

Confidential

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|------|---|---------------|----------|---|--|--|---|--|--|
| | SUPERVISOR | OFFICE EDITOR | KEYED BY | | | | | | |
| NAME | _____ | _____ | _____ | | | | | | |
| DATE | _____ <table border="1"><tr><td></td><td></td></tr></table> | | | _____ <table border="1"><tr><td></td><td></td></tr></table> | | | _____ <table border="1"><tr><td></td><td></td></tr></table> | | |
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**) Circle appropriate code

PARENTAL/GUARDIAN CONSENT (READ TO PARENTS OR GUARDIAN of respondents age 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES....1

PARENT/GUARDIAN DOES NOT AGREE....2 ⇨ END



SECTION 1

Signature of interviewer: _____

Date: _____

1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is

I am working with BPS. We are conducting a national survey of unmarried women and men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care. This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? (GIVE BRIEF RESPONSE).

During this interview, how should I address you? Respondent's title: _____ (SPECIFY)

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED....1



RESPONDENT DOES NOT AGREE TO BE INTERVIEWED....2 →END

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|---|--|---------|
| 101 | RECORD THE TIME | HOUR <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> | |
| 102 | In what month and year were you born? | MONTH <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW MONTH 98 YEAR <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW YEAR 9998 | |
| 103 | How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW. | AGE IN COMPLETED YEARS ... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> | |
| 104 | Have you ever attended school? | YES 1 NO 2 | →110 |
| 105 | What is the highest level of school you attended: primary, junior high, senior high, academy or university? | PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 | |
| 106 | What is the highest (grade/year) you completed at that level? COMPLETED = 7 | GRADE <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> | |
| 107 | Are you currently attending school? | YES 1 NO 2 | →109 |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|---------|-----|----|-----------------------|---|---|----------------------|---|---|---------------------------------|---|---|----------|---|---|------|---|---|--|
| 108 | Why is it that you are not currently attending school or university? | GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 109 | CHECK 105: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/> | | → 113 | | | | | | | | | | | | | | | | | | |
| 110 | Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 | | | | | | | | | | | | | | | | | | | |
| 111 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | |
| 112 | CHECK 110: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/> | | → 114 | | | | | | | | | | | | | | | | | | |
| 113 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | | | | | | | | | | | | | | | | | | | |
| 114 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | → 117 | | | | | | | | | | | | | | | | | | |
| 115 | What kind of programs do you most often listen to? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | NEWS A MUSIC B SPORTS C SERIAL DRAMA D QUIZ/GAME E RELIGIOUS PROGRAM F CULTURAL G HEALTH H OTHER _____ X (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 116 | In the last 6 months did you hear on the radio: Any program on how to prevent a pregnancy/family planning? A condom advertisement? Any program on postponement of age at marriage? Information on HIV/AIDS? Information on sexually transmitted diseases? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PREVENT PREGNANCY ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONDOM ADVERTISEMENT</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTPONEMENT OF AGE AT MARRIAGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV/AIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>STDs</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | PREVENT PREGNANCY ... | 1 | 2 | CONDOM ADVERTISEMENT | 1 | 2 | POSTPONEMENT OF AGE AT MARRIAGE | 1 | 2 | HIV/AIDS | 1 | 2 | STDs | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| PREVENT PREGNANCY ... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| CONDOM ADVERTISEMENT | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| POSTPONEMENT OF AGE AT MARRIAGE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| HIV/AIDS | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| STDs | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 117 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | → 120 | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|---------|-----|----|-----------------------|---|---|--------|--|--|---------------------|---|---|-----------------|--|--|-----------------------|---|---|----------------|---|---|------------|---|---|--|
| 118 | What kind of programs do you most often watch? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | NEWS A MUSIC B SPORTS C SERIAL DRAMA D FILM E QUIZ/GAME F RELIGIOUS PROGRAM G HEALTH I CULTURAL H OTHER X (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | In the last 6 months did you watch on television about: How to prevent a pregnancy/family planning? Condom advertisement? Postponement of age at marriage? HIV/AIDS? Sexually transmitted diseases? | <table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>PREVENT PREGNANCY ...</td><td>1</td><td>2</td></tr> <tr> <td>CONDOM</td><td></td><td></td></tr> <tr> <td>ADVERTISEMENT</td><td>1</td><td>2</td></tr> <tr> <td>POSTPONEMENT OF</td><td></td><td></td></tr> <tr> <td>AGE AT MARRIAGE</td><td>1</td><td>2</td></tr> <tr> <td>HIV/AIDS</td><td>1</td><td>2</td></tr> <tr> <td>STDs</td><td>1</td><td>2</td></tr> </table> | | YES | NO | PREVENT PREGNANCY ... | 1 | 2 | CONDOM | | | ADVERTISEMENT | 1 | 2 | POSTPONEMENT OF | | | AGE AT MARRIAGE | 1 | 2 | HIV/AIDS | 1 | 2 | STDs | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREVENT PREGNANCY ... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDOM | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADVERTISEMENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTPONEMENT OF | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE AT MARRIAGE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV/AIDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| STDs | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | What is your religion? | ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | Are you currently working? | YES 1 NO 2 | → 124 | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work? | YES 1 NO 2 | → 124 | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 201 | | | | | | | | | | | | | | | | | | | | | | | | |
| 124 | What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETELY AS POSSIBLE. DO NOT FILL IN BOXES. _____ _____ _____ | PROFESSIONAL, TECHNICAL 01 MANAGERIAL AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | → 201 | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | What do you do with your money, do you use some of it, or all of it to help with household expenditure, or do you keep all of it for yourself? | GIVE ALL 1 GIVE SOME 2 KEEP ALL 3 | → 201 | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | On average, how much of your household's expenditure do your earnings pay for: almost none, less than half, about half, more than half, or all? | NONE, SAVED ALL 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |

