

ID1	Girl's registration number (COPY TRACKING FORM #)	_ _ _ _ _	
ID2	Community number	_ _ _	
ID3	Surveyor ID	_ _ _	
ID4	Date of the survey	__/_ (DD/MM)	
ID5	Hour (beginning of the survey)	__ h __ min 1. <input type="checkbox"/> am 2. <input type="checkbox"/> pm	
ID6	Hour (end of the survey)	__ h __ min 1. <input type="checkbox"/> am 2. <input type="checkbox"/> pm	
ID7	Girl's name (SEE TRACKING FORM)	1. <input type="checkbox"/> Correct 2. <input type="checkbox"/> Not correct	If 1 to ID9
ID8	Girls' name		
ID9	Girl's phone number (SEE TRACKING FORM)	1. <input type="checkbox"/> Correct 2. <input type="checkbox"/> Not correct	If 1 to ID11
ID10	New phone number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ <input type="checkbox"/> -888. DN	
ID11	Head of the household phone number (SEE TRACKING FORM)	1. <input type="checkbox"/> Correct 2. <input type="checkbox"/> Not correct <input type="checkbox"/> -888. DN	If 1 to A1
ID12	Head of the household phone number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ <input type="checkbox"/> -888. DN	

A1	How old are you IF DON'T KNOW, ASK RESP. TO APPROXIMATE	__ __ YEARS OLD	
A2	What year were you born	__ __ __ __ <input type="checkbox"/> - 888 DN	
A3	What is your religion?	0. <input type="checkbox"/> None 1. <input type="checkbox"/> Christian 2. <input type="checkbox"/> Muslim 3. <input type="checkbox"/> Traditional -999 <input type="checkbox"/> RTA -555. <input type="checkbox"/> Other (SPECIFY:)	
A4	How often do you go to religious meetings?	0. <input type="checkbox"/> never 2. <input type="checkbox"/> 5-9 times /month 1. <input type="checkbox"/> 1-4 times month 3. <input type="checkbox"/> 10 times or more /month	
A5	Some people like to have everything now; other people are willing to wait. On a ladder from 1 to 5, where 1 is not very patient (you almost always want to have things now) and 5 is the most patient (you are almost always willing to wait) where do you stand?	1. <input type="checkbox"/> least 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> most	
The next few questions are about how you feel about different aspects of your life (SHOW THE PICTURES OF FACES). Below each face is a number where "1" is not happy at all , and "5" is completely happy . How happy are you with.....			
A6	Your education level?	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> -999. <input type="checkbox"/> RTA	
A7	Your relationship with your family?	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> -999. <input type="checkbox"/> RTA	
A8	Who your friends are, and your relationship with them?	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> -999. <input type="checkbox"/> RTA	

A9	How long have you been living in the place where you are living now? IF DN, ASK TO APPROXIMATE		_ _ YEARS. OR, IF LESS THAN 1 YEAR, _ _ MONTHS		
A10	What county were you born in?	1. <input type="checkbox"/> Bomi 2. <input type="checkbox"/> Bong 3. <input type="checkbox"/> Gbarpolu 4. <input type="checkbox"/> Grand Bassa	8. <input type="checkbox"/> Lofa 9. <input type="checkbox"/> Margibi 10. <input type="checkbox"/> Maryland 11. <input type="checkbox"/> Montserrado.	15. <input type="checkbox"/> River-Gee -555. <input type="checkbox"/> Other country (SPECIFY:) _____	

		5. <input type="checkbox"/> Grand Cape Mt 6. <input type="checkbox"/> Grand Kru 7. <input type="checkbox"/> Grand Gedeh	12. <input type="checkbox"/> Nimba 13. <input type="checkbox"/> River Cess. 14. <input type="checkbox"/> Sinoe	-888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
A11	Is your born mother still alive?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA			1 to A13
A12	How old were you when she died ? IF DN, ASK RESP TO APPROXIMATE	_ _ YEARS OLD			to A15
A13	Do you live with her?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			1 to A15
A14	Does she send money for your support?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN			
A15	Is your born father still alive?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA			1 to A17
A16	How old were you when he died?	_ _ YEARS OLD			to A19
A17	Do you live with him?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			1 to A19
A18	Does he send money for your support?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN			

EDUCATION					
A19	What is your current educational status? (note: "Currently enrolled" includes night school)	1. <input type="checkbox"/> Currently enrolled 2. <input type="checkbox"/> Recently dropped out (within last 12 months) 3. <input type="checkbox"/> Graduated 4. <input type="checkbox"/> Dropped out (more than 12 months ago) 5. <input type="checkbox"/> Never enrolled			4 to A26 2 to A21 5 to A25
A20	Are you currently enrolled in an all-girls school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -222. <input type="checkbox"/> NA			
A21	In the last 6 months, how much you or somebody else paidin school tuition and fees for yourself? IF DON'T KNOW, ASK TO APPROXIMATE. IF REFUSES, PUT -999 FOR REFUSE TO ANSWER	a. _ _ _ AMOUNT -999. <input type="checkbox"/> RTA TICK EITHER b. 1. <input type="checkbox"/> LD 2. <input type="checkbox"/> USD			
A22	In the last 6 months, who put the most money towards your schooling expenses? IF DON'T KNOW, ASK TO GUESS. IF REFUSES, TICK REFUSE TO ANSWER, IF GRADUATED OVER 6 MONTHS TICK NOT APPLICABLE	1. <input type="checkbox"/> Myself 2. <input type="checkbox"/> My born mother / father 3. <input type="checkbox"/> Other family member 4. <input type="checkbox"/> My boyfriend/ man/husband -555. <input type="checkbox"/> Other (Specify relationship) _____ -999. <input type="checkbox"/> RTA -222. <input type="checkbox"/> NA			If A19 = 2 to A26
A23	In the last 30 days, how many days of school did you miss? IF DON'T KNOW, ASK TO APPROXIMATE	_ _ -222. <input type="checkbox"/> NA			
A24	Would you drop school if a. Your parents/guardian did not make you go? b. The person who currently pays your school fees stopped being able to pay?..... c. Somebody offered you a job where you would make 200 LD per day?..... d. You didn't like your teacher ?.....	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN			If A19=1 or 3, to A29

