

GENERAL STATISTICS OFFICE
ROUND 3 SURVEY, YOUNG LIVES PROJECT



SELF ADMINISTRATIVE QUESTIONNAIRE
(FOR 15 YEAR OLD CHILD ONLY)

Province/City: _____

District: _____

Commune: _____

VN			
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Site _____

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Child's Name _____

Child's ID _____

VN			1			
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THIS IS A CONFIDENTIAL QUESTIONNAIRE

We have already asked you many questions, but there are some things that might be important for young people like yourself but that you might not want to talk about with an interviewer. This is why we would like to ask you a few questions that you fill in by yourself

Other Young people in the project are doing this questionnaire. The information you give will be used by researchers in your country and internationally to understand young people and to help to develop programmes and policies for you.

We don't need you to write your name on this questionnaire. The answers you give are private. Answer the questions based on what you really think or do. There is no right or wrong answer! If you do not want to answer a question, just leave it blank.

If you do not understand a question or need help, please do not hesitate to ask the Young Lives fieldworker who gave you the questionnaire.

Once you have completed the questionnaire, please place it in the envelope, seal it and give it back to the fieldworker.

Do you have any questions?
Thank you very much for your help.

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

SECTION 1

1. The first questions are about how you get on with your parents/guardians and how you feel about things at home. For each statement choose whether this statement is “certainly true for me”, “a little true for me” or “not true for me”.

	Certainly true for me	A little true for me	Not true for me	N/A	
1.1. You usually feel able to speak about your views and feelings with your parents/guardians					<i>SPVIEWR3</i>
1.2. Most of the time your parents/guardians treat you fairly when you do something wrong					<i>TRFAIRR3</i>
1.3. Compared to your sisters, you get fewer things (clothes, money, food)					<i>CMSITGR3</i>
1.4. Compared to your brothers, you get fewer things (clothes, money, food)					<i>CMBRTGR3</i>
1.5. Compared to your brothers, you have less freedom to leave the house when you want					<i>CMBRFRR3</i>
1.6. Compared to your sisters, you have less freedom to leave the house when you want					<i>CMSIFRR3</i>

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 one option)</p> <p>1 <input type="checkbox"/> All of my friends 2 <input type="checkbox"/> Most of my friends 3 <input type="checkbox"/> A few of my friends 4 <input type="checkbox"/> None of my friends</p> <p><i>FRNSMKR3</i></p>
<p>3. Do the following people smoke? (You can choose more than one option)</p> <p><input type="checkbox"/> Parents/guardians <input type="checkbox"/> Brothers/sisters <input type="checkbox"/> Boyfriend/girlfriend <input type="checkbox"/> None of them</p> <p><i>SMKPRNR3; SMKSI BR3; SMKBOYR3; SMKNONR3</i></p>
<p>4. How old were you when you tried a cigarette for the first time? (Choose only one option)</p>

- 1 I have never tried a cigarette
- 2 9 years old or younger
- 3 10 to 13 years old
- 4 14 to 16 years old

AGECIGR3

5. How often do you smoke cigarettes now? (Choose only one option)

- 1 I never smoke cigarettes
- 2 Everyday
- 3 At least once a week
- 4 At least once a month
- 5 Hardly ever

OFTSMKR3

6. On the days you smoke, how many cigarettes do you usually smoke? (Choose only One option)

- 1 I never smoke cigarettes
- 2 1 cigarette or less per day
- 3 2 to 5 cigarettes per day
- 4 6 or more per day

NUMCIGR3

SECTION 3

We know that in many communities young people like yourself are beaten up or treated badly by other people. This 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)

- 1 None of my friends
- 2 All of my friends
- 3 Most of my friends
- 4 A few of my friends

FRNBTNR3

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
- Boyfriend/girlfriend
- Friend
- Stranger
- Teacher

I have never been hurt physically

BFAMILYR3; BBYFRNR3; BFRNDR3; BSTRNGR3; BTCHRR3; BNEVERR3

9. During the last year how many times did your teacher hit you or physically hurt you on purpose?

- 1 Never
- 2 Once or twice
- 3 About once a month
- 4 About once a week
- 5 Several times a week
- 6 N/A

TCHHITR3

10. During the last year how many times did your parents hit you or physically hurt you on purpose?

- 1 Never
- 2 Once or twice
- 3 About once a month
- 4 About once a week
- 5 Several times a week

PRNHITR3

11. 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)

- 1 Never
- 2 1 day
- 3 2 to 3 days
- 4 4 days or more

CRYWPNR3

12. Other young people can be great. But they also can be really nasty. For each statement, choose only once option that applies to you.