2. KNOWLEDGE ABOUT HUMAN REPRODUCTION

Now I want to ask you about changes from childhood to adolescence, the reproductive system and related issues.

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|---|--|---------|
| 201 | <p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>DEVELOP MUSCLES A</p> <p>CHANGE IN VOICE B</p> <p>GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>WET DREAMS E</p> <p>GROWTH OF ADAM'S APPLE F</p> <p>HARDENING OF NIPPLES G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 202 | <p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>GROWTH OF PUBIC AND UNDERARM HAIR A</p> <p>GROWTH IN BREASTS B</p> <p>GROWTH IN HIPS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>MENSTRUATION E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 203 | <p>Where did you get information about the physical change from childhood to adolescence?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DONOT READ OUT RESPONSES.</p> | <p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>TELEVISION I</p> <p>RADIO J</p> <p>BOOK/MAGAZINE/NEWSPAPER K</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Z</p> | |
| 204 | <p>RESPONDENT:</p> <p style="text-align: center;">FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p> | | → 208A |
| 205 | <p>How old were you when you had your first menstruation?</p> | <p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> | → 209 |
| 206 | <p>Before you menstruated, did anyone talk to you about menstruation?</p> | <p>YES 1</p> <p>NO 2</p> | → 208 |
| 207 | <p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p> | <p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER H</p> <p>RELIGIOUS LEADER G</p> <p>OTHER _____ X (SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|------|--|---|---------|
| 208 | <p>The first time you menstruated, did you talk to anyone?</p> <p>Who did you talk to? Anybody else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE Z</p> | → 209 |
| 208A | <p>How old were you when you had your first wet dream?</p> | <p>NEVER 00</p> <p>AGE IN YEAR <input type="text"/> <input type="text"/></p> | → 209 |
| 208B | <p>Before you had wet dreams, did anyone talk to you about wet dreams?</p> | <p>YES 1</p> <p>NO 2</p> | → 209 |
| 208C | <p>Who talked to you about wet dreams?</p> <p>Any one else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |
| 209 | <p>For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 211 |
| 210 | <p>Is this time just before her period begins, during her period, right after her period has ended, 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 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> | |
| 211 | <p>Can a woman become pregnant by having one sexual intercourse?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.