A25	What were the main three reasons for not going to school, in order of importance? DO NOT PROMPT RESPONDENT. LET HER ANSWER ON HER OWN? THEN FIND THE CODES THAT FIR THER RESPONSE BEST.	1. Distance, school too far 2. Household couldn't afford 3. Institution did not admit 4. Have to work at home 5. Have to work outside the house 6. Did not want to study 7. Health condition (disability/illness) 8. Orphaned	a. 1st. _ _ _ _ b. 2nd. _ _ _ _ c. 3rd. _ _ _ _	to A27	
A26	What were the main three reasons for not continuing your education, in order of importance? DO NOT PROMPT RESPONDENT. LET HER ANSWER ON HER OWN? THEN FIND THE CODES THAT FIR THER RESPONSE BEST.	9. Sickness or calamity in family 10. Marriage 11. Pregnancy 12. Going to school not safe 13. Social/religious pressure -555. Other, specify _____	a. 1st. _ _ _ _ b. 2nd. _ _ _ _ c. 3rd. _ _ _ _		
A27	Looking at the way things are happening and the things you want to do, do you want to start/go back to school in the next few years?		1. <input type="checkbox"/> Yes, definitely 2. <input type="checkbox"/> Maybe 3. <input type="checkbox"/> Definitely not		
A28	What would make it possible for you to go to school (Tick up to three responses)? DO NOT PROMPT RESPONDENT.	1. <input type="checkbox"/> Self-motivation - I really want to go 2. <input type="checkbox"/> Financial conditions 3. <input type="checkbox"/> If can find a place at school 4. <input type="checkbox"/> If my health improves 5. <input type="checkbox"/> If fewer care giving responsibilities in house 6. <input type="checkbox"/> If fewer house chores/responsibilities 7. <input type="checkbox"/> If I do not have to work 8. <input type="checkbox"/> If I get permission from family member / household head / boyfriend / etc. -555. <input type="checkbox"/> other (specify):			
A29	What is the highest level of schooling completed by..... IF DON'T KNOW, ASK RESP. TO APPROXIMATE	0. None 1. ABC 2. K1 3. K2 4. P1 5. P2 6. P3	7. P4 8. P5 9. P6 10. JH-7 11. JH-8 12. JH-9 13. HS-10	14. HS-11 15. HS-12 16. Post Secondary formal -888. DN -222. NA	a. You _ _ _ _ b. Your born mother _ _ _ _ c. Your born father _ _ _ _
A30	Up to what level are you planning on continuing studying until?		USE ANSWER CODES FROM A29 _ _ _ _		
A31	If you have the opportunity to study as far as you want, until what level would you like to study?		USE ANSWER CODES FROM A29 _ _ _ _		
IF RESPONDENT NEVER ATTENDED SCHOOL.....go to A35					
A32	At what age did you start your schooling?		_ _ _ YEARS OLD		

A33	Does/did anybody in your life make you go to school even on the days you don't want to go?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
A34	When you have/had parent meetings at your school, did anybody go to those meetings on your behalf?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

RELATIONSHIP WITH MEN

Now, I'm going to ask you some questions about man or woman business. Sometimes these questions may be disturbing to talk about. Feel free not to answer and just say, "I prefer to go to the next question." But I want you to know that anything you do say will be kept confidential.

A35	Right now, are you married, cohabiting, separated, divorced, widowed, or never married?	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Cohabiting 3. <input type="checkbox"/> Separated 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Widowed 6. <input type="checkbox"/> Never married	3,4,5,6 to A37
A36	How long have you been living together with your husband/man?	_ _ YRS & _ _ MNTHS IF DN, RESP TO APPROXIMATE	to A38
A37	Do you have a boyfriend at this time?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2 to A41
A38	How old is your husband/man/boyfriend? IF DON'T KNOW, ASK RESP. TO APPROXIMATE	_ _ YEARS OLD	
A39	What is the highest level of schooling that your husband/man/boyfriend has completed?	1. <input type="checkbox"/> ABC 8. <input type="checkbox"/> P5 14. <input type="checkbox"/> HS-11 2. <input type="checkbox"/> K1 9. <input type="checkbox"/> P6 15. <input type="checkbox"/> HS-12 3. <input type="checkbox"/> K2 10. <input type="checkbox"/> JH-7 16. <input type="checkbox"/> Post-secondary formal 4. <input type="checkbox"/> P1 11. <input type="checkbox"/> JH-8 0. <input type="checkbox"/> Never went to school 5. <input type="checkbox"/> P2 12. <input type="checkbox"/> JH-9 -888. <input type="checkbox"/> Don't Know 6. <input type="checkbox"/> P3 13. <input type="checkbox"/> HS-10 7. <input type="checkbox"/> P4	
A40	Is your husband/man/boyfriend currently in school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't Know	

IF MARRIED TO A50

IF NOT MARRIED OR COHABITATING AND NO BOYFRIEND... TO A41

IF NOT MARRIED OR COHABITATING (BUT BOYFRIEND)..... TO A44

IF NOT MARRIED (BUT COHABITATING)..... TO A47

A41	Have you ever had a boyfriend before?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2 to A43
A42	How old were you the first time you had a boyfriend? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	to A44
A43	At what age do you think that you might have your first boyfriend? IF DN, RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	
A44	Have you ever lived together with a man before?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2 to A46
A45	How old were you the first time you did that? IF DN, ASK RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	to A47
A46	At what age do you think you might likely start living with a man? IF DN, RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	

