

**URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA/****Transitions to Adulthood Questionnaire****Round 2: March 2009-August 2009****1.0 IDENTIFICATION INFORMATION and CONSENT**

1.1 FIELD WORKER'S CODE

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1.2 DATE OF INTERVIEW (DD/MM/YYYY)

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1.3 RESPONDENT'S ID

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1.4a RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)

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1.4b RESPONDENT'S CURRENT AGE (AT DATE OF INTERVIEW) IN YEARS

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1.4c RESPONDENT'S AGE AT FIRST INTERVIEW

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1.5 RESPONDENT'S SEX

(1=Male; 2=Female)

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1.6 RESPONDENT'S FULL NAME

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1.7 LOCATION ID (OF HHH)

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1.8 DATE OF FIRST INTERVIEW

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1.9 FINAL RESULT OF INTERVIEW

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**FINAL RESULT CODE**

1=COMPLETED

5=WHEREABOUTS UNKNOWN

2=NO COMPETENT RESPONDENT AT HOME

6=PARENT/GUARDIAN REFUSED

3=ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD

7=DEAD

4=REFUSED

8=OTHER (SPECIFY) \_\_\_\_\_

9=INCAPACITATED

**OFFICE/FIELD CHECK DETAILS**

1.10 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

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1.11 DATA ENTRY CLERK'S CODE

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**URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA****Transitions to Adulthood Questionnaire****PARENTAL/GUARDIAN CONSENT FORM (ONLY FOR RESPONDENTS AGED 12-17 YEARS)**

Hello, my name is \_\_\_\_\_ and I work with the African Population and Health Research Center. We are conducting a survey to understand what happens as young people grow up in informal settlements and what their aspirations and concerns are as they grow into adulthood. We visited a while back in 2007/2008 and we asked your daughter/son a few questions. We would like to again ask [CHILD'S NAME] questions about her/his schooling, relationships, reproductive health, and other issues that s/he experiences as s/he grows up. The results of this study will be presented to institutions, including the government, that are involved in decision-making and provision of services targeted at younger people with the intention that they will use the information to improve the wellbeing of the youth. All the information provided by [CHILD'S NAME] will be confidential and will be used for the purposes of this study only. This interview is not expected to cause your child any harm or discomfort. However, if your child feels uncomfortable with certain questions s/he can choose not to answer them. We, however, hope [CHILD'S NAME] will participate in this survey since his/her views are very important. This interview will take about 1.5 hours of your child's time.

2.1 May [CHILD'S NAME] participate in the study?

(1=YES; 2=NO; IF 1 SKIP TO 2.3)

☐

2.2 IF THE PARENT/GUARDIAN DOES NOT ALLOW CHILD TO BE INTERVIEWED, ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want [CHILD'S NAME] to participate in this study? \_\_\_\_\_

(FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE APPOINTMENT TO COME BACK AND DO THE INTERVIEW).

OTHERWISE THANK PARENT FOR HIS/HER TIME AND END THE INTERVIEW AND RECORD THE FINAL STATUS ON THE COVER SHEET .

2.3 IF THE PARENT/GUARDIAN ALLOWS CHILD TO BE INTERVIEWED: Thank you for letting [CHILD'S NAME] participate in our study. Could you please sign here to show that you have accepted to participate in the study.

**Respondent's Signature**.....

0= REFUSES TO SIGN

1= SIGNS

2= WILLING BUT UNABLE TO SIGN

☐**CHECK APPROPRIATE BOX BELOW**

2.4 PARENT/GUARDIAN AGREES MINOR CAN BE INTERVIEWED

☐

↓  
APPROACH ELIGIBLE MINOR  
FOR INFORMED CONSENT

PARENT/GUARDIAN DOES NOT AGREE MINOR CAN BE INTERVIEWED

☐

↓  
END INTERVIEW

**URBANIZATION, POVERTY AND HEALTH DYNAMICS IN SUB-SAHARAN AFRICA**

**Transitions to Adulthood Questionnaire**

**RESPONDENT'S INTRODUCTION AND CONSENT (FOR ALL RESPONDENTS)**

Hello, my name is \_\_\_\_\_ and I work with the African Population and Health Research Center. We are conducting a survey to understand what happens as young people grow up in informal settlements and what their aspirations and concerns are as they grow into adulthood. We last visited you between October 2007 and May 2008 when we asked you some questions. I would again like to ask you questions about your schooling, relationships, reproductive health, and other issues that you experience as you grow up. The results of this study will be presented to institutions, including the government, that are involved in decision making and provision of services targeted at younger people with the intention that they will use the information to improve the wellbeing of the youth. All the responses you provide are confidential and will be used for the purposes of this study only. This interview is not expected to cause you any harm or discomfort. However, if you feel uncomfortable with certain questions you can choose not to answer them. We, however, hope you will participate in this survey since your views are very important. This interview will take about 1.5 hours of your time.

3.1 Do you accept to participate in the study?

**(1=YES; 2=NO; IF 1 SKIP TO 3.3)**

☐

3.2 IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want to participate in this study? .....

(FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE APPOINTMENT TO COME BACK AND DO THE INTERVIEW).

OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW AND RECORD THE FINAL STATUS OF THE INTERVIEW ON THE COVER SHEET

3.3 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

**Respondent's Signature**.....

0= REFUSES TO SIGN

1= SIGNS

2= WILLING BUT UNABLE TO SIGN

☐

SECTION 1: SOCIODEMOGRAPHIC CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<b>RECORD THE START TIME (24 HR-FORMAT)</b>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
101a	<p>Whom do you live with?</p> <p><b>PROBE TO FIND OUT WHETHER THE RESPONDENT LIVES WITH A PARENT OR GUARDIAN</b></p> <p>PROBE: IF LIVING WITH GUARDIAN; ASK: Are you related?</p>	<p>MOTHER ..... 01</p> <p>FATHER ..... 02</p> <p>BOTH PARENTS ..... 03</p> <p>RELATED GUARDIAN ..... 04</p> <p>NON-RELATED GUARDIAN ..... 05</p> <p>WITH FRIENDS ..... 06</p> <p>ALONE ..... 07</p> <p>SPOUSE ..... 08</p> <p>OTHERS ..... 96</p> <p style="text-align: center;">(SPECIFY)</p>	
102	<p>How many people usually live with you in your residence or household?</p> <p><b>[IF RESPONDENT LIVES ALONE RECORD 00]</b></p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	
103	<p><b>INDEPENDENT HOUSING</b></p> <p><b>INDEPENDENT HOUSING AS OF SURVEY 1</b></p> <p><b>[IF 1 SKIP TO 107]</b></p> <p>Since our last visit on (DATE IN Q1.8), have you owned/rented your own residence such as a structure or house??</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 106
104	<p>In what month and year did you first own or rent your own house?</p>	<p>MONTH <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div></p> <p>DON'T KNOW YEAR ..... 9998</p>	
105	<p>How old were you when you first owned or started renting your own house?</p>	<p>AGE IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DON'T KNOW ..... 98</p>	
106	<p><b>IF RESPONDENT HAS NEVER RENTED/OWNED A HOUSE INDICATE SO IN THE CALENDAR</b></p> <p><b>INTERVIEWER INSTRUCTION: SO, WE'VE TOUCHED ON THE ISSUE OF HOUSING A LITTLE BIT. NOW, I WOULD LIKE TO GET MORE DETAILS.</b></p> <p><b>GO TO CALENDAR!</b></p>		
107	<p><b>SCHOOLING</b></p> <p>The next set of questions I would like to ask have to do with schooling.</p> <p><b>EVER ATTENDED SCHOOL AS OF SURVEY 1</b></p> <p><b>[IF 1 SKIP TO 110]</b></p> <p>Since our last visit on (DATE IN Q1.8), have you been enrolled in school? By this I mean primary, secondary or tertiary school.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 113
108	<p>At what age did you first attend standard one?</p>	<p>AGE IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	In what month and year did you first attend standard one?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	
110	Are you currently attending school?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 112b
111	In what month and year did you stop going to school?	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	
112	What is the <b>main</b> reason you stopped going to school?	<p>LACK OF SCHOOL FEES ..... 01</p> <p>LACK OF SCHOOL MATERIALS ..... 02</p> <p>COMPLETED SECONDARY ..... 03</p> <p>COMPLETED COLLEGE/UNIVERSITY ..... 04</p> <p>GOT PREGNANT ..... 05</p> <p>GOT MARRIED ..... 06</p> <p>ILLNESS ..... 07</p> <p>WORK AT HOME ..... 08</p> <p>NOT INTERESTED ..... 09</p> <p>NOT A GOOD STUDENT ..... 10</p> <p>GOT A JOB ..... 11</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
112a	What are your future school plans?	<p>INTEND TO GO BACK ..... 1</p> <p>DO NOT INTEND TO GO BACK ..... 2</p> <p>NOT SURE ..... 3</p> <p>INTEND TO GO TO VOCATIONAL/TECHNICAL TRAINING ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
112b	<b>[FW: FOR Q112b &amp; q112e: ASK IN PAST TENSE IF INDIVIDUAL IS NO LONGER IN SCHOOL]</b>  Think about how you are/were doing in school. How important is/was to you to (READ STATEMENT)  1. Be considered a bright student by your teachers?  2. Come out near the top of your exams?  3. Have good enough grades to get into secondary school/college?						
		Very Important	Pretty Important	Not Too Important	Not Important At All		
		1	2	3	4		
		1	2	3	4		
112c	Would you say you (READ CHOICES) That (READ STATEMENT)?  a. In general you like/liked school  b. You get/got along well with your teachers  c. You try/tried your best in school  d. Doing well in school is/was important for your future	Strongly Agree	Somewhat Agree	Neither Disagree nor Agree	Somewhat Disagree	Strongly Disagree	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	
112d	Here are some things children have said about their school would you say you: (READ CHOICES) That (READ STATEMENT)?  a. You can/could do almost anything without being punished  b. Fighting between students is/was a big problem  c. The teachers in my school spend/spent extra time to help pupils/students do their best  d. In my school most students respect/respected their teachers  e. My teachers don't/didn't understand that I have/had a lot of responsibilities at home	Strongly Agree	Somewhat Agree	Neither Disagree nor Agree	Somewhat Disagree	Strongly Disagree	
		1	2	3	4	5	
		1	2	3	4	5	
		1	2	3	4	5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
	f. I worry/worried about getting harassed by fellow pupils at school	1	2	3	4	5		
	g. Drinking and drug use is/was a problem at my school	1	2	3	4	5		
	h. Most students at my school don't/didn't care about learning or getting good marks	1	2	3	4	5		
	i. Teachers in my school try/tried to have sex with pupils and sometimes have/had sex with them	1	2	3	4	5		
112e	How many of your friends: (READ STATEMENT)? Would you say: (READ CHOICES)	None of them	Some of them	Most of them	All of them	DK	NA	
	a. Get/got good marks in school?	1	2	3	4	8	9	
	b. Want/wanted to go secondary school/university/college?	1	2	3	4	8	9	
	c. Attended religious services regularly?	1	2	3	4	8	9	
113	<p><b>IF RESPONDENT HAS NEVER ATTENDED SCHOOL (Q107) INDICATE SO ON THE CALENDAR</b></p> <p><b>INTERVIEWER INSTRUCTION: SO, WE'VE TOUCHED ON SCHOOLING A LITTLE BIT. NOW, I WOULD LIKE TO GET MORE DETAILS. GO TO CALENDAR!</b></p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP						
114	<b>RELIGION AND RELIGIOSITY</b>  Now I would like to ask you some questions about religion.  What is your religion?	CATHOLIC ..... 01 PROTESTANT ..... 02 PENTECOSTAL/CHARISMATIC ..... 03 OTHER CHRISTIAN ..... 04 MUSLIM ..... 05 NO RELIGION ..... 06 OTHER ..... 96 (SPECIFY) REFUSED TO ANSWER ..... 97											
119	How important is it to you (READ STATEMENT)? Would you say (READ CHOICES)?  a. To be able to rely on religious teachings when you have a problem?  b. To believe in God?  c. To rely on your religious beliefs as a guide for day-to-day living?  d. To be able to turn to prayer when you're facing a personal problem?	Not important	Somewhat Important	Important	Very Important								
		1	2	3	4								
		1	2	3	4								
		1	2	3	4								
		1	2	3	4								
120	How many times have you gone to religious services during the past one month? I am referring to any services, not just the ones that are held on particular days such as Fridays, Saturdays or Sundays.	NEVER ..... 0 1 TIME ..... 1 2-3 TIMES ..... 2 4 TIMES ..... 3 MORE THAN 4 TIMES ..... 4											
121	<b>PEER INFLUENCES</b>  How many of your friends do/did the following: (READ STATEMENT)? Would you say (READ CHOICES)  a. Drink alcohol  b. Run away from home  c. Get into trouble with the police  d. Have sexual intercourse  e. Get/Got into trouble at school (e.g. disciplinary action, get into fights, etc.)  f. Use drugs like bhang, khat, glue	None of them	Some of them	Most of them	All of them	DK							
		1	2	3	4	8							
		1	2	3	4	8							
		1	2	3	4	8							
		1	2	3	4	8							
		1	2	3	4	8							
		1	2	3	4	8							
122	<b>LIVELIHOODS AND EMPLOYMENT</b>  Have you ever been involved in an income generating activity?	YES ..... 1 NO ..... 2					→ 127a						
123	In what month and year did you first engage in any income generating activity?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  DON'T KNOW MONTH ..... 98  YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  DON'T KNOW YEAR ..... 9998											
124	Did you engage in any income generating activity in the last month?	YES ..... 1 NO ..... 2					→ 127a						
125	What activity have you been engaged in during the last month?  RECORD RESPONSE ..... .....	UNESTABLISHED OWN BUSINESS ..... 01 ESTABLISHED OWN BUSINESS ..... 02 INFORMAL CASUAL ..... 03 INFORMAL SALARIED ..... 04 FORMAL SALARIED ..... 05 FORMAL CASUAL ..... 06 RURAL AGRICULTURE ..... 07 URBAN AGRICULTURE ..... 08 OTHERS ..... 96 [SPECIFY]											