| | | | |
|-----|---|--------------------------|--|
| 212 | Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? | | |
| | 01. Female sterilization Women can have an operation to avoid having any more children. | YES 1 NO..... 2 | |
| | 02. Male sterilization Men can have an operation to avoid having any more children. | YES 1 NO..... 2 | |
| | 03. Pill Women can take a pill every day to avoid becoming pregnant. | YES 1 NO..... 2 | |
| | 04. IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES 1 NO..... 2 | |
| | 05. Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES 1 NO..... 2 | |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|------|--|---|--------------------------------|
| | 06. Implants. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 | |
| | 07. Condom. Men can put a rubber sheath on their penis before sexual intercourse. | YES 1 NO 2 | |
| | 08. Intravag/diaphragm. Women can place a thin flexible disk in their vagina before intercourse. | YES 1 NO 2 | |
| | 09. Lactational amenorrhea method (LAM). Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned. | YES 1 NO 2 | |
| | 10. Rhythm or periodic abstinence. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES 1 NO 2 | |
| | 11. Withdrawal. Men can be careful and pull out before climax. | YES 1 NO 2 | |
| | 12. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 | |
| 212A | CHECK 212: AT LEAST ONE "YES" <input type="checkbox"/> "YES" <input type="checkbox"/> → 221 | | |
| 213 | Now I want to talk about the future in family planning use. Do you think you will use a family planning method some time in the future? | YES 1 NO 2 DON'T KNOW 8 | <input type="checkbox"/> → 216 |
| 214 | What method would you like to use? | FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 DON'T KNOW 98 | → 216 |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|---|---|--------------|
| 215 | <p>Where can you obtain this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>MIDWIFE 24</p> <p>VILLAGE MIDWIFE 25</p> <p>PHARMACY/DRUG STORE 26</p> <p>OTHER 27</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER 36</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 216 | Do you want your partner to use a contraceptive method to delay or avoid pregnancy? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>→ 219</p> |
| 217 | What method of contraception would you like your partner to use? | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>INTRAVAG/DIAPHRAGM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>PERIODIC ABSTINENCE 10</p> <p>WITHDRAWAL 11</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p> | <p>→ 219</p> |
| 218 | <p>Where can you obtain this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>MIDWIFE 24</p> <p>VILLAGE MIDWIFE 25</p> <p>PHARMACY/DRUG STORE 26</p> <p>OTHER 27</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER 36</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 219 | Do you think that family planning services should be offered to unmarried youth? | <p>YES 1</p> <p>NO 2</p> | <p>→ 221</p> |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|--|--|---------|
| 220 | <p>What service or method of family planning do you think should be made available to unmarried youth?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>INFORMATION A</p> <p>PILL B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>CONDOM E</p> <p>DIAPHRAGM F</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |
| 221 | <p>I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>A condom protects against disease.</p> <p>A woman has no right to tell a man to use a condom.</p> | <p>DIS</p> <p>AGREE AGREE DK</p> <p>SEXUAL PLEASURE ... 1 2 8</p> <p>INCONVENIENT 1 2 8</p> <p>CAN BE REUSED 1 2 8</p> <p>PROTECT AGAINST DISEASE 1 2 8</p> <p>WOMAN'S RIGHT 1 2 8</p> | |
| 222 | <p>Have you ever heard of anemia?</p> | <p>YES 1</p> <p>NO..... 2</p> | → 301 |
| 223 | <p>What is anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>DEFICIT IN RED BLOOD CELLS A</p> <p>BLOOD DEFICIT B</p> <p>IRON DEFICIENCY C</p> <p>LOW BLOOD PRESSURE D</p> <p>VITAMIN DEFICIENCY E</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 224 | <p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A</p> <p>LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B</p> <p>BLEEDING C</p> <p>MENSTRUATION D</p> <p>MALNUTRITION E</p> <p>INFECTIOUS DISEASE F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 225 | <p>How is anemia treated?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>TAKE PILL TO INCREASE BLOOD ... A</p> <p>TAKE IRON TABLET B</p> <p>INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C</p> <p>INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS D</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |

SECTION 3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|------|--|--|---------|
| 301 | At what age would you like to be married? | AGE IN YEARS <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 98 | |
| 302 | In your opinion, what is the best age for a woman to get married? | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 303 | In your opinion, what is the best age for a man to get married? | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 303A | Do you think a couple who wants to get married needs to have a medical test? | YES 1 NO 2 DON'T KNOW 8 | → 304 |
| 303B | What kind of medical test? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | PHYSICAL A BLOOD B URINE C OTHER X (SPECIFY) DON'T KNOW Z | |
| 304 | Who is going to choose the person you will marry, your parents, yourself or together? | PARENTS 1 SELF 2 PARENTS AND SELF 3 | |
| 305 | If you could choose exactly the number of children to have in your whole life, how many children would that be? | NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY) | → 307 |
| 306 | How many of these children would you like to be boys, how many would you like to be girls and for how many would sex not matter? | BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 999996 (SPECIFY) | |
| 307 | Who do you think should decide on how many children a couple should have, the wife, the husband or both? | WIFE 1 HUSBAND 2 BOTH 3 DON'T KNOW 8 | |
| 308 | In your opinion, what is the best age for a woman to have the first baby? | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 309 | In your opinion, what is the best age for a man to have the first baby? | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|--|--|------------|
| 310 | How long do you think a woman should wait after one birth before she has another birth? | <div>MONTHS 1</div> <div>YEARS 2</div> <div>DON'T KNOW 998</div> <div><div><div></div><div></div></div><div><div></div><div></div></div></div> | |
| 311 | If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to the woman? | <div>HAVE THE BABY AND KEEP IT 1</div> <div>HAVE THE BABY AND GIVE IT UP FOR ADOPTION 2</div> <div>HAVE AN ABORTION 3</div> <div>UP TO HER 4</div> <div>DO NOT KNOW 8</div> | |
| 312 | I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: Her health is endangered by the pregnancy? Her life is endangered by the pregnancy? The fetus has physical deformity? The pregnancy has resulted from rape? She is unmarried? The couple can not afford to have a child? She is attending school? | <div>DIS AGREE AGREE DK</div> <div>ENDANGER HEALTH .. 1 2 8</div> <div>ENDANGER LIFE 1 2 8</div> <div>FETUS DEFORMED ... 1 2 8</div> <div>RAPED 1 2 8</div> <div>UNMARRIED 1 2 8</div> <div>CAN NOT AFFORD 1 2 8</div> <div>ATTENDING SCHOOL .. 1 2 8</div> | |

SECTION 4. ROLE OF FAMILY, SCHOOL AND COMMUNITY

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health.

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|--|--|--|
| 401 | <p>We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with:</p> <p>Friends? Your parents? Siblings? Relatives? Teacher? Health service provider? Religious leader?</p> | <p>YES NO</p> <p>FRIENDS 1 2 PARENTS 1 2 SIBLINGS 1 2 RELATIVES 1 2 TEACHER 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2</p> | |
| 402 | <p>If you want to ask more questions on these issues, who would you like to ask?</p> <p>Anyone else?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | <p>FRIENDS A FATHER B MOTHER C SIBLING D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Z</p> | |
| 403 | <p>CHECK104:</p> <p>HAVE ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/> → 406</p> | | |
| | TOPIC | 404. Have you ever been taught at school about (TOPIC)? | 405. In what level of schooling were you when you first were taught at school about (TOPIC)? |
| | A. How the reproductive system works | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p> |
| | B. Methods of birth control | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p> |
| | C. HIV/AIDS. | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p> |
| | D. Other sexually transmitted diseases. | <p>YES 1 NO 2 DON'T KNOW 8</p> | <p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p> |
| 406 | Have you ever attended a community-sponsored meeting about reproductive health, such as use of contraception, preparedness for delivery and prevention of sexual diseases? | <p>YES 1 NO 2</p> | |

5. SMOKING, DRINKING, AND DRUGS

Now I'd like to ask you some questions about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for a scientific study.