A47	Have you ever been married before?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	2 to A49
A48	How old were you when you first got married? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ YEARS OLD	to A50
A49	At what age do you think you will get married? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	
A50	Now now, you got belly?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	1 to A52
A51	You ever had belly?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	2 to A57
A52	How old were you the first time you get belly? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ YEARS OLD -999. <input type="checkbox"/> RTA	
A53	How many children born to you in your whole life?	_ _	0 to A57
A54	You have any born children who are still living?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
A55	How many?	_ _	
A56	How old is your oldest living child?	_ _ YRS & _ _ MNTHS	to A58
A57	What age would you like to be when you have your first born child? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ YEARS OLD	
A58	How many born children would you like to have in your whole life? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ children	
A59	How many children aged 0-17 are you caring for right now?	_ _ children	0 to A61
A60	Of these children, how many have you received regular cash or in-kind support for from anyone else over the past year? By regular, we mean at least four times over the past year? IF DON'T KNOW, RESP. TO APPROXIMATE	_ _ children	
IF MARRIED OR COHABITATING OR BOYFRIEND..... TO A62			
A61	In the past 12 months, have you had a boyfriend, a man, or a husband?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	2 to A64
A62	We have a few questions about your relationship with your/that husband/ man/ boyfriend which are quite personal and sensitive. As above, if you do not want to answer a question, you can just not answer. Over the past 12 months, how regularly would you say you have argued with your husband/man/boyfriend? READ OPTIONS AND RESP. SELECTS ONE	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> A few times 3. <input type="checkbox"/> At least monthly 4. <input type="checkbox"/> Most/all the time -888. <input type="checkbox"/> Do not know -999. <input type="checkbox"/> RTA	1 to A64
A63	Has an argument over the past year with your husband/partner/boyfriend resulted in slapping, pushing, shaking, hitting, kicking, dragging, beating, choking, burning, or use of a weapon, or forcing you to have sex when you did not want to? READ OPTIONS AND RESP. SELECTS ONE	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> A few times 3. <input type="checkbox"/> At least monthly 4. <input type="checkbox"/> Most/all the time -888. <input type="checkbox"/> Do not know -999. <input type="checkbox"/> RTA	
A64	At the time you were small, I mean when you were below 10, did any big man or woman do rude-rude things to you?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't Know -999. <input type="checkbox"/> RTA	
A65	At the time you were small, I mean when you were below 10 did any of your equal friends, male or female, do rude-rude things to you when you actually didn't want to do it?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't Know -999. <input type="checkbox"/> RTA	

IF GOT BELLY, EVER HAD BELLY, OR HAS BORN CHILDREN.....TO A67			
A66	You na do man business? [EVER]		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 2 to A78
A67	The first time you do the man business, you were how many years? IF DN, RESP. TO APPROXIMATE		_ _ YEARS -999. <input type="checkbox"/> RTA
A68	In the last 30 days, how many times you do man business? IF DN, RESP. TO APPROXIMATE		_ _ TIMES -999. <input type="checkbox"/> RTA
A69	In the last 12 months, how many different men you do man business with? IF DN, RESP. TO APPROXIMATE		_ _ MEN -999. <input type="checkbox"/> RTA
A70	How many boyfriends you have right now? IF DN, RESP. TO APPROXIMATE		_ _ PARTNERS -999. <input type="checkbox"/> RTA
A71	The last time you do man business with your husband / man / boyfriend, you use condoms?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA -222 <input type="checkbox"/> Not applicable (no husband / man / boyfriend)	
A72	The last time you do man business with any other person who not your husband, man, or boyfriend, you use condom?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA -222 <input type="checkbox"/> Not applicable (no other person)	
A73	Are you currently in a relationship where you have received anything such as money, gifts, and help with business, or something else, which were given to you in <i>direct</i> exchange for sex (e.g. godpa)?		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA
A74	Are you in a relationship where you don't like the guy and you're staying because he is helping you ?		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA
A75	Over the last 12 months, have you been in a situation where, to make money, you needed to have sex with non-boyfriends on at least one occasion to raise money?		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA
A76	Over the last 12 months, what is the nicest gift you have received from a man? TICK ONLY ONE	1. <input type="checkbox"/> Lotion 7. <input type="checkbox"/> Taken out for dinner 2. <input type="checkbox"/> Perfume 8. <input type="checkbox"/> Taken out to a sports activity. 3. <input type="checkbox"/> Make-up 9. <input type="checkbox"/> Taken out for a drive/beach/day outside 4. <input type="checkbox"/> Jewelry 5. <input type="checkbox"/> Cash 10. <input type="checkbox"/> Furniture 6. <input type="checkbox"/> Food 11. <input type="checkbox"/> Souvenir/curio 12. <input type="checkbox"/> Electronics -555 <input type="checkbox"/> Other Specify_____	
A77	Over the past 12 months, anybody forced you to do something? REMEMBER THAT WE ARE STILL TALKING ABOUT SEXUAL RELATIONS		1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA

PEER QUALITY INDEX			
<p>Now I would like to know a little bit about your friends and the people you spend time with. Who are five friends you spend the most time with? Can you tell me their names? Their names do not really matter, but it will help us remember which people we are thinking about. Now I'm going to read a list of things these friends can do. For each one, I would like you to tell me whether most of your friends do these things' I won't tell anyone what you say.</p>			
A78	a	Are they interested in school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA
	b	Do they participate to community meetings?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

		-888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
c	Do they have boyfriends?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
d	Do they go to church or the mosque?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
e	Do they hide their activities from their family?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
f	Do they have a business or a job where earn money?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
g	Do they drink alcohol sometimes?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
h	Do they save money regularly?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
i	Are they disrespectful of elders?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
j	Do they share with you if they have something and you don't have any?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
A79	Do you have friends you can share your feelings with?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A80	Do you have friends that you can work with to solve your problems?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A81	Do your friends come to you for advice?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	2 to A83
A82	In the last 30 days, how many friends came to you for advice?	_ _ FRIENDS	
A83	Are you a recognized leader amongst your friends?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	

Now I want to ask about you and this community where you are living.

A84	Does it ever happen that you put a group together in this community like youth group or dancing group?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
A85	Suppose the community leader in your community is doing a bad job. Do you feel there is something you can do personally to improve things?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A86	Have you ever been to a community meeting?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A87	If you got sick and needed small money for medicine, like 100 LD, do you think you could get it from someone?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A88	If you didn't have a place to stay, is there somebody in your community who would take you in?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A89	Is there a woman in your community, other than your mother or guardian, who you could turn to if you had a serious problem?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	
A90	Is there a place in your community, other than your house, a friend's house, or school, where you feel safe to meet your girl friends?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -888. <input type="checkbox"/> Don't know	

SOCIAL SUPPORT

Now I want to ask you about your household. We call "household" the people you live with and eat from the same pot as you. Feel free not to answer any question. Just say, "I prefer to go to the next question." For each question, please tell me if that's "every time, sometimes, one one time, or never". AFTER READING EACH QUESTION, SAY "IS THAT EVERY TIME, SOMETIMES, ONE ONE TIME, OR NEVER", UNTIL THE RESPONDENT RESPONDS WITH ONE OF THESE OPTIONS WITHOUT PROMPTING.