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
125a	On the average, how many days did you work each week in the last month?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW ..... 98																										
125b	On average, how many hours per day did you do this activity?	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW ..... 98																										
126	Approximately how much money have you made in the last month?	KSHS <div style="display: inline-block; border: 1px solid black; width: 80px; height: 20px; vertical-align: middle;"></div> REFUSED TO ANSWER ..... 99997 DON'T KNOW ..... 99998																										
127	What did you use the money for?  <b>MULTIPLE RESPONSES ALLOWED</b>	TO SUPPORT MY FAMILY ..... A TO PAY RENT ..... B TO BUY CIGARETTES ..... C TO PAY SCHOOL FEES ..... D TO BUY ALCOHOL ..... E TO BUY FOOD ..... F TO BUY CLOTHES ..... G SAVINGS ..... H OTHER ..... X																										
127a	<b>IF RESPONDENT HAS NEVER BEEN IN EMPLOYMENT (Q122) INDICATE SO ON THE CALENDAR</b>  <b>INTERVIEWER INSTRUCTION: SO, WE'VE TOUCHED ON EMPLOYMENT A LITTLE BIT. NOW, I WOULD LIKE TO GET MORE DETAILS. GO TO CALENDAR!</b>																											
128	Now I am going to read several statements that people usually make about the food situation in their houses.  Please tell me whether each of these statements was often true, sometimes true, or never true  [READ STATEMENT] would you say this was often true, sometimes true, or never true?  a. During the past 30 days the food in your household got finished and you didn't have money to get more.  b. During the past 30 days, children in your household failed to eat for a whole day/slept hungry because there wasn't enough money for food  c. During the past 30 days, you or other adult(s) in your household failed to eat for a whole day because there wasn't enough food.  d. In our household, we always struggle to have enough food	<table border="1"> <thead> <tr> <th>Often TRUE</th> <th>Sometimes TRUE</th> <th>Never TRUE</th> <th>Refused</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>7</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>7</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>7</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>7</td> <td>8</td> </tr> </tbody> </table>	Often TRUE	Sometimes TRUE	Never TRUE	Refused	DON'T KNOW	1	2	3	7	8	1	2	3	7	8	1	2	3	7	8	1	2	3	7	8	
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129	Do you own a cell phone?	YES ..... 1 NO ..... 2																										