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|---|--|---------|
| 501 | Have you ever tried cigarette smoking? | YES 1 NO..... 2 | → 506 |
| 502 | How old were you when you smoked a cigarette for the first time? | AGE IN YEARS <input style="width: 40px; border: 1px solid black;" type="text"/> | |
| 503 | How old were you when you started smoking fairly regularly? | AGE IN YEARS <input style="width: 40px; border: 1px solid black;" type="text"/> NEVER SMOKED REGULARLY 95 DON'T KNOW 98 | |
| 504 | Do you currently smoke cigarettes? | YES 1 NO..... 2 | → 506 |
| 505 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <input style="width: 40px; border: 1px solid black;" type="text"/> | |
| 506 | Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage? | YES 1 NO..... 2 | → 510 |
| 507 | How old were you when you had your first drink of alcohol? | AGE IN YEARS <input style="width: 40px; border: 1px solid black;" type="text"/> NEVER MORE THAN A FEW SIPS 95 | |
| 508 | In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'. | NUMBER OF DAYS <input style="width: 40px; border: 1px solid black;" type="text"/> NONE 95 | |
| 509 | Have you ever gotten "drunk" from drinking an alcohol-containing beverage? | YES 1 NO..... 2 | |
| 510 | There are drugs such as ganja, putau, shabu-shabu, ice and other drugs which can be used for fun or to get high (LOCAL TERMS: fly, boat, fantasize, etc.) Do you know someone who takes drugs? | YES 1 NO..... 2 | |
| 511 | Have you yourself ever tried to use drugs (LOCAL TERM)? | YES 1 NO..... 2 | → 601 |
| 512 | How did you use the drug? Any other way? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY) | |
| 513 | CHECK 512: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE 'C' NOT CIRCLED <input style="width: 40px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> CODE 'C' CIRCLED <input style="width: 40px; border: 1px solid black;" type="text"/> </div> </div> | | |
| 514 | Have you ever injected drugs which can make you (LOCAL TERMS: fly, high, intoxicated, etc.)? | YES 1 NO..... 2 | → 601 |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|-----|---|--|------------|
| 515 | How old were you when you first injected drugs? | AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 516 | Did you inject drugs in the last 12 months? | YES 1 NO. 2 | → 601 |
| 517 | How often did you inject the drugs? | EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE A WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY) | |
| 518 | Have you ever shared needles? | YES 1 NO. 2 | |

6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

| NO. | QUESTIONS AND FILTER | CODE | SKIP TO |
|-----|---|---|-----------|
| 601 | Now I want to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO..... 2 | → 618 |
| 602 | From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES. | RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY) | |
| 603 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS? | YES 1 NO..... 2 DON'T KNOW 8 | ↙→ 611 |
| 604 | What can a person do? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES. | ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .. C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES .. E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS /BLADES K AVOID KISSING L AVOID MOSQUITO BITE M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z | |
| 605 | Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners? | YES 1 NO..... 2 DON'T KNOW 8 | |
| 606 | Can a person get the AIDS virus from mosquito bites? | YES 1 NO..... 2 DON'T KNOW 8 | |
| 607 | Can people REDUCE their chances of getting the AIDS virus by using a condom every time they have sex? | YES 1 NO..... 2 DON'T KNOW 8 | |
| 608 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES 1 NO..... 2 DON'T KNOW 8 | |
| 609 | Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse? | YES 1 NO..... 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTER | CODE | SKIP TO |
|------|---|--|----------|
| 610 | Can you tell from looking at a person if she or he has the AIDS virus? | YES 1 NO..... 2 DON'T KNOW 8 | |
| 611 | Do you know someone personally who has the virus that causes AIDS or someone who died of HIV/AIDS? | YES 1 NO..... 2 | |
| 612 | Can the virus that causes AIDS be transmitted from a mother to a child? | YES 1 NO..... 2 DON'T KNOW 8 | → 614 |
| 613 | Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding? | YES NO DK PREGNANCY 1 2 8 DELIVERY 1 2 8 BREASTFEEDING 1 2 8 | |
| 614 | If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not? | YES 1 NO..... 2 DON'T KNOW/UNSURE 8 | |
| 615 | If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household? | YES 1 NO..... 2 DON'T KNOW/UNSURE 8 | |
| 616 | Do you know that there is a test to see if you have the AIDS virus? | YES 1 NO..... 2 | → 618 |
| 617 | Do you know a place where one can go to have the test? | YES 1 NO..... 2 | |
| 618 | Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? | YES 1 NO..... 2 | → 701 |
| 618A | What other infections have you heard? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA . C CHANCROID D CHLAMIDIA E CANDIDA F GENITAL HERPES G OTHER X (SPECIFY) | |
| 619 | From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY) | |

| NO. | QUESTIONS AND FILTER | CODE | SKIP TO |
|-----|--|--|---------|
| 620 | <p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z | |
| 621 | <p>If woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p> | ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z | |