A91	Do they advise or encourage you?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A92	Are they concerned about you?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A93	Do you have fights or palavas with them?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A94	Do you feel free to eat with them any time?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A95	Do they pay for medical treatment when you are sick?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A96	Do they tell you that you are causing them shame?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A97	Do they tell you they will beat you?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A98	Do they push, hit, slap or throw things at you?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A99	Do they talk with you about how things are going with your friends?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A100	Do they talk with you about how things are going at school?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA -222. <input type="checkbox"/> NA
A101	Do they help you with your school work?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA -222. <input type="checkbox"/> NA
A102	Do they let you spend time with friends at your friends houses?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A103	Do they let you spend time with friends at community centers?	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
Now I am going to ask you a few more questions about your life in this house. For each, you can just answer yes or no.				
A104	Do you need permission to leave the house?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
A105	Do you need permission to visit a friend?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
A106	Do you need permission to spend money?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		

SELF-REPORTED SELF-EFFICACY BY ACTIVITY				
<p>I will read out some statements for you, about your life, what you think, and how you can act. I want to know if you agree with them.</p> <p>Please tell me if you really agree, agree, disagree or really disagree for you.</p> <p>FOR EACH QUESTION, READ ANSWER OPTIONS AND HAVE RESP SELECT ONE</p> <p>TAKE OUT CARD WITH REALLY AGREE, AGREE, DISAGREE, REALLY DISAGREE</p>				
A107	I am able to do my homework.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A108	I am able to work with friends or classmates to solve problems.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A109	I am able to contribute to the community.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A110	I am able to participate in class.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A111	I am able to speak in front of a group of people and share my opinions.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A112	I feel at least as smart as most other	1. <input type="checkbox"/> Really agree	3. <input type="checkbox"/> Disagree	

	young people my age.	2. <input type="checkbox"/> Agree	4. <input type="checkbox"/> Really Disagree	
A113	I don't have hope for my future.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A114	I feel I make good decisions concerning how to manage my money.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
VOICE				
A115	I do not hesitate to let others know my opinions.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A116	When I have an idea or opinion, I am able to express it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A117	When I don't understand something, I am not shy about asking a question.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A118	When someone treats me unfairly, I say something or take action against it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A119	If I see a student or friend being picked on, I will try and stop it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A120	I ask my teacher and other adults for help when I need it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
PERSEVERANCE				
A121	I have overcome hard times to face an important challenge.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A122	I can think big about my future.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A123	Difficult conditions don't discourage me.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A124	I sometime make a plan but later on change my plan to a different one.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A125	My greatest prayer is to be successful in life.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A126	I do not think too much about big things/success.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A127	I'm trying hard to make it.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
LOCUS OF CONTROL				
A128	Some of those things you do or some of the choices you make are what make your future.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A129	You think that you have small control over the things that happen in your life.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A130	When someone is successful in business, is it because they are lucky.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A131	If you try hard you can make your life better.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	

SELF ESTEEM				
A132	You are satisfied with yourself.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A133	Sometimes you think everything you try your hand on can fail?	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A134	You think you don't have enough respect for yourself.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A135	Do you think you are a good person but doing nothing?	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A136	The way life looking with you, you can feel shame?	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	

ATTITUDE TOWARDS GENDER				
<p>Now I am going to read out some statements. I want to know if you agree with them. There is no right or wrong answer – I just want to know your own personal view. Please tell me if you really agree, agree, disagree or really disagree for you.</p> <p>FOR EACH QUESTION, READ ANSWER OPTIONS AND HAVE RESP SELECT ONE</p> <p>TAKE OUT CARD WITH REALLY AGREE, AGREE, DISAGREE, REALLY DISAGREE</p>				
A137	Boys should do as much household work as girls.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A138	Girls can make as good leaders as boys.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A139	Men are better at managing money than women.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A140	Husbands should consult their wives before deciding how to spend household money.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A141	In some circumstances, it is justifiable for a man to beat his wife.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A142	If a woman differs with her husband, she must accept his opinion.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A143	Females are not as good as males in school.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A144	When the family is poor and cannot send all children to school, boys should be sent before girls.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A145	When I am married, if I am earning money at that time, I think that I should be able to control my own earnings .	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	

VIEWS ON SCHOOLING				
A146	Making an effort in studying is worth it because this will help me in my future.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	

A147	By going to school I gain knowledge and skills.	1. <input type="checkbox"/> Really agree 2. <input type="checkbox"/> Agree	3. <input type="checkbox"/> Disagree 4. <input type="checkbox"/> Really Disagree	
A148	In your opinion, what is the main reason that a boy should have education?	1. <input type="checkbox"/> none/not important 2. <input type="checkbox"/> independence, control over life 3. <input type="checkbox"/> earning potential/employability 4. <input type="checkbox"/> improves marriage prospects 5. <input type="checkbox"/> enables one to advance in a career 6. <input type="checkbox"/> increases social networks 7. <input type="checkbox"/> gives one mobility to go elsewhere	-555. <input type="checkbox"/> Other, specify: -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	
A149	In your opinion, what is the main reason that a girl should have education?	1. <input type="checkbox"/> none/not important 2. <input type="checkbox"/> independence, control over life 3. <input type="checkbox"/> earning potential/employability 4. <input type="checkbox"/> improves marriage prospects 5. <input type="checkbox"/> enables one to advance in a career 6. <input type="checkbox"/> increases social networks 7. <input type="checkbox"/> gives one mobility to go elsewhere	-555. <input type="checkbox"/> Other, specify: -888. <input type="checkbox"/> DN -999. <input type="checkbox"/> RTA	