**SECTION 2: PARENT-CHILD RELATIONSHIP**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP																																								
201	<p>CHECK 101a IF CURRENTLY LIVING WITH PARENT OR GUARDIAN? (TICK APPROPRIATE BOX)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> </div>					205																																								
202	<p>I would now like to ask you some questions about the roles your parents/guardians have.</p> <p>How much would you say your parents/guardians really know about the following things about you?</p> <p>(READ STATEMENTS) Would you say they never know, sometimes know, or always know?</p> <p>a. Where you spend time in the evenings on weekdays</p> <p>b. Who you spend time with in the evenings on week days</p> <p>c. Where you spend time on weekends</p> <p>d. Who you spend time with on weekends</p> <p>e. What you do during your free time</p> <p>f. How you spend your money</p> <p>g. Whether you have or do your homework</p> <p>h. What TV programs, videos, or films you watch</p> <p>i. Who your friends are</p>	<table border="1"> <thead> <tr> <th>Never know</th><th>Sometimes know</th><th>Always Know</th><th>Not Applicable</th></tr> </thead> <tbody> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">9</td></tr> </tbody> </table>	Never know	Sometimes know	Always Know	Not Applicable	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9	1	2	3	9				
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203	<p>Some parents/guardians scold, slap or spank their children when they do something wrong</p> <p>How often does your [PARENT(S)/GUARDIAN(S)] scold or reprimand you when you do something wrong? For example, if you come home late, don't do your chores, watch too much TV</p> <p>Would you say (READ CHOICES)?</p>	<p>NEVER ..... 1</p> <p>SOMETIMES ..... 2</p> <p>MOST OF THE TIME ..... 3</p> <p>EVERY TIME ..... 4</p>																																												
204	<p>When you do something wrong, how often does your [PARENT(S)/GUARDIAN(S)] spank or slap you?</p> <p>Would you say (READ CHOICES)?</p>	<p>NEVER ..... 1</p> <p>SOMETIMES ..... 2</p> <p>MOST OF THE TIME ..... 3</p> <p>EVERY TIME ..... 4</p>																																												
204a	<p>I would like to ask you a few questions about the relationship with your parents/guardians and how you get along.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)?</p> <p>1 How often do your parents/guardians encourage you to do what you are interested in doing and show an interest in those things themselves?</p> <p>2 How often are your parents interested in what you think and feel?</p> <p>3 How often do your parents try to find activities that you would enjoy doing after school or weekends?</p> <p>4 When you have problems, how often can you talk them over with your parents?</p>	<table border="1"> <thead> <tr> <th>Never</th><th>Some times</th><th>Most of the time</th><th>All the time</th></tr> </thead> <tbody> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">4</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">4</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">4</td></tr> <tr><td align="center">1</td><td align="center">2</td><td align="center">3</td><td align="center">4</td></tr> </tbody> </table>	Never	Some times	Most of the time	All the time	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4																								
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
	<p><b>PRESENCE OF A FATHER/FATHER FIGURE</b></p> <p>These next questions are about an adult male in your life you are closest to. This could be your father or another adult male you think of as a father.</p>																						
205	Is there anyone like this in your life?	YES ..... 1 NO ..... 2	→ 211																				
206	What is this person's relationship to you?	BIOLOGICAL FATHER ..... 01 BROTHER ..... 02 UNCLE ..... 03 GRANDFATHER ..... 04 OLDER MALE COUSIN ..... 05 STEPFATHER ..... 06 MOTHER'S FRIEND/FIANCÉ ..... 07 TEACHER ..... 08 CHURCH MINISTER OR PASTOR ..... 09 FAMILY FRIEND ..... 10 NEIGHBOR ..... 11 ADOPTED FATHER ..... 12 OTHER ..... 96 (SPECIFY) (SPECIFY)																					
207	<p><b>CHECK 110</b>  <b>IS RESPONDENT CURRENTLY IN SCHOOL?</b>            (TICK APPROPRIATE BOX)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		→ 210																				
208	Since the beginning of this school year how often has your (FATHER/FATHER FIGURE) checked your homework or asked you to make sure you had done it? Would you say (READ CHOICES)?	NEVER ..... 01 LESS THAN ONCE A MONTH ..... 02 1-3 TIMES A MONTH ..... 03 ONCE A WEEK ..... 04 ALMOST EVERY DAY ..... 05																					
209	Since the beginning of this school year, how often have you talked to your (FATHER/FATHER FIGURE) about any progress or problems you were having at school? Would you say (READ CHOICES)?	NEVER ..... 01 LESS THAN ONCE A MONTH ..... 02 1-3 TIMES A MONTH ..... 03 ONCE A WEEK ..... 04 ALMOST EVERY DAY ..... 05																					
210	<p>Now, I would like to ask you a few questions about the relationship with your (FATHER/FATHER FIGURE) and how you get along.</p> <p>There are no right or wrong answers to these questions. Just tell me what you think.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)?</p> <p>a. How often does your (FATHER/FATHER FIGURE) teach you things you didn't know?</p> <p>b. How often do you and your (FATHER/FATHER FIGURE) argue with each other?</p> <p>c. How often do you share your secrets and private feelings with your (FATHER/FATHER FIGURE)?</p> <p>d. How often does your (FATHER/FATHER FIGURE) try to help you when you need something?</p>	<table border="1"> <thead> <tr> <th>Never</th> <th>Some times</th> <th>Most of the time</th> <th>All the time</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Never	Some times	Most of the time	All the time	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
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1	2	3	4																				
	<p><b>PRESENCE OF A MOTHER/MOTHER FIGURE</b></p> <p>These next questions are about an adult female in your life you are closest to. This could be your mother or another adult female you think of as a mother.</p>																						
211	Is there anyone like this in your life?	YES ..... 1 NO ..... 2	→ 217																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
212	What is this person's relationship to you?	BIOLOGICAL MOTHER ..... 01 SISTER ..... 02 AUNT ..... 03 GRANDMOTHER ..... 04 OLDER FEMALE COUSIN ..... 05 STEPMOTHER ..... 06 FATHER'S FRIEND/FIANCÉE ..... 07 TEACHER ..... 08 CHURCH MINISTER OR PASTOR ..... 09 FAMILY FRIEND ..... 10 NEIGHBOR ..... 11 ADOPTED MOTHER ..... 12 OTHER ..... 96 (SPECIFY)																					
213	<b>CHECK 110</b> <b>IS RESPONDENT CURRENTLY IN SCHOOL?</b> (TICK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes  </div> <div style="text-align: center;"> <input type="checkbox"/> No           </div> </div>		→ 216																				
214	Since the beginning of this school year how often has your (MOTHER/MOTHER FIGURE) checked your homework or asked you to make sure you had done it? Would you say (READ CHOICES)?	NEVER ..... 01 LESS THAN ONCE A MONTH ..... 02 1-3 TIMES A MONTH ..... 03 ONCE A WEEK ..... 04 ALMOST EVERY DAY ..... 05																					
215	Since the beginning of this school year, how often have you talked to your (MOTHER/MOTHER FIGURE) about any progress or problems you were having at school? Would you say (READ CHOICES)?	NEVER ..... 01 LESS THAN ONCE A MONTH ..... 02 1-3 TIMES A MONTH ..... 03 ONCE A WEEK ..... 04 ALMOST EVERY DAY ..... 05																					
216	<p>Now, I would like to ask you a few questions about the relationship with your (MOTHER/MOTHER FIGURE) and how you get along.</p> <p>There are no right or wrong answers to these questions. Just tell me what you think.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)?</p> <p>a. How often does your (MOTHER/MOTHER FIGURE) teach you things you didn't know?</p> <p>b. How often do you and your (MOTHER/MOTHER FIGURE) argue with each other?</p> <p>c. How often do you share your secrets and private feelings with your (MOTHER/MOTHER FIGURE)?</p> <p>d. How often does your (MOTHER/MOTHER FIGURE) try to help you when you need something?</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Never</th> <th style="width: 25%;">Some times</th> <th style="width: 25%;">Most of the time</th> <th style="width: 25%;">All the time</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Never	Some times	Most of the time	All the time	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
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1	2	3	4																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
217	<b>ATTITUDINAL INTOLERANCE OF DEVIANCE</b>					
	How wrong do you think it is to do the following things?					
	How wrong is it (READ STATEMENT) would you say (READ CHOICES)	Not Wrong	A little Wrong	Wrong	Very Wrong	
	a. To cheat on tests or homework?	1	2	3	4	
	b. To shoplift from a store?	1	2	3	4	
	c. To damage or mark up public or private property on purpose?	1	2	3	4	
	d. To lie to a teacher about something you did?	1	2	3	4	
	e. To take something of value that doesn't belong to you?	1	2	3	4	
	f. To stay out all night without permission?	1	2	3	4	
	g. To lie to your parents about where you have been or who you were with?	1	2	3	4	
	h. To hit another student because you didn't like what he or she did?	1	2	3	4	
	i. To carry a weapon, like a knife or gun, at school?	1	2	3	4	
	j. To make fun of or pick on other kids because they are different or not part of your group?	1	2	3	4	

SECTION 3: SIBLING AND OTHER INFLUENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p><b>CHECK 107</b>  <b>HAS RESPONDENT EVER ATTENDED SCHOOL?</b>  <b>[I.E. 1 IN PREPRINTED BOX OR 1 IN CURRENT SURVEY]</b>  <b>(TICK APPROPRIATE BOX)</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		303
302	<p>I would now like to ask you questions about the influence of certain people on your life as you are growing up</p> <p>FOR 13-17 YEAR OLDS Who is/was an important influence on how well you perform(ed) academically in school?</p> <p>FOR 18-22 YEAR OLDS When you were growing up, Who was an important influence on how well you perform(ed) academically in school?</p> <p><b>(MULTIPLE RESPONSES ALLOWED)</b></p>	<p>MOTHER .....A  FATHER .....B  AUNTS/UNCLES .....C  BROTHERS/SISTERS .....D  GRANDPARENTS .....E  STEPFATHER/STEPMOTHER .....F  OTHER FAMILY MEMBERS .....G  TEACHER .....H  FRIENDS .....I  CHURCH OR RELIGIOUS LEADER .....J  OTHER UNRELATED INDIVIDUAL .....K  NO ONE .....L  OTHER .....X  (Specify)</p>	
303	<p>FOR 13-17 YEAR OLDS Who gives/gave <i>encouragement</i> towards achieving your personal goals?</p> <p>FOR 18-22 YEAR OLDS When you were growing up, who gave <i>encouragement</i> towards achieving your personal goals?</p> <p><b>(MULTIPLE RESPONSES ALLOWED)</b></p>	<p>MOTHER .....A  FATHER .....B  AUNTS/UNCLES .....C  BROTHERS/SISTERS .....D  GRANDPARENTS .....E  STEPFATHER/STEPMOTHER .....F  OTHER FAMILY MEMBERS .....G  TEACHER .....H  FRIENDS .....I  CHURCH OR RELIGIOUS LEADER .....J  OTHER UNRELATED INDIVIDUAL .....K  NO ONE .....L  OTHER .....X  (Specify)</p>	
304	<p>Who has influenced your thinking in the job you see yourself having when you are 30 years old?</p> <p><b>(MULTIPLE RESPONSES ALLOWED)</b></p>	<p>MOTHER .....A  FATHER .....B  AUNTS/UNCLES .....C  BROTHERS/SISTERS .....D  GRANDPARENTS .....E  STEPFATHER/STEPMOTHER .....F  OTHER FAMILY MEMBERS .....G  TEACHER .....H  FRIENDS .....I  CHURCH OR RELIGIOUS LEADER .....J  OTHER UNRELATED INDIVIDUAL .....K  NO ONE .....L  OTHER .....X  (Specify)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304a	Overall, who is the single most important influence in your life?	MOTHER .....01 FATHER .....02 AUNTS/UNCLES .....03 BROTHERS/SISTERS .....04 GRANDPARENTS .....05 STEPFATHER/STEPMOTHER .....06 OTHER FAMILY MEMBERS .....07 TEACHER .....08 FRIENDS .....09 CHURCH OR RELIGIOUS LEADER .....10 OTHER UNRELATED INDIVIDUAL .....11 NO ONE .....12 OTHER .....96 (Specify)	
305	<p>I would now like to ask you some questions about your older biological brothers or sisters, or people that you live with that you may think of as your brothers or sisters, for example, cousins.</p> <p>Do you have any older brothers or sisters, or people who you may think of as your brothers or siblings? This includes older siblings who may have died after you were 10 years old</p>	YES .....1 NO .....2	→ 401
306	<p>a. Have any of your older brothers or sisters ever dropped out of school for any reason</p> <p>c. Have any of your older brothers or sisters ever smoked?</p> <p>d. Has any of your older brothers or sisters ever drank alcohol?</p> <p>b. Have any of your older brothers or sisters ever had premarital sex?</p> <p>e. Has any of your older brothers or sisters attained secondary school education?</p> <p>f. Have any of your older brothers or sisters ever done volunteer work in the community, for example, cleaning the neighbourhood?</p> <p>g. Have any of your older brothers or sisters held an office position in any social groups or clubs?</p>	<p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p> <p>YES .....1 NO .....2 DON'T KNOW .....8</p>	
307	How much influence have your brother/sisters had on you? Would you say?	A LOT ..... 1 A FAIR AMOUNT ..... 2 A LITTLE ..... 3 NONE ..... 4	