7. DATING AND SEXUAL BEHAVIOR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO | | | | | | | | |
|------|--|--|---------|--|--|--|--|--|--|--|--|
| 701 | Did you ever have a boy/girl friend? | YES 1 NO..... 2 | → 704 | | | | | | | | |
| 702 | How old were you when you first had a boy/girl friend? | AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NEVER..... 95 DON'T KNOW 98 | | | | | | | | | |
| | | | | | | | | | | | |
| 703 | Do you currently have a boy/girl friend? | YES 1 NO..... 2 | | | | | | | | | |
| 704 | Do you have any friends who have had sex before marriage? | YES 1 NO..... 2 DON'T KNOW 8 | → 705A | | | | | | | | |
| 705 | Do you feel that because your friends have had sex that you also have to have sexual intercourse? | YES 1 NO..... 2 | | | | | | | | | |
| 705A | Do you approve of a woman who had sexual intercourse before marriage? | APPROVE 1 DISAPPROVE 2 DEPENDS 3 | | | | | | | | | |
| 705B | Do you approve of a man who had sexual intercourse before marriage? | APPROVE 1 DISAPPROVE 2 DEPENDS 3 | | | | | | | | | |
| 705C | Do you approve of people who had sexual intercourse outside marriage if: They both like to have sex They love each other They plan to get married The woman is an adult and knows the consequences They want to show their love | <div style="text-align: right; margin-right: 20px;">DIS- APPROVE APPROVE</div> LIKE SEX 1 2 LOVE EACH OTHER ... 1 2 PLAN TO MARRY 1 2 WOMAN KNOWS CONSEQUENCES ... 1 2 SHOW LOVE 1 2 | | | | | | | | | |
| 705D | Do you approve strongly, approve or disapprove of the opinion that women should maintain virginity before marriage? | APPROVE STRONGLY 1 APPROVE 2 DISAPPROVE 3 | | | | | | | | | |
| 705E | Do you think that men in general still value their partner's virginity? | YES 1 NO..... 2 DEPENDS 3 | | | | | | | | | |
| 706 | Have you ever had sexual intercourse? | YES 1 NO..... 2 DON'T KNOW 8 | → 718 | | | | | | | | |
| 707 | When did you last have sex? | DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 708 | The last time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy? | YES 1 NO..... 2 DON'T REMEMBER 8 | → 710 | | | | | | | | |
| 709 | What did you or your friend use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | CONDOM A PILL B DIAPHRAGM C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER _____ X (SPECIFY | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODE | SKIP TO |
|------|---|--|----------------|
| 710 | How old were you when you first had sexual intercourse? | AGE IN YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW 98 | |
| 710A | What made you have sexual intercourse the first time? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | LIKED EACH OTHER A CURIOUS B PEER PRESSURE TO BE ACCEPTED C FORCED D INFLUENCE OF ALCOHOL OR DRUG E OTHER X (SPECIFY) | |
| 710B | What is your relationship to the person you had sex with the first time? | FRIEND A BOY/GIRLFRIEND B SIBLING C RELATIVE D FATHER E MOTHER D PROSTITUTE E OTHER X (SPECIFY) | |
| 711 | The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy? | YES 1 NO 2 DON'T REMEMBER 8 | → 714 |
| 712 | What did you or your partner use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | CONDOM A PILL B DIAPHRAGM C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER X (SPECIFY) | |
| 714 | Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS FEMALE: In the past, have you ever had a sex partner who became pregnant when you did not want her to be? | YES 1 NO 2 | → 718 |
| 715 | In this situation, what did you do about it? | CONTINUE THE PREGNANCY 1 STOPPED THE PREGNANCY 2 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 3 HAD A MISCARRIAGE 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | → 717 → 718 |
| 716 | What did you do with the baby? | KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE 2 OTHER 6 (SPECIFY) DON'T KNOW 8 | → 718 |
| 717 | Who helped you in delivering the baby (in stopping the pregnancy/attempting to stop the pregnancy)? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES. | DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT C PHARMACIST D FRIENDS/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z | |
| 718 | RECORD THE TIME | HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR : _____ DATE: _____

**PARENTS LOVE
THEIR CHILDREN**

**FARMING IS HARD
WORK**

**BOYS AND GIRLS
ARE THE SAME**

**LEARN FROM OTHER'S
MISTAKES**

**THAT CHILD IS READING
A BOOK**

**ALL CHILDREN HAVE TO
GO TO SCHOOL**