IMPULSIVITY				
<p>Now I am going to ask you some more questions about how you can think or how you can act. For each question, please tell me if that's "every time, sometimes, one one time, or never".</p> <p>AFTER READING EACH QUESTION, SAY "IS THAT EVERY TIME, SOMETIMES, ONE ONE TIME, OR NEVER", UNTIL THE RESPONDENT RESPONDS WITH ONE OF THESE OPTIONS WITHOUT PROMPTING.</p>				
A150	I believe in the present rather than the future.	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A151	I can take action before thinking.	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA
A152	I can just talk without thinking.	1. <input type="checkbox"/> Every time 2. <input type="checkbox"/> Sometimes	3. <input type="checkbox"/> One one time 4. <input type="checkbox"/> Never	-999. <input type="checkbox"/> RTA

RISK		
<p>Now I want to ask you which lucky ticket you would prefer between lucky ticket games. This is just about what you prefer: we are not actually playing a lucky ticket right now.</p>		
A153	You have the choice between two different options: Option 1 is a lucky ticket where if you win, you get 100 LD, and if you lose, you get 50 LD. Option 2 is a lucky ticket where if you win you get 150 LD, and if you lose you get 30 LD. So which one do you choose?	1. <input type="checkbox"/> Option 1 100 LD or 50 LD 2. <input type="checkbox"/> Option 2 150 LD or 30 LD
A154	You have the choice between two different options: Option 1 is a lucky ticket where if you win, you get 100 LD, and if you lose, you get 50 LD. Option 2 is a lucky ticket where if you win you get 200 LD, and if you lose you get 40 LD. which one you pick	1. <input type="checkbox"/> Option 1 100 LD or 50 LD 2. <input type="checkbox"/> Option 2 200 LD or 40 LD
TIME PREFERENCES		

Now I want to ask whether you would like money now or whether you would prefer money later. This is just about what you prefer: we are not actually giving money now. I am going to ask you whether you prefer to receive a certain amount of money sooner, or to wait a certain period in order to get more money.

A155	Would you prefer 20 LD now, or 30 LD in one month?	1. <input type="checkbox"/> 20 now 2. <input type="checkbox"/> 30 in one month	
A156	20 LD now, or 60 LD in one month?	1. <input type="checkbox"/> 20 now 2. <input type="checkbox"/> 60 in one month	

MATH TEST

Now we want to ask you some skill testing questions. Please do not feel bad if you can't answer. There are questions on this test that we expect most girls will not be able to answer. If a particular question is too hard for you to answer, just say that you prefer to go to the next question.

A157	If you have 21 rocks and you add 36 rocks, how many rocks do you have?	1. <input type="checkbox"/> Right answer – Fifty-seven 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	
A158	If you have 16 rocks and take away 9, how many do you have?	1. <input type="checkbox"/> Right answer – Seven 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	
A159	If you buy a pineapple for 50 LD and then sell it for 70 LD, what is your profit, or the extra money you get on it?	1. <input type="checkbox"/> Right answer – Twenty 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	
A160	If you have 10 LD and you double it, how much do you have?	1. <input type="checkbox"/> Right answer – Twenty 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	
A161	What is 5 times 10?	1. <input type="checkbox"/> Right answer – Fifty 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	
A162	If you get 10 USD a day for 12 days what would be the total money you get at the end?	1. <input type="checkbox"/> Right answer – 120 2. <input type="checkbox"/> Wrong answer -999. <input type="checkbox"/> RTA	

READING TEST

We're now going to show you some letters, words and texts and ask some questions. Please don't feel bad if you don't know what to answer, this test has been design to fit a lot of different girls and it is normal if it is difficult for you to answer it.

A163	PULL OUT READING TEST ANNEX. ASK RESPONDENT TO SHOW YOU THREE LETTERS : Can you please show me the letter_____	Number of letters recognized out of three.	0. <input type="checkbox"/> Zero 2. <input type="checkbox"/> Two 1. <input type="checkbox"/> One 3. <input type="checkbox"/> Three	
A164	ASK RESPONDENT TO SHOW YOU THREE WORDS ON THE LIST Can you please show me the word "_____"	Number of words recognized out of three.	0. <input type="checkbox"/> Zero 2. <input type="checkbox"/> Two 1. <input type="checkbox"/> One 3. <input type="checkbox"/> Three	

NOW ASK RESP. TO READ THE SENTENCE "When I grow up I want to be a nurse"

A165	NUMBER OF WORDS RECOGNIZED OUT OF TEN TICK IF CORRECT	0. <input type="checkbox"/> Zero 3. <input type="checkbox"/> Three 6. <input type="checkbox"/> Six 9. <input type="checkbox"/> Nine 1. <input type="checkbox"/> One 4. <input type="checkbox"/> Four 7. <input type="checkbox"/> Seven 10. <input type="checkbox"/> Ten 2. <input type="checkbox"/> Two 5. <input type="checkbox"/> Five 8. <input type="checkbox"/> Eight	
A166	Now please read this story. SEE ANNEX	1. <input type="checkbox"/> Read story fluently. 2. <input type="checkbox"/> Read entire story, but haltingly and poorly. 3. <input type="checkbox"/> Unable to read full story.	4 to A168

		4. <input type="checkbox"/> Unable to read at all.	
A167	HOW LONG DID IT TAKE RESPONDENT TO READ THE STORY	_ _ MINUTES _ _ SECONDS - 222. <input type="checkbox"/> Did not finish	

A168	<p>Now I want to ask you about the items owned by you personally. I am not talking about your household, but just about you, yourself. Now now, how many of these do you own? How many....</p> <p>a. Watches?..... _ _ _ </p> <p>b. Cell phones?..... _ _ _ e. Combs or hairbrushes?..... _ _ _ </p> <p>c. Pairs of shoes or slippers?.. _ _ _ f. Books?..... _ _ _ </p> <p>d. Shirts or blouses?..... _ _ _ g. Book bags?..... _ _ _ </p>	
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HUNGER

Now I'd like to ask you questions about how often you can eat.