**SECTION 4: DOMESTIC TURBULENCE AND SEXUAL ABUSE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																
401	<p><b>IS THERE PRIVACY?</b>  <b>[IF THERE IS NO PRIVACY, MOVE AWAY FROM OTHER PEOPLE; ONLY SKIP IF IT IS IMPOSSIBLE TO DO SO]</b>  <b>(REMEMBER TO LOWER YOUR VOICE)</b>  <b>(TICK APPROPRIATE BOX)</b></p> <p>NO ONE OVER 3 YEARS PRESENT OR LISTENING <input type="checkbox"/>      OTHERS PRESENT OR LISTENING <input type="checkbox"/></p> <p>↓</p>																			
				→ 501																
403	<p>ASK EACH ITEM ON THE LIST. FOR ANY YES, ASK "At what age did this happen?"</p> <p><b>(REMEMBER TO LOWER YOUR VOICE)</b></p> <p>Here are some other events that could have happened at any time in your life. Please tell me if any of these things have happened to you since the last time we visited on (DATE IN Q1.8).</p> <p>a. Sometimes people do things to us we do <b>not</b> want. Has anyone ever touched you in an unwanted sexual way, such as kissing, grabbing or fondling?</p> <p>b. Have you ever had sex because someone physically forced, hurt or threatened you into having sexual intercourse?</p> <p>c. Have you ever been physically forced, hurt, or threatened to have sex, even if you did not end up actually having sex?</p>	<p align="center"><b>[GO TO NEXT ITEM IF ANSWER IS NO]</b></p> <table border="1"> <thead> <tr> <th>Yes/No</th><th>Age when this last happened</th></tr> </thead> <tbody> <tr> <td>CIRCLE ONE</td><td></td></tr> <tr> <td>YES ..... 1</td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>NO ..... 2</td><td>Don't know ..... 98</td></tr> <tr> <td>YES ..... 1</td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>NO ..... 2</td><td>Don't know ..... 98</td></tr> <tr> <td>YES ..... 1</td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>NO ..... 2</td><td>Don't know ..... 98</td></tr> </tbody> </table>		Yes/No	Age when this last happened	CIRCLE ONE		YES ..... 1	<input type="text"/> <input type="text"/>	NO ..... 2	Don't know ..... 98	YES ..... 1	<input type="text"/> <input type="text"/>	NO ..... 2	Don't know ..... 98	YES ..... 1	<input type="text"/> <input type="text"/>	NO ..... 2	Don't know ..... 98	
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YES ..... 1	<input type="text"/> <input type="text"/>																			
NO ..... 2	Don't know ..... 98																			



SECTION 5: SELF-ESTEEM, PEER INFLUENCE, AND DELINQUENT BEHAVIOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>The next questions are about how you see yourself</p> <p>a. How well do you get along with others your age? Would you say very well, pretty well, not too well, or not well at all?</p> <p>b. How well do you live up to what other people expect of you? Would you say very well, pretty well, not too well, or not well at all?</p> <p>c. What about your ability to do well in school (even if you are not in school currently). Would you say you are very able, pretty able, not too able, or not at all able to do well in school?</p> <p>d. How attractive do you think you are? Would you say very attractive, fairly attractive, not too attractive, or not attractive at all?</p> <p>f. How well do you make decisions about important things in life? Would you say very well, pretty well, not too well, or not well at all?</p> <p>g. How well can you do in sports and other athletic activities? Would you say very well, pretty well, not too well, or not well at all?</p> <p>e. On the whole, how satisfied are you with yourself? Would you say very satisfied, pretty satisfied, not too satisfied, or not satisfied at all?</p>	<p>VERY WELL ..... 1</p> <p>PRETTY WELL ..... 2</p> <p>NOT TOO WELL ..... 3</p> <p>NOT WELL AT ALL ..... 4</p> <p>VERY WELL ..... 1</p> <p>PRETTY WELL ..... 2</p> <p>NOT TOO WELL ..... 3</p> <p>NOT WELL AT ALL ..... 4</p> <p>VERY ABLE ..... 1</p> <p>PRETTY ABLE ..... 2</p> <p>NOT TOO ABLE ..... 3</p> <p>NOT ABLE AT ALL ..... 4</p> <p>VERY ATTRACTIVE ..... 1</p> <p>FAIRLY ATTRACTIVE ..... 2</p> <p>NOT TOO ATTRACTIVE ..... 3</p> <p>NOT ATTRACTIVE AT ALL ..... 4</p> <p>VERY WELL ..... 1</p> <p>PRETTY WELL ..... 2</p> <p>NOT TOO WELL ..... 3</p> <p>NOT WELL AT ALL ..... 4</p> <p>VERY WELL ..... 1</p> <p>PRETTY WELL ..... 2</p> <p>NOT TOO WELL ..... 3</p> <p>NOT WELL AT ALL ..... 4</p> <p>VERY SATISFIED ..... 1</p> <p>PRETTY SATISFIED ..... 2</p> <p>NOT TOO SATISFIED ..... 3</p> <p>NOT SATISFIED AT ALL ..... 4</p>	
502	<p>The following questions are about other young people your age and your relationship with them</p> <p>a. How important is/was it to your friends that you do well in school? Would you say (READ CHOICES)?</p> <p><b>[IF RESPONDENT HAS NEVER ATTENDED SCHOOL CIRCLE CODE 4]</b></p> <p>b. How do most of your friends feel about someone your age drinking alcohol? Would you say (READ CHOICES)?</p> <p>c. How do most of your friends feel about someone your age using marijuana or other drugs? Would you say (READ CHOICES)?</p> <p>d. How much peer pressure is there on people your age to have sex? Would you say (READ CHOICES)?</p> <p>e. How well do you resist peer pressure from the rest of the group? Would you say (READ CHOICES)?</p>	<p>NOT TOO IMPORTANT ..... 1</p> <p>IMPORTANT ..... 2</p> <p>VERY IMPORTANT ..... 3</p> <p>NEVER ATTENDED SCHOOL ..... 4</p> <p>THEY STRONGLY DISAPPROVE ..... 01</p> <p>THEY DISAPPROVE ..... 02</p> <p>THEY APPROVE ..... 03</p> <p>THEY STRONGLY APPROVE ..... 04</p> <p>DON'T REALLY CARE ..... 05</p> <p>THEY STRONGLY DISAPPROVE ..... 01</p> <p>THEY DISAPPROVE ..... 02</p> <p>THEY APPROVE ..... 03</p> <p>THEY STRONGLY APPROVE ..... 04</p> <p>DON'T REALLY CARE ..... 05</p> <p>NONE ..... 1</p> <p>A LITTLE ..... 2</p> <p>A FAIR AMOUNT ..... 3</p> <p>A LOT ..... 4</p> <p>VERY WELL ..... 1</p> <p>PRETTY WELL ..... 2</p> <p>NOT TOO WELL ..... 3</p> <p>NOT WELL AT ALL ..... 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP		
503	<p>I'd like to know how many times you have done any of the following things in the last 4 months. Remember, your answers are confidential and no one will know how you answered these questions. Remember you can refuse to answer any questions that you do not want.</p> <p>(READ STATEMENT) Would you say (READ CHOICES)</p> <p>a. You stayed away from home for at least one night without your parent's permission</p> <p>b. You started a fight with your peers</p> <p>c. You took or tried to take something that belonged to someone else, without their knowledge</p> <p>d. You carried a knife, gun, or other weapon</p> <p>e. You hit or threatened to hit a peer or adult</p> <p>f. You delivered or sold drugs (e.g. bhang, miraa, glue)</p> <p>g. You delivered or sold alcohol (e.g. chang'aa, busaa, beer)</p>	Never	Once	More than Once	N/A	Refused			
		1	2	3	9	7			
		1	2	3	9	7			
		1	2	3	9	7			
		1	2	3	9	7			
		1	2	3	9	7			
		1	2	3	9	7			
		1	2	3	9	7			
504	Have you ever smoked a cigarette (not just a few puffs)?	NO, NEVER .....1 YES, BUT ONLY ONCE ..... 2 A FEW TIMES .....3 MORE THAN A FEW TIMES .....4					→ 509		
505	How old were you when you first smoked a cigarette?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW .....98							
506	Have you smoked a cigarette in the past 4 months?	NO .....1 ONCE OR TWICE .....2 A FEW TIMES .....3 MORE THAN A FEW TIMES .....4					→ 509		
507	During the past month, how many cigarettes have you smoked on an average day?	NONE AT ALL .....01 LESS THAN ONE CIGARETTE A DAY ..... 02 BETWEEN 1 and 3 CIGARETTES A DAY ..... 03 BETWEEN 4 and 8 CIGARETTES A DAY ..... 04 ABOUT HALF A PACK A DAY ..... 05 ABOUT A PACK A DAY .....06 ABOUT 1½ PACKS A DAY .....07 ABOUT 2 PACKS OR MORE A DAY ..... 08							
508	Are you thinking or planning to quit smoking?	YES .....1 NO .....2							
509	Have you ever had a drink of beer, wine, changaa, kumi kumi, muratina, busaa etc, more than <b>two or three times in your life? not just a sip or taste</b> of someone else drink?	YES .....1 NO .....2					→ 515		
510	How old were you when you first drank beer, wine, changaa, kumi kumi, muratina or busaa?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW .....98							
511	<p>During the <b>past four months</b> how often did you drink alcohol?</p> <p>Would you say [READ THE CHOICES]</p>	NOT AT ALL .....01 ONCE OR TWICE IN THE PAST 4 MONTHS ..... 02 ABOUT ONCE A MONTH ..... 03 TWO OR THREE DAYS A MONTH ..... 04 ONCE A WEEK ..... 05 TWO OR THREE DAYS A WEEK ..... 06 FOUR OR FIVE DAYS A WEEK ..... 07 EVERY DAY ..... 09					→ 515		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP																					
512	Over the <b>past four months</b> how many times did you drink four or more drinks of beer, wine, changaa, kumi kumi, muratina or busaa at one time or on the same occasion?  Would you say <b>[READ THE CHOICES]</b>	NEVER .....01 ONCE .....02 2-3 TIMES .....03 ONCE A MONTH .....04 2 or 3 DAYS A MONTH .....05 ONCE A WEEK .....06 TWICE A WEEK .....07 MORE THAN TWICE A WEEK .....08																										
513	How often have you gotten drunk or very high from drinking alcohol in the last four months?  Would you say <b>[READ THE CHOICES]</b>	NEVER .....01 ONCE .....02 2-3 TIMES .....03 4-5 TIMES .....04 ONCE A MONTH .....05 2 or 3 DAYS A MONTH .....06 ONCE A WEEK .....07 TWICE A WEEK .....08 MORE THAN TWICE A WEEK .....09																										
514	Are you thinking or planning to quit drinking alcohol?	YES .....1 NO .....2																										
515	In the <b>past six months</b> , how much stress or pressure have you felt, like not being able to meet all the demands on you or not being able to get everything done that you needed to?  (READ STATEMENT) Would you say (READ CHOICES) (CHECK Q110 IF NOT IN SCHOOL CIRCLE '9' FOR 515a) a. At school?  b. At home?  c. In your personal social life?	<table border="1"> <thead> <tr> <th></th><th>A Lot</th><th>A Fair Amount</th><th>Only a Little</th><th>None at All</th><th>NA</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>9</td></tr> </tbody> </table>						A Lot	A Fair Amount	Only a Little	None at All	NA	1	2	3	4	9	1	2	3	4	9	1	2	3	4	9	
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1	2	3	4	9																								
1	2	3	4	9																								
1	2	3	4	9																								
516	I would like to know how you have been feeling in the past six months. In the past six months have you: (READ STATEMENT) Would you say (READ CHOICES)  a. Just really felt down about things?  b. Felt pretty hopeless about the future?  c. Just felt depressed about life in general?	<table border="1"> <thead> <tr> <th></th><th>A Lot</th><th>A Fair Amount</th><th>Only a Little</th><th>None at All</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>						A Lot	A Fair Amount	Only a Little	None at All	1	2	3	4	1	2	3	4	1	2	3	4					
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1	2	3	4																									
1	2	3	4																									
517	During the past year, have you used (NAME ITEM) to get high?  a. Pills  b. Bhang  c. Miraa  d. Cocaine  e. Petrol  f. Glue  g. Kuber  h. Other _____ (Specify)	<table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td></tr> </tbody> </table>						Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2			
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**SECTION 6: CONCERNS, ASPIRATIONS, AND EXPECTATIONS OR PERCEIVED LIFE CHANCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
602	<p>The next questions are about some goals that you may have.</p> <p>How important are the following things to you. Irrespective of whether you have achieved them or not (READ THE STATEMENTS). Would you say (READ THE CHOICES)?</p> <p>a. Finishing secondary school.</p> <p>b. Going to university.</p> <p>c. Owning your own home.</p> <p>d. Helping to take care of your parents or family when you are older.</p> <p>e. Moving out of this neighbourhood.</p> <p>f. Being admired and respected by your friends.</p> <p>g. Having a good job</p> <p>h. Having children</p> <p>i. Getting married or finding a partner</p>	<p>Not important at all</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>Not very important</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>Somewhat important</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	<p>Very important</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p>	
603	<p>The following questions are about your future. Think about how you see your future. TRY TO BE AS REALISTIC AS POSSIBLE</p> <p>What are the chances that (READ EACH STATEMENT) Would you say the chances are (READ THE CHOICES)?</p> <p>a. You will finish primary school</p> <p>b. You will join secondary school?</p> <p>c. You will finish secondary school?</p> <p>d. You will go to university?</p> <p>e. You will have a job that pays well?</p> <p>f. You will be able to own your own home?</p> <p>g. You will have a job that you enjoy doing?</p> <p>h. You will have a happy family life?</p> <p>i. You will stay in good health most of the time?</p> <p>k. You will be able to move to a better area?</p> <p>l. You will be respected in your community</p> <p>m. You will get pregnant or make someone pregnant?</p>	<p>High</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>About 50-50</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>Low</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	<p>Already have</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p>	