During the last 12 months, we want to know whether other young people....		
12.1. Called you names or swore at you	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times 	<i>CLDNMER3</i>
12.2. Tried to get you into trouble with your friends	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 	<i>TRBFRNR3</i>

Young Lives adolescent self-completed questionnaire

	3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	
12.3. Took something without permission or stole things from you	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>STLTHGR3</i>
12.4. Made fun of you for some reason	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>MDEFUNR3</i>
12.5. Made you uncomfortable by staring at you for a long time	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>STARNGR3</i>
12.6. Punched, kicked or beat you up	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>PNCHDR3</i>
12.7. Hurt you physically in some way	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>HRTPHYR3</i>
12.8. Tried to break or damaged something of yours	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>DMGSMTR3</i>
12.9. Refused to talk to you or made other people not talk to you	1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Once 3 <input type="checkbox"/> 2-3 times 4 <input type="checkbox"/> 4 or more times	<i>RFSTLKR3</i>

SECTION 4

Many people drink spirits or beer. The next questions ask whether you ever drink spirits or beer.

<p>13. How many of your best friends drink alcohol at least once a month? (Choose only one option)</p> <p>1 <input type="checkbox"/> All of my friends 2 <input type="checkbox"/> Most of my friends 3 <input type="checkbox"/> A few of my friends 4 <input type="checkbox"/> None of my friends</p> <p><i>FRNALCR3</i></p>

<p>14. How often do you usually drink alcohol? (Choose only one option)</p>
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- 1 I never drink alcohol
- 2 Everyday
- 3 At least once a week
- 4 At least once a month
- 5 Only on special occasions (wedding, funeral, Tet holidays, public holidays)
- 6 Hardly ever

YOUALCR3

15. When you drink alcohol, how much do you usually drink per day? (Choose only one option)

- 1 I never drink alcohol
- 2 1 cup/glass or less
- 3 2 cups/2 glasses
- 4 3 cups/glasses or more

MCHALCR3

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

- 1 Yes
- 2 No

DRKALCR3

17. 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 more than one option)

- I never drink alcohol
- I got into fights or caused trouble
- I felt sick or fell over
- I drove a car or motor vehicle
- None of these things happened to me

ALCNVRR3; ALCFGHR3; ALCSCKR3; ALCDRVR3; ALCNONR3

SECTION 5

Many young people your age think a lot about sex. Some of you might already have had sex. The following questions are about sex and what you know about it.

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

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<p>18.1. A woman/girl cannot get pregnant the first time she has sex</p>	<p>1 <input type="checkbox"/> True 2 <input type="checkbox"/> False 3 <input type="checkbox"/> I don't know</p>	<p><i>PRGFRSR3</i></p>
<p>18.2. If a girl washes herself after sex, she will not get pregnant.</p>	<p>1 <input type="checkbox"/> True 2 <input type="checkbox"/> False 3 <input type="checkbox"/> I don't know</p>	<p><i>WSHAFTR3</i></p>
<p>18.3. Using a condom can prevent you from getting a disease through sex.</p>	<p>1 <input type="checkbox"/> True 2 <input type="checkbox"/> False 3 <input type="checkbox"/> I don't know</p>	<p><i>USECNDR3</i></p>
<p>18.4. A person who looks very healthy cannot pass on a disease through sex.</p>	<p>1 <input type="checkbox"/> True 2 <input type="checkbox"/> False 3 <input type="checkbox"/> I don't know</p>	<p><i>LKSHLTR3</i></p>
<p>18.5. A person can get HIV or Aids by having sex.</p>	<p>1 <input type="checkbox"/> True 2 <input type="checkbox"/> False 3 <input type="checkbox"/> I don't know</p>	<p><i>HIVSEXR3</i></p>

19. If you would want to get a condom, where would you go? (Choose only one option)

1 Shop or street vendor
 2 Family planning services or health facility
 3 Other, please say where: _____
 4 I do not know what a condom is
 5 I do not know where I could get a condom is

WHRCNDR3

20. From where would you like to get information on sexual matters? (You can choose more than one option)

School
 Media (Television, radio, newspaper)
 Friends
 Nurse or doctor
 Other, please say where: _____

SEXSCHR3; SEXMEDR3; SEXFRNR3; SEXNRSR3; INFSEXR3

21. How many of your best friends have ever had sex? (Choose only one option)

1 All of my friends

- 2 Most of my friends
 3 A few of my friends
 4 None of my friends
 5 NK

FRDSEXR3

SECTION 6

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

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

Thank you very much. You've completed a survey that is important for young people.