A169	How many times a day do you usually eat?	_ _ _	
A170	How many days in the last 7 days did you sleep hungry?	_ _ _	

EXPENDITURES

A171	<p>I want to ask you about those things you can buy for use in your daily life. This must not include anything you bought for your business. This can include things that you yourself paid for with your own money, including money that was given to you by others for you to buy things for yourself.</p>			
	In the last 30 days, did you buy any:	Did you buy any ____?	ONLY IF "YES", ASK In the last 30 days, how much money did you spend on __?	
	a. Jewelry and ornaments	a1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	a2. _ _ _ _ a3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	b. Cosmetics and make-up	b1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	b2. _ _ _ _ b3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	c. Personal services, such as hairdressers, and manicure	c1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	c2. _ _ _ _ c3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	d. Clothing, footwear, clothing repair, and shoe repair	d1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	d2. _ _ _ _ d3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	e. Electronics, such as radios, TV, calculator, and phone handsets	e1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	e2. _ _ _ _ e3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	f. Mobile phone scratch & charging	f1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	f2. _ _ _ _ f3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	g. Food and drinks taken outside the home	g1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	g2. _ _ _ _ g3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	h. Video clubs	h1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	h2. _ _ _ _ h3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	i. Charges for internet and computer use and printing	i1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	i2. _ _ _ _ i3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
	j. Transportation – any, including	j1. 1. <input type="checkbox"/> Yes	j2. _ _ _ _	

taxi, bus, own vehicle, motorbike.	2. <input type="checkbox"/> No	j3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
k. Education, including schools, books, and fees	k1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	k2. _ _ _ _ _ k3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
l. Presents and gifts	l1. 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	l2. _ _ _ _ _ l3. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

INCOME GENERATING ACTIVITIES

A172	Now I want to ask you about the activities that you, your family members, and your close friends can do.				
		a. Do you have a family member or a close friend who	b. In the last 30 days, did you.....	c. If yes was it for yourself or just to help someone	d. If yes did you get paid for this (money that would be for you)
	IGA 1 ...do any household labor, or work in an office as a cleaner, for pay	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 2 .. do selling from a shop, container, or store?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 3 ..do selling at a market table or booth ?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 4 ...do other buying and selling around business? (i.e. wheelbarrow, waiter, etc)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 5 ... do food processing for sale (baking, cooking, drying)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 6 .. do stitching, handicraft, tailoring, or tie-dyeing	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 7 .. is a beautician (manicure, hairdresser)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 8 ... work in a skilled trade (mechanic, pottery, carpenter, metal work, driver, house painting, computer IT, or any other skilled trade or vocation?)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
IGA 9 ... work in a restaurant or hotel	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

	IGA 10 ... work in the office for profit business (e.g. a bank)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 11 ... work as a teacher or health worker	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 12 ..works for NGO	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 13 ... work for Government, apart from teacher or health worker	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next row	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	IGA 14 ... anything else to get money?	NOT APPLICABLE	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → next question IF YES, SPECIFY	1. <input type="checkbox"/> For me 2. <input type="checkbox"/> To help	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A173	In the last 30 days, how much did you receive in cash profits and in kind from all of your activities?	a. _ _ _ _ _ b. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD			
A174	Which of these activities did you earn the most money from in the last 30 days? IF NO MORE THAN 1, PUT -222 (NOT APPLICABLE) FOR B AND C. IF NO MORE THAN 2, PUT -222 FOR C.	a. IGA code 1: _ _ _ _ _ b. IGA code 2: _ _ _ _ _ c. IGA code 3: _ _ _ _ _			
A175	After you finish your schooling, what type of work would you most prefer to do? LIST TOP TWO	IF 8 OR 14, SPECIFY a. Most preferred.....IGA # _ _ _ _ _ b. 2 nd most preferred....IGA # _ _ _ _ _			
A176	After you finish your schooling, what type of work do you expect that you will probably end up doing ? LIST TOP TWO	IF 8 OR 14 SPECIFY a. Most likelyIGA # _ _ _ _ _ b. 2 nd most likelyIGA # _ _ _ _ _			
<p>Now I want to ask you about the three/two/one activity/ies from which you earned the most money in the last 30 days, which you said were __, __, and __.</p> <p>First, please tell me about __. IF ONLY 1, TICK "NONE" UNDER A178 FOR B AND C. IF ONLY 2, TICK "NONE" UNDER A178 FOR C.</p> <p>IF DON'T KNOW, ASK RESPONDENT TO APPROXIMATE</p>					
A177		a. IGA #: _ _ _ _ _ OR TICK -222. <input type="checkbox"/> NONE	b. IGA #: _ _ _ _ _ OR TICK -222. <input type="checkbox"/> NONE	c. IGA #: _ _ _ _ _ OR TICK -222. <input type="checkbox"/> NONE	
A178	During the last 30 days , how many days did you _____?	a. _ _ _ _ _ DAYS	b. _ _ _ _ _ DAYS	c. _ _ _ _ _ DAYS	
A179	On a typical working day , how many hours do you _____?	a. _ _ _ _ _ HOURS	b. _ _ _ _ _ HOURS	c. _ _ _ _ _ HOURS	
A180	During the last 30 days , what was your total individual cash profits from _____?	a.1 _ _ _ _ _ a.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	b.1 _ _ _ _ _ b.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	c.1 _ _ _ _ _ c.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

A181	During the last 30 days , how much did you receive in kind from _____?	a.1 _ _ _ _ a.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	b.1 _ _ _ _ b.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	c.1 _ _ _ _ c.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD
A182	On a typical working day , what are your cash profits from _____?	a.1 _ _ _ _ a.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	b.1 _ _ _ _ b.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	c.1 _ _ _ _ c.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD
A183	On a typical working day , how much do you receive in kind from _____?	a.1 _ _ _ _ a.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	b.1 _ _ _ _ b.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	c.1 _ _ _ _ c.2 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD
A184	Can you decide yourself about how to spend your own profits / earnings?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A185	If no, who else is involved in deciding how to spend the money? TICK UP TO THREE	1. <input type="checkbox"/> Father 2. <input type="checkbox"/> Mother 3. <input type="checkbox"/> Sibling 4. <input type="checkbox"/> Husband/man / boyfriend 5. <input type="checkbox"/> Business partner 6. <input type="checkbox"/> Other family member 7. <input type="checkbox"/> Religious leader -555. <input type="checkbox"/> Other (Specify): _____	1. <input type="checkbox"/> Father 2. <input type="checkbox"/> Mother 3. <input type="checkbox"/> Sibling 4. <input type="checkbox"/> Husband/man / boyfriend 5. <input type="checkbox"/> Business partner 6. <input type="checkbox"/> Other family member 7. <input type="checkbox"/> Religious leader -555. <input type="checkbox"/> Other (Specify): _____	1. <input type="checkbox"/> Father 2. <input type="checkbox"/> Mother 3. <input type="checkbox"/> Sibling 4. <input type="checkbox"/> Husband/man / boyfriend 5. <input type="checkbox"/> Business partner 6. <input type="checkbox"/> Other family member 7. <input type="checkbox"/> Religious leader -555. <input type="checkbox"/> Other (Specify): _____
A186	Do you plan to continue this activity in the coming year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