**SECTION 7: CIRCUMCISION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>In some communities, young people participate in various rites, such as circumcision (TICK APPROPRIATE BOX)</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>SKIP TO 705</p> </div> <div style="text-align: center;"> <p>MALE <input type="checkbox"/></p> <p>↓</p> <p>Have you heard of male circumcision?</p> </div> </div>	<p><b>[HEARD OF MALE CIRCUMCISION IN SURVEY 1]</b> <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span></p> <p><b>[IF 1 SKIP TO 702 AND CHECK PREPRINT BOX]</b></p> <p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 801</p>
702	<p><b>[CIRCUMCISION STATUS AS OF SURVEY 1]</b> <b>[IF 1 SKIP TO 801]</b></p> <p>Since our last visit on (SEE DATE IN Q1.8); did you get circumcised?</p>	<p><span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span></p> <p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 801</p>
705	<p><b>[FEMALE CIRCUMCISION PRACTISED AS OF SURVEY 1]</b> <b>[IF 1 SKIP TO 706 AND CHECK PREPRINT BOX]</b> <b>[IF 2 SKIP TO 801]</b></p> <p>I want to discuss with you the circumcision of girls. In your ethnic group, is female circumcision practiced?</p>	<p><span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span></p> <p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 801</p>
706	<p><b>RESPONDENT'S CIRCUMCISION STATUS AT 1ST SURVEY</b> <b>[IF 1 GO TO NEXT SECTION]</b></p> <p>Since our last visit on (DATE IN Q1.8); did you get circumcised?</p>	<p><span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span></p> <p>YES ..... 1</p> <p>NO ..... 2</p>	

**SECTION 8: MARRIAGE AND DATING**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<b>EVER MARRIED/LIVED TOGETHER AS OF SURVEY 1</b> <b>[IF 1 SKIP TO 802]</b>  Since our last visit on (DATE in Q1.8); did you get married /start living with a man/woman as if married?	<div style="text-align: right;"> <input type="checkbox"/> </div> YES ..... 1 NO ..... 2	→ 806
802	Are you currently married or living together with a man/woman as if married?	YES ..... 1 NO ..... 2	
803	How many times have you ever been married or lived with a man/woman? Only once or more than once?	NUMBER OF TIMES ..... <input type="text"/>	
804	<b>MONTH AND YEAR FIRST MARRIED/LIVING TOGETHER AS OF SURVEY 1</b> <b>[SKIP TO 807 IF MONTH &amp; YEAR ARE PREPRINTED]</b>  <div style="display: flex;"> <div style="flex: 1;"> <b>MARRIED ONLY ONCE</b>  <input type="checkbox"/>             In what month and year did you get married or start living with your partner?         </div> <div style="flex: 1;"> <b>MARRIED MORE THAN ONCE</b>  <input type="checkbox"/>             Now I would like to ask you when you married or began living with a man/woman as if married for the first time.             In what month and year did you first marry or start living with a man/woman as if married?         </div> </div>	MONTH <input type="text"/> YEAR <input type="text"/>  MONTH ..... <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR <input type="text"/> DON'T KNOW YEAR ..... 9998	
805	How old were you when you <b>first</b> got married or <b>first</b> started living with your partner?  PROBE TO GET APPROXIMATE AGE IF RESPONDENT DOES NOT KNOW AGE	AGE IN YEARS <input type="text"/>  DON'T KNOW ..... 98	
806	<b>IF RESPONDENT HAS NEVER (BEEN) MARRIED OR LIVED TOGETHER WITH A PARTNER INDICATE SO IN CALENDAR</b>  <b>INTERVIEWER INSTRUCTION: SO, WE'VE TALKED ABOUT MARITAL RELATIONSHIPS A LITTLE BIT. NOW, I WOULD LIKE TO GET MORE DETAILS. GO TO CALENDAR!</b>		
806a	CHECK 802 IS THE RESPONDENT CURRENTLY MARRIED? (TICK APPROPRIATE BOX)  <div style="display: flex; align-items: center;"> <input type="checkbox"/> NO <input type="checkbox"/> YES         </div>		→ 911
807	<b>EVER HAD BOY/GIRLFRIEND AS OF SURVEY 1</b> <b>[IF 1 SKIP TO 808]</b>  Since our last visit on (DATE IN Q1.8) have you had a boyfriend/girlfriend?	<div style="text-align: right;"> <input type="checkbox"/> </div> YES ..... 1 NO ..... 2 REFUSED ..... 7	→ 901
808	Do you have a boyfriend/girlfriend now?	YES ..... 1 NO ..... 2 REFUSED ..... 7	→ 901
808a	How many boy/girlfriends have you had in the past one year?	DON'T KNOW ..... <input type="text"/> 98	
	Please indicate whether you agree or disagree with the		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
809	following statements (READ STATEMENT) Would you say (READ CHOICES)	Strongly agree	Agree	Disagree	Strongly disagree	
	b. Your girlfriend/boyfriend always takes the time to talk over your problems with you	1	2	3	4	
	d. No matter what happens, you know that your girlfriend/boyfriend will always be there for you.	1	2	3	4	
	e. You know that your girlfriend /boyfriend has confidence in you.	1	2	3	4	
	f. Your girlfriend /boyfriend /partner often lets you know that he/she thinks you are a worthwhile person	1	2	3	4	

