alcohol?

Choose only one option

(DRKALCR3)

- I never drink alcohol
 Yes
 No

18. During the past 12 months, how many of these things happened to you because you had been drinking alcohol?
 You can choose more than one option

I never drink alcohol (ALCNVRR3)

I got into fights or caused trouble (ALCFGHR3)

I felt sick or fell over (ALCSCKR3)

None of these things happened to me (ALCNONR3)

19. ¿HAVE YOU EVER tried any of the following drugs? If you have, tick 'Yes' and if you haven't, tick 'No'. Write how old were you the first time you tried it.

¿HAVE YOU EVER tried any of the following drugs?	Yes, many times	Yes, some times	Just one time	No, never	How old were you when you first tried it?
1. Inhalants (Terokal, gasoline, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
2. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
3. Coca paste – PBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
4. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
5. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
6. Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
7. Hallucinogens (san pedro, ayahuasca, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
9. Other drugs (crack, heroin, opium, ketamine, hashish, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years

Section 5

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.

20. 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
A woman/girl cannot get pregnant the first time she has sex. (PRGFRSR3)			
If a girl washes herself after sex, she will not get pregnant. (WSHAFTR3)			
Using a condom can prevent you from getting a disease through sex. (USECNR3)			
A person who looks very healthy cannot pass on a disease through sex. (LKSHLTR3)			
A person can get HIV or Aids by having sex. (HIVSEXR3)			

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

Choose only one option

(WHRCNDR3)

- Shop or street vendor
- Pharmacy /Drugstore
- Family planning services or health facility
- Other, please say where: _____
- I do not know what a condom is
- I do not know where I could get a condom

22. If you would want to get family planning professional advice and service, where would you most likely go?

Choose only one option

- Government health facility (MINSA, ESSALUD, Comité Local de Administración de Salud, etc)
- Private health facility
- NGO (eg. INPPARES, Flora Tristán, Manuela Ramos, APROPO, etc)
- Pharmacy / drugstore
- I would leave it up to my boyfriend/girlfriend/spouse
- I don't need to go
- I would not know where to go

23. How many of your best friends have ever had sex?

Choose only one option

(FRDSEXR3)

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends
- I don't know

24. How old were you when you had sex for the first time?

Choose only one option

(AGESEXR3)

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- I have never had sex

25. The last time you had sex, what did you do to prevent getting pregnant or a disease?

You can choose more than one option

- I never had sex (NVRSEXR3)
- We used a condom (WEUSCNR3)
- Drink infusion or mate (DRKINFR3)
- Use after morning pill (MNGPLL3)
- Use injections to prevent getting pregnant (INJCTNR3)
- I don't know if use any method (NOKNOWR3)
- We did not use any method (NOTUSER3)
- Other method, please say what: _____ (OTHMTDR3)

26. How many partners have you EVER had intercourse with? This includes any person you had intercourse with, even if it was only once, or if you did not know him or her well.

Choose only one option

- None
- One
- Two
- Three
- Four or more

27. Have you ever had sex when you did not want to?

Choose only one option

(NOWNSXR3)

- Yes, one time
- Yes, more than once
- No

28. During your life, have you ever been drunk from alcohol while having sex?

Choose only one option

(DRKSEXR3)

- I never had sex
- Yes, one time
- Yes, more than one time
- No, never

Section 6

This part of the questionnaire looks at sadness and other difficulties that many people experience at some point in their lives.

29. As you answer, think about how things have been for you in the last 6 months. It would be great if you could try to answer all the questions even if you are not sure of the answer or if the question seems stupid.

Statement	Certainly true for you	A little true for you	Not true for you
1. You worry a lot. (WRYLOTR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You get a lot of headaches, stomach aches or sickness. (HEADACR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You are often unhappy, downhearted or tearful. (UNHPPYR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You are nervous in new situations. (NRVSITR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have many fears, you are easily scared. (MNYFERR3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7

In this last part of the questionnaire we would like to ask about things that make you happy.

<p>30. What makes you happy? You can choose <u>more than one</u> option</p> <p><input type="checkbox"/> Being with my friends</p> <p><input type="checkbox"/> Being with my family</p> <p><input type="checkbox"/> Doing sports (for example, dancing, football)</p> <p><input type="checkbox"/> Other, please say what: _____</p>
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*Please write the date and time you finished answering.

End date: ___ / ___ / 2013 (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.