TRANSFERS

Besides all the hustles that you do that you get paid for, I want to know about anybody helping you with free money in the last 30 days that you don't have to pay back. Not things they bought for you, but money they gave you.

In the last 30 days, how much free money did you get from....

A187	a. Your born mother or father?	a1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No.	a2 _ _ _ _ LD
	b. Other family members?	b1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	b2 _ _ _ _ LD
	c. Other people you live with and who eat from the same pot as you?	c1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	c2 _ _ _ _ LD
	d. Your husband, man, boyfriends?	d1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	d2 _ _ _ _ LD
	e. Any other friends?	e1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	e2 _ _ _ _ LD

Now I want to talk to you about help you can be giving to other people. That free money, you understand. In the last 30 days, how much cash you give that you don't expect to get back

A188	a. Your born mother or father?	a1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No.	a2 _ _ _ _ _ LD
	b. Other family members?	b1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	b2 _ _ _ _ _ LD
	c. Other people you live with and who eat from the same pot as you?	c1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	c2 _ _ _ _ _ LD
	d. Your husband, man, boyfriends?	d1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	d2 _ _ _ _ _ LD
	e. Any other friends?	e1 1 <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	e2 _ _ _ _ _ LD

PERCEIVED RETURNS TO EDUCATION			
<p>Now we would like to ask you about the situations of thirty year old men and women in Monrovia. Think not just about the ones you know personally, but all thirty year old men and women in Monrovia.</p> <p>Please estimate the average monthly earnings of a current thirty year old Liberian.... IF DON'T KNOW, ASK RESPONDENT TO APPROXIMATE</p>			
A189	Without a primary school degree	a. _ _ _ _ _ b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
A190	Only with a primary school degree	a. _ _ _ _ _ b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
A191	Who stop halfway in high school	a. _ _ _ _ _ b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
A192	With only high school education	a. _ _ _ _ _ b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	
A193	With university education	a. _ _ _ _ _ b. 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD	

SAVINGS			
A194	In the last 30 days, how much did you save?		a. _ _ _ _ _ b. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD
A195	How often do you save money? That daily, weekly, monthly, or rarely?		1. <input type="checkbox"/> Daily (2+ times / week) 2. <input type="checkbox"/> Weekly (2+ times / month) 3. <input type="checkbox"/> Monthly (6+ times / year) 4. <input type="checkbox"/> Rarely (less than 6 x /year) 5. <input type="checkbox"/> Never (If 5 to A200)
A196	How old were you when you first started saving money?		_ _ _ YEARS OLD
A197	Who knows that you save money? READ ALL ANSWER OPTIONS, TICK ALL THAT APPLY	1. <input type="checkbox"/> Father 2. <input type="checkbox"/> Mother 3. <input type="checkbox"/> Sibling 4. <input type="checkbox"/> Husband/man / boyfriend	5. <input type="checkbox"/> Business partner 6. <input type="checkbox"/> Other family member 7. <input type="checkbox"/> Other Friend
A198	Now I want to talk to you about the money you have in keeping. How much do you have in keeping with		