SECTION 9: SEXUAL BEHAVIOR, CONTRACEPTIVE USE, CHILDBEARING, AND CHILDBEARING ASPIRATIONS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 1.4b (COVER SHEET) (TICK APPROPRIATE BOX) 13-17 YEARS OLD <input type="checkbox"/> 18+ YEARS OLD <input type="checkbox"/>		911
902	CHECK 801 BOTH PREPRINTED BOX AND CURRENT CODE (TICK APPROPRIATE CASE) NEVER MARRIED OR LIVED TOGETHER (CODE '2' CIRCLED) <input type="checkbox"/> EVER MARRIED OR LIVED TOGETHER (CODE '1' CIRCLED) <input type="checkbox"/>		911
903	Now I am going to ask you some questions about what young people might do together  <b>HEARD OF KISSING AS OF SURVEY 1</b> [IF 1 SKIP TO 905]  Have you ever heard of kissing?	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	906
904	Do you know of any close friends who have kissed or been kissed?	YES ..... 1 NO ..... 2	
905	<b>EVER KISSED/BEEN KISSED AS OF SURVEY 1</b> [IF 1 SKIP TO 906] Have you ever kissed or been kissed?	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> YES ..... 1 NO ..... 2	
906	<b>HEARD OF FONDLING AS OF SURVEY 1</b> [IF 1 SKIP TO 908]  Have you ever heard of fondling? By this I mean someone's private parts, breasts or other parts of the body being touched in a sexual way.	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	909
907	Do you know of any close friends who have fondled or been fondled?	YES ..... 1 NO ..... 2	
908	<b>EVER FONDLED/BEEN FONDLED AS OF SURVEY 1</b> [IF 1 SKIP TO 909]  Have you ever fondled or been fondled?	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> YES ..... 1 NO ..... 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
909	<p><b>EVER HEARD OF SEXUAL INTERCOURSE AS OF SURVEY 1</b> [IF 1 SKIP TO 911]</p> <p>Have you ever heard of sexual intercourse? By this I mean a penis in a vagina.</p>	<div style="text-align: center;"> <input type="checkbox"/> </div> <p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<div style="text-align: right;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 914 </div>
910	<p>Do you know of any close friends who have had sexual intercourse?</p>	<p>YES ..... 1 NO ..... 2</p>	
911	<p><b>EVER HAD SEXUAL INTERCOURSE AS OF SURVEY 1</b> [IF 1 SKIP TO 915]</p> <p>Have you ever had sexual intercourse?</p>	<div style="text-align: center;"> <input type="checkbox"/> </div> <p>YES ..... 1 NO ..... 2</p>	<div style="text-align: right;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block;"></div> 914 </div>
912	<p>In what month and year did you first have sexual intercourse?</p>	<p>MONTH <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR <div style="display: inline-block; border: 1px solid black; width: 60px; height: 20px; vertical-align: middle;"></div></p> <p>DON'T KNOW YEAR ..... 9998</p>	
913	<p>How old were you when you <b>first</b> had sexual intercourse?</p> <p>PROBE TO GET APPROXIMATE AGE</p>	<p>AGE IN YEARS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div></p> <p>DON'T KNOW ..... 98</p>	
914	<p><b>IF RESPONDENT HAS NEVER HAD SEX INDICATE THIS ON THE CALENDAR AND SKIP TO Q920</b></p> <p><b>INTERVIEWER INSTRUCTION: WE'VE TOUCHED A LITTLE BIT ON THIS SUBJECT. NOW I WOULD LIKE TO GET MORE DETAILS GO TO CALENDAR!</b></p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	<p>Now I'd like to ask you some questions about the <u>first</u> time you had sexual intercourse. What was this person's relationship to you at that time?</p> <p><b>IF RESPONDENT SAYS 'BOYFRIEND/GIRLFRIEND',</b>  <b>ASK: Were you living together as if married?</b>  <b>[IF ANSWER IS YES CIRCLE CODE 2]</b></p>	HUSBAND/WIFE ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND/GIRLFRIEND NOT ..... LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 COMMERCIAL SEX WORKER ..... 5 OTHER ..... 6 (SPECIFY)	
915a	<p>How old was this person?</p> <p><b>PROBE TO GET APPROXIMATE AGE</b>  <b>CIRCLE 98 IF AGE IS NOT KNOWN</b></p>	AGE OF PERSON ..... <input type="text"/> <input type="text"/> → 915c DON'T KNOW ..... 98	
915b	<p><b>[IF 915a HAS 98 CIRCLED]:</b> Do you think that he/she was at least 10 years older than you or not?</p>	YES, 10+ YEARS OLDER ..... 1 NO, LESS THAN 10 YEARS OLDER ..... 2 OLDER, DON'T KNOW DIFFERENCE ..... 3 YOUNGER ..... 4 SAME AGE ..... 5 DON'T KNOW ..... 8	
915c	<p>What was the main reason you first had sexual intercourse with this person?</p>	MARRIED/ UPON MARRIAGE ..... 01 NATURAL FEELINGS/ FELT LIKE IT ..... 02 PARTNER INSISTED/ WANTED SEX ..... 03 INFLUENCE FROM FRIEND ..... 04 EXPECTATION OF GIFTS/MONEY ..... 05 WANTED TO GET PREGNANT/HAVE BABY ..... 06 WAS FORCED ..... 07 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
915d	<p>The <u>first</u> time you had sexual intercourse, was a male condom used?</p>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 915f
915e	<p>What was the main reason a male condom was used?</p>	PREVENT PREGNANCY ..... 1 PREVENT STD/HIV ..... 2 PREVENT BOTH STD/PREGNANCY ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
915f	<p>The <u>first</u> time you had sexual intercourse, were any OTHER methods used to prevent pregnancy or sexually transmitted infections?</p>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 915h
915g	<p>What other method or methods were used?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	PILL ..... A INJECTABLES ..... B FEMALE CONDOM ..... D FOAM/JELLY ..... E RHYTHM/PERIODIC ABSTINENCE ..... F WITHDRAWAL ..... G EMERGENCY CONTRACEPTION ..... H FEMALE STERILIZATION ..... I MALE STERILIZATION ..... J IUD/COIL ..... K IMPLANTS ..... L OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915h	Thinking about the first time you had sexual intercourse would you say you were very willing, somewhat willing or not willing at all?	VERY WILLING .....1 SOMEWHAT WILLING .....2 NOT WILLING AT ALL .....3	
916a	Now I'd like to ask you some questions about the <u>last time</u> you had sexual intercourse. What was this person's relationship to you at that time?  <b>IF RESPONDENT SAYS 'BOYFRIEND/GIRLFRIEND',</b> ASK: Were you living together as if married? <b>[IF ANSWER IS YES CIRCLE CODE 2]</b>	ONLY HAD SEX ONCE ..... 00 HUSBAND/WIFE ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)	→ 918
916b	When was the <u>last</u> time you had sexual intercourse  IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	
916c	How old was this person?  <b>PROBE TO GET APPROXIMATE AGE</b> <b>CIRCLE 98 IF AGE IS NOT KNOWN</b>	AGE OF PERSON ..... DON'T KNOW ..... 98	→ 916e
916d	<b>[IF 916c HAS 98 CIRCLED]:</b> Do you think that he/she was at least 10 years older than you or not?	YES, 10+ YEARS OLDER ..... 1 NO, LESS THAN 10 YEARS OLDER ..... 2 OLDER, DON'T KNOW DIFFERENCE ..... 3 YOUNGER ..... 4 SAME AGE ..... 5 DON'T KNOW ..... 8	
916e	What was the main reason you had sexual intercourse with this person?	MARRIED/ UPON MARRIAGE ..... 01 NATURAL FEELINGS/ FELT LIKE IT ..... 02 PARTNER INSISTED/ WANTED SEX ..... 03 INFLUENCE FROM FRIENDS ..... 04 EXPECTATION OF GIFTS/MONEY ..... 05 WANTED TO GET PREGNANT/HAVE BABY ..... 06 WAS FORCED ..... 07 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
916f	The <u>last</u> time you had sexual intercourse, was a male condom used?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 916h
916g	What was the main reason a male condom was used?	PREVENT PREGNANCY ..... 1 PREVENT STD/HIV ..... 2 PREVENT BOTH STD/PREGNANCY ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916h	The <u>last</u> time you had sexual intercourse, were any OTHER methods used to prevent pregnancy or sexually transmitted infections?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 916j
916i	What other method or methods were used?  PROBE: Anything else?  RECORD ALL MENTIONED.	PILL ..... A INJECTABLES ..... B FEMALE CONDOM ..... D FOAM/JELLY ..... E RHYTHM/PERIODIC ABSTINENCE ..... F WITHDRAWAL ..... G EMERGENCY CONTRACEPTION ..... H FEMALE STERILIZATION ..... I MALE STERILIZATION ..... J IUD/COIL ..... K IMPLANTS ..... L OTHER ..... X (SPECIFY)	
916j	Thinking about the <u>last</u> time you had sexual intercourse would you say you were very willing, somewhat willing or not willing at all?	VERY WILLING .....1 SOMEWHAT WILLING .....2 NOT WILLING AT ALL .....3	
918	<b>In your lifetime</b> , how many different people have you had sexual intercourse with?	NUMBER OF PEOPLE <input type="text"/> <input type="text"/>  REFUSED TO ANSWER ..... 97 DON'T KNOW ..... 98	
919	<b>In the past year</b> , how many different people, if any, have you had sexual intercourse with?	NUMBER OF PEOPLE <input type="text"/> <input type="text"/>  REFUSED TO ANSWER ..... 97 DON'T KNOW ..... 98	
920	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>As girls grow into women, changes happen in their bodies, such as the start of menstrual periods.</p> <p>At what age did you have your first menstrual period, or have you not had one yet?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MALE <input type="checkbox"/></p> <p>↓</p> <p>As boys grow into men, certain changes happen to their bodies, such as growing pubic hair, voices get deeper, or sometimes they have "wet dreams."</p> <p>At what age did you first notice any of these changes happening in your body, or have none happened yet?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p><b>AGE HAD CHANGE/PERIODS AS OF SURVEY 1</b>  <b>[IF AGE IS PREPRINTED SKIP TO 920a]</b></p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>NO CHANGE YET/NOT MENSTRUATING YET ..... 96            DON'T KNOW AGE ..... 98</p> </div> <div style="width: 15%; text-align: center;"> <input style="background-color: #cccccc;" type="text"/> </div> </div>	→ 921a

