



**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 which you might not want to talk about openly. This is why we would like to ask you a few questions in private.

Young people in Ethiopia, India, Peru and Vietnam 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 will not write your name on this survey. 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, you don't need to.

If you do not understand a question or need help, just ask the fieldworker.

Do you have any questions?

Thank you very much for your help.

PLEASE READ EACH QUESTION CAREFULLY AND CHOOSE (✓) 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 you', 'a little true for you' or 'not true for you'.

	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)
2. Most of the time your parents/guardians treat you fairly when you do something wrong				(TRFAIRR3)
3. Compared to your <b>sisters</b> , you get fewer things (clothes, money, food)				(CMSITGR3)
4. Compared to your <b>brothers</b> , you get fewer things (clothes, money, food)				(CMBRTGR3)
5. Compared to your <b>brothers</b> , you have less freedom to leave the house				(CMBRFRR3)

when you want				
6. Compared to your <b>sisters</b> , you have less freedom to leave the house when you want				(CMSIFRR3)

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 <b>one</b> option)</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>	(FRNSMKR3)
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<p>3. Do the following people smoke? (You can choose <b>more</b> than one option)</p> <p><input type="checkbox"/> The best friend</p> <p><input type="checkbox"/> Parents/guardians</p> <p><input type="checkbox"/> Brothers/sisters</p> <p><input type="checkbox"/> Boyfriend/girlfriend</p>	<p>(SMKFRNR3)</p> <p>(SMKPRNR3)</p> <p>(SMKSIBR3)</p> <p>(SMKBOYR3)</p>
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4. How old were you when you tried a cigarette for the first time?

(AGECIGR3)

(Choose only **one** option)

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

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

(OFTSMKR3)

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

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

(NUMCIGR3)

(Choose only **One** option)

- 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? (FRNBTNR3)

(Choose only **one** option)

- 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)

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. Other young people can be great. But they also can be really nasty. For each statement, choose whether this happened to you 'never', 'once', '2-3 times' or '4 or more times' during the past year. We want to know whether other young people...

	Never	Once	2-3 times	4 or more times	
1. Called you names or swore at you					(CLDNMER3)
2. Tried to get you into trouble with your friends					(TRBFRNR3)
3. Took something without permission or stole things from you					(STLTHGR3)
4. Made fun of you for some reason					(MDEFUNR3)
5. Made you uncomfortable by staring at you for a long time					(STARNGR3)
6. Punched, kicked or beat you up					(PNCHDR3)

7. Hurt you physically in some way					(HRTPHYR3)
8. Tried to break or damaged something of yours					(DMGSMTR3)
9. Refused to talk to you or made other people not talk to you					(RFSTLKR3)

#### Section 4

Many people in Peru drink alcohol like beer or spirits (Pisco or Chicha). The next questions ask you about your experiences with alcohol.

<p>11. How many of your best friends drink alcohol at least once a month? (Choose only <b>one</b> option)</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>	(FRNALCR3)
<p>12. How often do you usually drink alcohol? (Choose only <b>one</b> option)</p> <p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> At least once a week</p>	(YOUALCR3)

- At least once a month
- Only on special occasions (for example, weddings, funerals)
- Hardly ever
- I never drink alcohol

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

(MCHALCR3)

(Choose only **one** option)

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

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

(DRKALCR3)

(Choose only **one** option)

- Yes
- No

15. 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 got into fights or caused trouble (ALCFGHR3)
- I felt sick or fell over (ALCSCKR3)
- I never drink alcohol (ALCNVRR3)



None of these things happened to me (ALCNONR3)

16. During your life, have you ever tried drugs, such as marijuana, glue or kerosene? (TRDDRGR3)  
 (Choose only **one** option)  
 Yes  
 No

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.

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

	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.				(WSHAFT3)
Using a condom can prevent you from getting a disease				(USECNDR3)

through sex.				
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)

18. If you would want to get a condom, where would you go? (Choose only **one** option) (WHRCNDR3)

- Shop / grocer's
- Pharmacy /Drugstore
- Street vendor
- Family planning services or health facility
- Family
- My boyfriend/girlfriend
- Other, please say where:
- I do not know what a condom is
- I do not know where I could get a condom

19. From where would you like to get information on sexual matters? (You can choose **more** than one option) (SEXSCHR3)

- School

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|---|------------|
| <input type="checkbox"/> Media (television, radio, newspaper) | (SEXMEDR3) |
| <input type="checkbox"/> Friends                              | (SEXFRNR3) |
| <input type="checkbox"/> Nurse or doctor                      | (SEXNRSR3) |
| <input type="checkbox"/> Other, please say from where:        | (INFSEXR3) |

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|---|------------|
| 20. How many of your best friends have ever had sex?<br>(Choose only <b>one</b> option) | (FRDSEXR3) |
| <input type="checkbox"/> All of my friends  |            |
| <input type="checkbox"/> Most of my friends   |            |
| <input type="checkbox"/> A few of my friends  |            |
| <input type="checkbox"/> None of my friends   |            |
| <input type="checkbox"/> I don't know   |            |

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| 21. How old were you when you had sex for the first time?<br>(Choose only <b>one</b> option) | (AGESEXR3) |
| <input type="checkbox"/> 13 years old or younger   |            |
| <input type="checkbox"/> 14 years old  |            |
| <input type="checkbox"/> 15 years old or older   |            |
| <input type="checkbox"/> I have never had sex  |            |
| <input type="checkbox"/> I don't want to answer  |            |

22. The last time you had sex, what did you do to prevent getting pregnant or a disease?
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|---|------------|
| <input type="checkbox"/> We used a condom                           | (WEUSCNR3) |
| <input type="checkbox"/> Drink infusion or mate                     | (DRKINFR3) |
| <input type="checkbox"/> Use after morning pill                     | (MNGPLLR3) |
| <input type="checkbox"/> Use injections to prevent getting pregnant | (INJCTNR3) |
| <input type="checkbox"/> Other method, please say what:             | (OTHMTDR3) |
| <input type="checkbox"/> We did not use any method                  | (NOTUSER3) |
| <input type="checkbox"/> I don't know if use any method             | (NOKNOWR3) |
| <input type="checkbox"/> I never had sex                            | (NVRSEXR3) |

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|---|------------|
| 23. Have you ever had sex when you did not want to? (Choose only <b>One</b> option) | (NOWNSXR3) |
| <input type="checkbox"/> Yes, one time  |            |
| <input type="checkbox"/> Yes, more than once  |            |
| <input type="checkbox"/> No   |            |

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|--|------------|
| 24. During your life, have you ever been drunk from alcohol while having sex?<br>(Choose only <b>One</b> option) | (DRKSEXR3) |
| <input type="checkbox"/> No, never   |            |
| <input type="checkbox"/> Yes, one time   |            |
| <input type="checkbox"/> Yes, more than one time   |            |
| <input type="checkbox"/> I never had sex   |            |
| <input type="checkbox"/> I don't want to answer  |            |

Section 6

25. 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.

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

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

Date when this section ended: \_\_\_ / \_\_\_ / 2009

End hour : \_\_\_ : \_\_\_