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>(TICK APPROPRIATE BOX)</p> <p>FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		→ 921a
920a	<p><b>FW: Q920a-Q920e ARE FOR FEMALES ONLY</b></p> <p>Did anyone talk to you about your periods before your first period?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 920c
920b	<p>What is your relationship to this person ?</p> <p><b>[USE RELATIONSHIP CODES ON CODE SHEET A<sup>2</sup>]</b></p> <p><b>[SPECIFY IF RELATIONSHIP IS OTH]</b></p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
920c	<p>CHECK 107 PREPRINTED OR CURRENT CODE:</p> <p>EVER ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Have you ever missed school because of your period?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 921a → 921a
920d	<p>What was the reason you missed school during your periods?</p> <p><b>(MULTIPLE RESPONSES ALLOWED)</b></p>	<p>Pains (abdominal and stomach) ..... A</p> <p>Lack of sanitary pads ..... B</p> <p>Unexpected periods ..... C</p> <p>Fear/ Ashamed ..... D</p> <p>Other ..... X</p> <p style="text-align: center;">(SPECIFY)</p>	
920e	<p>What is the main reason among these, which made you miss school?</p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
921a	<p>Now I'd like to ask you some questions about pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual intercourse?</p>	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	→ 921c
921b	<p>Is this the time just before her period begins, during her period, right after her period, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS .....1</p> <p>DURING HER PERIOD .....2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED .....3</p> <p>HALFWAY BETWEEN TWO PERIODS .....4</p> <p>OTHER .....6</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW .....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
921c	Can a girl get pregnant the very first time she has sexual intercourse?	YES .....1 NO .....2 DON'T KNOW .....8	
921d	Can a girl get pregnant if a boy withdraws before ejaculating or coming?	YES .....1 NO .....2 DON'T KNOW .....8	
921e	Can a girl get pregnant if she has sex standing up?	YES .....1 NO .....2 DON'T KNOW .....8	
921f	Can a girl get pregnant if she washes herself thoroughly immediately after sex?	YES .....1 NO .....2 DON'T KNOW .....8	
921g	<b>[CHECK 911 IN PREPRINTED BOX AND CURRENT CODE]</b> HAS THE RESPONDENT EVER HAD SEX? (TICK APPROPRIATE BOX)  <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>		→ 928
921	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p>Since our last visit on (DATE IN Q1.8), have you been pregnant?</p> </div> <div style="width: 45%;"> <p>MALE <input type="checkbox"/></p> <p>Since our last visit on (DATE IN Q1.8), have you made someone pregnant?</p> </div> </div>	<b>BEEN/MADE A GIRL PREGNANT AS OF SURVEY 1</b> <b>[IF 1 SKIP TO 923a]</b> <div style="float: right; border: 1px solid black; width: 30px; height: 20px; margin-top: 10px;"></div> YES ..... 1 NO ..... 2	→ 928
922	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>In what month and year was your first pregnancy?</p> </div> <div style="width: 45%;"> <p>In what month and year did you first make someone pregnant?</p> </div> </div>	MONTH <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW MONTH ..... 98  YEAR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> DON'T KNOW YEAR ..... 9998	
923	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>How old were you the first time you got pregnant?</p> </div> <div style="width: 45%;"> <p>How old were you when you first made someone pregnant?</p> </div> </div>	AGE IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> CURRENTLY PREGNANT ..... 97 DON'T KNOW ..... 98	→ 928
923a	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Are you currently pregnant?</p> </div> <div style="width: 45%;"> <p>Is any woman/women that you made pregnant currently pregnant?</p> </div> </div>	YES ..... 1 NO ..... 2	
924	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Now I would like to ask you about any babies you may have had, including babies who were born alive but later died, even shortly after birth. Since our last visit on (DATE IN Q1.8), have you given birth?</p> </div> <div style="width: 45%;"> <p>Now I would like to ask you about any babies you may have fathered, including babies who were born alive but later died, even shortly after birth. Since our last visit on (DATE IN Q1.8), have you fathered a child?</p> </div> </div>	<b>EVER GIVEN BIRTH/FATHERED A CHILD AS OF SURVEY 1</b> <b>[IF 1 SKIP TO 927]</b> <div style="float: right; border: 1px solid black; width: 30px; height: 20px; margin-top: 10px;"></div> YES ..... 1 NO ..... 2	→ 928


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	In what month and year did you have your first child?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
926	How old were you when you had your first child?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
927	How many children have you had, including babies who were born alive but later died, even shortly after birth?	RECORD NUMBER OF CHILDREN <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
927a	FEMALE <input type="checkbox"/> Have you ever tried to end a pregnancy? MALE <input type="checkbox"/> Has someone you made pregnant ever tried to end the pregnancy?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 928
927b	FOR FEMALES: Did you succeed in ending the pregnancy? FOR MALES: Did the girl(s) you made pregnant succeed in ending a pregnancy?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7 DON'T KNOW ..... 8	→ 928
927c	FOR FEMALES: In your lifetime, how many pregnancies did you successfully end? FOR MALES: In your lifetime, how many pregnancies that were from you were successfully ended?  <b>CHECK 927: HER NUMBER OF ABORTIONS CANNOT BE GREATER THAN HER NUMBER OF PREGNANCIES IF SO, PLEASE CLARIFY WITH THE RESPONDENT</b>	NUMBER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98 REFUSED TO ANSWER ..... 97	
928	<b>IF RESPONDENT HAS NEVER HAD SEX (Q911) INDICATE SO ON THE CALENDAR AND GO TO Q931</b> <b>INTERVIEWER INSTRUCTION: WE'VE TOUCHED ON PREGNANCY. NOW I WOULD LIKE TO GET SOME MORE DETAILS.</b> <b>GO TO CALENDAR!</b>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p><b>CHECK 923 OR 923a</b> <b>(TICK APPROPRIATE CASE)</b></p> <p><input type="checkbox"/></p> <p>IF NOT CURRENTLY PREGNANT</p> <p>At the time you became pregnant the last time did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?</p> <p><input type="checkbox"/></p> <p>IF CURRENTLY PREGNANT</p> <p>For your current pregnancy did you want to become pregnant, did you want to wait until later, or did you not want to have any (more) children at all?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MALE <input type="checkbox"/></p> <p>At the time you last fathered a child, did you want the child then, did you want to wait until later, or did you not want to have any (more) children at all?</p> </div> </div>	<p>THEN ..... 1 → 932</p> <p>LATER ..... 2 → 932</p> <p>NOT AT ALL ..... 3 → 932</p>	
930	How much longer would you like to have waited?	<p>MONTHS ..... 1 <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/></p> <p>WHEN I GET MARRIED ..... 91</p> <p>DO NOT EXPECT TO HAVE CHILDREN ..... 92</p> <p>DON'T KNOW ..... 98</p>	→ 932
931	At what age do you expect or want to have your first child?	<p>AGE IN YEARS <input type="text"/></p> <p>WHEN I GET MARRIED ..... 91</p> <p>DO NOT EXPECT TO HAVE CHILDREN ..... 92</p> <p>WHEN GOD WILLS ..... 93</p> <p>DON'T KNOW ..... 98</p>	
932	<p>CHECK 924 (TICK APPROPRIATE BOX)</p> <div style="display: flex; justify-content: space-around;"> <p>HAS HAD CHILDREN <input type="checkbox"/></p> <p>NO CHILDREN <input type="checkbox"/></p> </div>		
933	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	<p>NUMBER ..... <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> <p><b>[IF NONE CODE 00 IN THE BOXES]</b></p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
934	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ANY METHOD ..... 3 DON'T KNOW ..... 8	→ 936 → 1002
935	Which method would you prefer to use?  <b>CIRCLE ONLY ONE RESPONSE, THE MOST PREFERRED</b>	FEMALE STERILISATION ..... 01 MALE STERILISATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTIONS ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 RHYTHM, PERIODIC ABSTINENCE ..... 09 WITHDRAWAL ..... 10 OTHER ..... 96 (SPECIFY) UNSURE ..... 98	→ 1002
935a	What is your <b>most important reason</b> for choosing the method?  <b>CIRCLE ONLY ONE RESPONSE, THE MOST IMPORTANT REASON</b>	AFFORDABILITY ..... 01 EASE/CONVENIENCE OF USE ..... 02 FEW/NO SIDE EFFECTS ..... 03 ACCEPTABLE TO PARTNER ..... 04 HIGHLY EFFECTIVE / TRUST METHOD ..... 05 PROVIDES DUAL PROTECTION ..... 06 PERMANENCE / LONG LASTING ..... 07 ACCORDS PRIVACY/SECRECY OF USE ..... 08 OTHER ..... 96 (SPECIFY)	→ 1002
936	What is the <b>main</b> reason that you think you will not use a method at any time in the future?  <b>CIRCLE ONLY ONE RESPONSE</b>	<b>FERTILITY-RELATED REASONS</b> INFREQUENT SEX/NO SEX ..... 21 INFERTILE ..... 23 WANTS CHILDREN ..... 24 <b>OPPOSITION TO USE</b> RESPONDENT OPPOSED ..... 31 HUSBAND/WIFE/PARTNER OPPOSED ..... 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34 <b>LACK OF KNOWLEDGE</b> KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42 <b>METHOD-RELATED REASONS</b> HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ..... 53 COST TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56 OTHER ..... 96 (SPECIFY) DOES NOT KNOW ..... 98	

**SECTION 10: HIV/AIDS-RELATED KNOWLEDGE AND HIV TESTING**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	We're almost done with the interview. Thanks for your patience.				
1002	In your opinion, can a person get HIV/AIDS from: (READ STATEMENT) a. Holding hands with someone?  b. Sharing needles used to inject (shoot up) drugs?  c. Being bitten by mosquitoes or other insects?  d. Using public toilets?  e. Having sexual intercourse without a condom (rubber)?  f. Being in the same class with a student who has AIDS/HIV infection?	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
1003	In your opinion (READ STATEMENT)  a. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?  b. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse?  c. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus?  d. Is there a cure for HIV/AIDS?	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
1004	Can people reduce their chances of becoming infected with the AIDS virus (HIV): a. By not having sexual intercourse (being abstinent)?  b. By using condoms (rubbers) during sexual intercourse?  d. By avoiding sharing injections or needle?	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
603j	What are the chances that you will personally get HIV/AIDS? Are they high, about 50-50, or low?	HIGH ..... 1 ABOUT 50-50 ..... 2 LOW ..... 3 ALREADY HAVE ..... 4 DON'T KNOW ..... 8			
1005	<b>EVER BEEN TESTED FOR HIV AS OF SURVEY 1 [IF 1 SKIP TO 1101]</b>  I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<div style="text-align: center;"></div> YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7			→ 1014 → 1101
1006	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required?	RESPONDENT ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	What was the <b>main</b> reason you got tested the last time?	TO KNOW STATUS ..... 01 PREGNANT/ PRENATAL ..... 02 I'M SEXUALLY ACTIVE ..... 03 ENCOURAGED BY COUNSELOR ..... 04 ENCOURAGED BY PEER EDUCATOR .... 05 ENCOURAGED BY PARENTS OR FAMILY ..... 06 ENCOURAGED BY PEERS ..... 07 TO GET MARRIED ..... 08 PARTNER TOLD ME TO DO SO ..... 09 CONCERN ABOUT A PARTNER ..... 10 REQUIRED TO GET A JOB ..... 11 OTHER ..... 96 (SPECIFY)	
1008	Where did you go for the test the last time?	GOVERNMENT CLINIC/HOSPITAL ..... 01 PRIVATE CLINIC/HOSPITAL/DOCTOR .... 02 NGO CLINIC ..... 03 DRUG SHOP/PHARMACY ..... 04 MOBILE CLINIC ..... 05 VCT CENTER ..... 06 PART OF A RESEARCH STUDY ..... 07 OTHER ..... 96 (SPECIFY)	
1009	At any time during that last test, did you get any counseling about ways of protecting yourself or your partner from AIDS?	YES ..... 1 NO ..... 2	
1010	I don't want to know the results, but did you get the results of that test?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER ..... 7	→ 1101 → 1101
1012	What is the main reason you did not get the results?	I'M NOT AT RISK ..... 01 SCARED TO KNOW STATUS ..... 02 SOMEONE MIGHT SEE ME ..... 03 JUST DON'T WANT TO KNOW ..... 04 INDIFFERENT/DON'T CARE ..... 05 OTHER ..... 96 (SPECIFY)	→ 1101
1014	What is the <b>main</b> reason you have not been tested yet?	NEVER HAD SEX ..... 00 NOT SEXUALLY ACTIVE ..... 01 NOT AT RISK FOR OTHER REASONS .... 02 DO NOT KNOW WHERE TO GO ..... 03 COSTS TOO MUCH ..... 04 CAN GET INFECTION FROM TEST .... 05 DON'T WANT TO KNOW STATUS .... 06 SOMEONE MIGHT SEE ME ..... 07 TRUST MYSELF ..... 08 AFRAID TO KNOW STATUS ..... 09 OTHER ..... 96 (SPECIFY)	
1015	Would you want to be tested for the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

**SECTION 11: ATTITUDES TOWARDS SEX AND CONTRACEPTIVE USE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1101	<b>ATTITUDES TOWARDS SEX</b>						
	I am going to read you a series of statements. Please tell me whether you agree or disagree with each statement. (READ STATEMENT) Would you say you (READ CHOICES)?	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	
	a. Young women should remain virgins until they marry.	1	2	3	4	8	
	b. Young men should remain virgins until they marry.	1	2	3	4	8	
1102	<b>ATTITUDES TOWARDS CONTRACEPTION</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	
	These next questions are about contraception or birth control. Please tell me whether you agree or disagree with them.						
	a. It's smart to use birth control to prevent an unplanned pregnancy.	1	2	3	4	8	
	b. Using birth control is just too much of a hassle	1	2	3	4	8	
	d. It's just not right to use birth control.	1	2	3	4	8	
	e. The whole idea of birth control is embarrassing to me.	1	2	3	4	8	
	f. Teenagers who use birth control show they care about themselves and their future.	1	2	3	4	8	
	g. It is difficult for young people to obtain birth control/ contraceptives.	1	2	3	4	8	
	h. Having family planning methods available to young people encourages them to have sexual intercourse.	1	2	3	4	8	
	i. Birth control is for married people	1	2	3	4	8	
1103	<b>ATTITUDES TOWARDS CONDOMS</b>						
	These next questions are about condoms. Please tell me whether you agree or disagree with them, even if you have never used a condom?	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	
	a. A male condom should always be put on <u>before</u> sexual intercourse starts	1	2	3	4	8	
	b. A male condom should be put on the penis only if the penis is fully erect or stiff	1	2	3	4	8	
	c. A male condom can be used more than once	1	2	3	4	8	
	d. Using a male condom reduces sexual pleasure	1	2	3	4	8	
	e. Using a male condom is a sign of not trusting your partner	1	2	3	4	8	
	f. It is embarrassing to buy or ask for male condoms	1	2	3	4	8	
	c. It's a good idea to use condoms to protect against getting AIDS.	1	2	3	4	8	
1102							

**SECTION 12: CIVIC PARTICIPATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	<p>Thank you for answering these questions, we are almost done with the interview</p> <p>Now I would like to ask you some questions on participation in any social groups or clubs.</p>																		
1201a	Do you currently belong to any group?	YES ..... 1 NO ..... 2	→ 1203																
1201	Do you belong to a [GROUP] a. Religious group c. Drama group/Dance group/Choir d. Anti-AIDS club e. Anti-drugs club f. Girl guides/boy scouts g. Wildlife society h. Self-help group i. Other _____ (SPECIFY)	<table border="1"> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> <tr> <td>YES ..... 1</td><td>NO ..... 2</td></tr> </table>	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	YES ..... 1	NO ..... 2	
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
YES ..... 1	NO ..... 2																		
1202	Do you hold an office or leadership position in any of the groups or clubs you belong to?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 9																	
1203	Do you do any unpaid volunteer work in the community; for example, cleaning the neighborhood?	YES ..... 1 NO ..... 2	→ 1204a																
1204	What is the main unpaid volunteer work that you do?	PEER EDUCATOR ..... 1 TUITION ..... 2 VISITING SICK PEOPLE ..... 3 COMMUNITY CLEANING ..... 4 OTHER ..... 6 (SPECIFY)																	
1204a	<p>Now I would like to ask you some difficult things that may have happened to you related to the violence that took place after the December 2007 elections.</p> <p>In what ways were you affected?</p> <p><b>MULTIPLE RESPONSES ALLOWED</b></p>	NOT AFFECTED ..... A INJURED ..... B FORCED TO MOVE TO A NEW PLACE ..... C DROPPED OUT OF SCHOOL ..... D FAMILY MEMBER KILLED/INJURED ..... E LOST JOB/LIVELIHOOD ..... F LOST PROPERTY ..... G RAPED/SEXUALLY ABUSED ..... H EMOTIONALLY DISTRESSED ..... I FORCED TO MOVE TO AN IDP CAMP ..... J OTHER ..... X (SPECIFY)																	
1205	<p><b>RECORD THE END TIME (24 HR-FORMAT)</b></p> <p>END THE INTERVIEW BY THANKING THE RESPONDENT</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p><b>REMEMBER TO FILL IN THE FINAL STATUS OF THE INTERVIEW ON THE COVER SHEET</b></p>																	

INTERVIEWER ASSESSMENT					
INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT					
1301	What is your assessment of the respondent's cooperation? 1=Very good      2=Good      3=Moderate      4=Bad      5=Very bad				<input type="checkbox"/>
1302	What is your evaluation of the accuracy and completeness of the respondent's answers? 1=Very high      2=High      3=Average      4=Low      5=Very low				<input type="checkbox"/>
1303	What is your assessment of the respondent's comprehension of issues discussed? 1=Very good      2=Good      3=Moderate      4=Bad      5=Very bad				<input type="checkbox"/>
1304	What is your assessment of the respondent's concentration and attentiveness during the interview? 1=Very good      2=Good      3=Moderate      4=Bad      5=Very bad				<input type="checkbox"/>
1305	What is your assessment on the extent of the respondent digressing during the interview ? 1=To a very great extent;      2=To a great extent;      3=Neither great nor small extent 4=To a small extent;      5=To a very small extent				<input type="checkbox"/>
1310	<b>INTERVIEWER NOTES</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

<sup>2</sup> Relationship	Independent housing	Marital status
AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; COU=Cousin; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HHH=Household head; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SOL= Son-in-law; STC=Step child; STP=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; OTH = Other (specify)	0=Not own/rent a house 1=Own/renting a house  <b>Schooling</b> 0=Not in school 1=Standard 1 2=Standard 2 3=Standard 3 4=Standard 4 5=Standard 5 6=Standard 6 7=Standard 7 8=Standard 8 9=Form 1 10=Form 2 11=Form 3 12=Form 4 13=Vocational 14=College (leads to a 15=University 96=Other	0=Not married 1=Married 2=Living together but not married 3=Divorced/separated 4=Widowed  <b>First sex</b> 1=First sex  <b>Employment</b> 0=Not Employed 1=Employed  <b>Pregnancy</b> <b>[EVERY PREGNANCY MUST HAVE AN</b> 0=Not pregnant 1=Pregnant 2=Live birth 3=Miscarriage 4=Still birth 5=Abortion

**Suggested questions for filling the calendar**

**Housing:** When did you first start living on your own? Are you still living alone/with others/ Is there a period when you were not living independently?

**Schooling:** When did you first join standard one? Did you stop attending school at any point? Did you skip/repeat a class?

**Marriage:** When did you get married the first time? Are you still married? Have you ever divorced?

**Sex:** When did you first have sex?

**Pregnancy:** When were you pregnant for the first time? When did your partner get pregnant? How did this pregnancy end?

**Income generating activity (IGA):** When did you first start an IGA? Are you still involved in this IGA? Are there months you did not get involved in any IGA?

# TRANSITION CALENDAR

IF RESPONDENT HAS NEVER EXPERIENCED AN EVENT MARK A ZERO IN THE BOX BELOW THE EVENT

Never owned/rented ☐ Never attended school ☐ Never married ☐ Never had sex ☐ No income generating activity ☐

YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT
1986	01 JAN						
	02 FEB						
	03 MAR						
	04 APR						
	05 MAY						
	06 JUN						
	07 JUL						
	08 AUG						
	09 SEP						
	10 OCT						
	11 NOV						
	12 DEC						
1987	01 JAN						
	02 FEB						
	03 MAR						
	04 APR						
	05 MAY						
	06 JUN						
	07 JUL						
	08 AUG						
	09 SEP						
	10 OCT						
	11 NOV						
	12 DEC						
1988	01 JAN						
	02 FEB						
	03 MAR						
	04 APR						
	05 MAY						
	06 JUN						
	07 JUL						
	08 AUG						
	09 SEP						
	10 OCT						
	11 NOV						
	12 DEC						



YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT	YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT
1 9 9 0	01 JAN							1 9 9 3	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
1 9 9 1	01 JAN							1 9 9 4	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
1 9 9 2	01 JAN							1 9 9 5	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						

YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT	YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT
1 9 9 6	01 JAN							1 9 9 9	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
1 9 9 7	01 JAN							2 0 0 0	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
1 9 9 8	01 JAN							2 0 0 1	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						

YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT	YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT
2002	01 JAN							2005	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
2003	01 JAN							2006	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						
2004	01 JAN							2007	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						

YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT	YEAR	MONTH	HOUSING	SCHOOLING	MARRIAGE	SEX	PREGNANCY	EMPLOYMENT
2008	01 JAN							2009	01 JAN						
	02 FEB								02 FEB						
	03 MAR								03 MAR						
	04 APR								04 APR						
	05 MAY								05 MAY						
	06 JUN								06 JUN						
	07 JUL								07 JUL						
	08 AUG								08 AUG						
	09 SEP								09 SEP						
	10 OCT								10 OCT						
	11 NOV								11 NOV						
	12 DEC								12 DEC						