	<p>a1. Susu..... _ _ _ _a2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>b1. Savings clubs..... _ _ _ _b2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>c1. In the bank..... _ _ _ _c2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>d1. With someone else you know. _ _ _ _ .d2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>e1. By yourself..... _ _ _ _e2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>f1. In any other place..... _ _ _ _f2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>IF F1, SPECIFY WHERE: _____</p>		
A199	<p>What are you mainly saving money for? DO NOT READ ANSWER OPTIONS. TICK THE ONE THAT CORRESPONDS WITH RESPONDENT'S ANSWER. IF THEY LIST MORE THAN ONE REASON, TICK UP TO TWO. IF THE LIST MORE THAN TWO, ASK THEM WHICH OF THESE TWO ARE THE MAIN ONES.</p> <table border="1"> <tr> <td> <p>1. <input type="checkbox"/> Education-related expenses for me.</p> <p>2. <input type="checkbox"/> Education-related expenses for another.</p> <p>3. <input type="checkbox"/> Health-related expenses for me.</p> <p>4. <input type="checkbox"/> Health-related expense for another.</p> <p>5. <input type="checkbox"/> Pay rent (including arrears)</p> <p>6. <input type="checkbox"/> Food taken at home; daily household items or bills like light or water gills; transport to work.</p> <p>7. <input type="checkbox"/> Enjoyment and personal expenditures (transport to visit friends/family; phone credit for chatting with friends and family; cigarettes; entertainment; hairdressing, haircuts, clothes, shoes, jewelry)</p> </td><td> <p>8. <input type="checkbox"/> Ceremonies and celebrations.</p> <p>9. <input type="checkbox"/> Household assets (fan, mattress, etc.)</p> <p>10. <input type="checkbox"/> Vehicle purchase, maintenance, repair.</p> <p>11. <input type="checkbox"/> Home construction, improvement, or renovation.</p> <p>12. <input type="checkbox"/> Investment to make money (example agriculture, business, buying things to re-sell, etc.)</p> <p>13. <input type="checkbox"/> Pay off loan or settle debt.</p> <p>14. <input type="checkbox"/> Gift for another (person or organization), including donations to churches or mosque.</p> <p>-555. <input type="checkbox"/> Other SPECIFY _____</p> </td></tr> </table>	<p>1. <input type="checkbox"/> Education-related expenses for me.</p> <p>2. <input type="checkbox"/> Education-related expenses for another.</p> <p>3. <input type="checkbox"/> Health-related expenses for me.</p> <p>4. <input type="checkbox"/> Health-related expense for another.</p> <p>5. <input type="checkbox"/> Pay rent (including arrears)</p> <p>6. <input type="checkbox"/> Food taken at home; daily household items or bills like light or water gills; transport to work.</p> <p>7. <input type="checkbox"/> Enjoyment and personal expenditures (transport to visit friends/family; phone credit for chatting with friends and family; cigarettes; entertainment; hairdressing, haircuts, clothes, shoes, jewelry)</p>	<p>8. <input type="checkbox"/> Ceremonies and celebrations.</p> <p>9. <input type="checkbox"/> Household assets (fan, mattress, etc.)</p> <p>10. <input type="checkbox"/> Vehicle purchase, maintenance, repair.</p> <p>11. <input type="checkbox"/> Home construction, improvement, or renovation.</p> <p>12. <input type="checkbox"/> Investment to make money (example agriculture, business, buying things to re-sell, etc.)</p> <p>13. <input type="checkbox"/> Pay off loan or settle debt.</p> <p>14. <input type="checkbox"/> Gift for another (person or organization), including donations to churches or mosque.</p> <p>-555. <input type="checkbox"/> Other SPECIFY _____</p>
<p>1. <input type="checkbox"/> Education-related expenses for me.</p> <p>2. <input type="checkbox"/> Education-related expenses for another.</p> <p>3. <input type="checkbox"/> Health-related expenses for me.</p> <p>4. <input type="checkbox"/> Health-related expense for another.</p> <p>5. <input type="checkbox"/> Pay rent (including arrears)</p> <p>6. <input type="checkbox"/> Food taken at home; daily household items or bills like light or water gills; transport to work.</p> <p>7. <input type="checkbox"/> Enjoyment and personal expenditures (transport to visit friends/family; phone credit for chatting with friends and family; cigarettes; entertainment; hairdressing, haircuts, clothes, shoes, jewelry)</p>	<p>8. <input type="checkbox"/> Ceremonies and celebrations.</p> <p>9. <input type="checkbox"/> Household assets (fan, mattress, etc.)</p> <p>10. <input type="checkbox"/> Vehicle purchase, maintenance, repair.</p> <p>11. <input type="checkbox"/> Home construction, improvement, or renovation.</p> <p>12. <input type="checkbox"/> Investment to make money (example agriculture, business, buying things to re-sell, etc.)</p> <p>13. <input type="checkbox"/> Pay off loan or settle debt.</p> <p>14. <input type="checkbox"/> Gift for another (person or organization), including donations to churches or mosque.</p> <p>-555. <input type="checkbox"/> Other SPECIFY _____</p>		
A200	<p>Now I want to talk about the money that you owing people, and the one that you giving back. The money you credit, how much of it you still owe to pay back?</p> <p>a1. Husband/man/boyfriend..... _ _ _ _a2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>b1. Family members _ _ _ _b2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>c1. Friends..... _ _ _ _c2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>d1. People who can give money..... _ _ _ _d2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>e1. Savings club, susu..... _ _ _ _e2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>f1. Banks..... _ _ _ _f2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>g1. Any other place..... _ _ _ _g2. TICK 1. <input type="checkbox"/> LD OR 2. <input type="checkbox"/> USD</p> <p>IF G1, SPECIFY WHERE: _____</p>		

PHYSICAL APPEARANCE

DISCRETELY AND DO NOT ASK: CONDITION OF RESPONDENT'S....

A201	Footwear	<p>1. <input type="checkbox"/> Shoes, clean, in good repair</p> <p>2. <input type="checkbox"/> Shoes, dirty, in good repair</p> <p>3. <input type="checkbox"/> Shoes in poor repair</p> <p>4. <input type="checkbox"/> Slippers</p> <p>5. <input type="checkbox"/> Barefoot</p>
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Girl REG ORDER #|_|_|_|_|
Community #|_|_|_|_|

SOS Survey - IPAL

A202	Clothing	1. <input type="checkbox"/> Clean and in good repair 2. <input type="checkbox"/> A bit dirty or in poor repair 3. <input type="checkbox"/> Very dirty or in very poor repair		
A203	Face and Hands	1. <input type="checkbox"/> Clean	2. <input type="checkbox"/> A bit dirty	3. <input type="checkbox"/> Very dirty
A204	Hair	1. <input type="checkbox"/> Clean	2. <input type="checkbox"/> A bit dirty	3. <input type="checkbox"/> Very dirty

Girl REG ORDER #|_|_|_|_|
Community #|_|_|_|_|

SOS Survey - IPAL

TIME USE: (Do not read) Ask the respondent how she spent time on the last weekday – not Saturday or Sunday. For Somali/Muslim respondents, ask about the previous Thursday if the last weekday was a Friday. Start with waking up, and ask her to describe each activity during the day. Do not read the activities; ask about each hour of the day. Mark an **X** for each hour. Indicate one activity per hour – there should only be one item marked in each column. Upon completion of the entire question, go back and add up the total amount for each activity by counting **Xs**. Put the number of **Xs** in the column named “total” the shaded box immediately to the right of the name of the activity. When all activity totals are added together, it should equal 20 **Xs** or 20 hours. THERE SHOULD BE JUST ONE X BY COLUMN AND NO EMPTY COLUMNS!_Now I’m going to ask you about what you did on [DAY]. When did you wake up? After you woke up, what did you do? What did you do next?

			TIME OF DAY																			
A205			AM										PM									
ACTIVITY:		Totals	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
a.	Education / school / training																					
b.	Personal care (bathing, dressing, eating)																					
c.	Unpaid work at home (e.g. cooking, cleaning, or washing clothes)																					
d.	Unpaid work outside the home (e.g. going to the market or fetching water)																					
e.	Unpaid work in family business or on family farm																					
f.	Paid work (wage work or work for others)																					
g.	In own business																					
h.	Social leisure time (chatting or watching TV friends, family gatherings, group meetings, parties, gossip)																					
i.	Non-social leisure time (reading, watching TV)																					
j.	Church / mosque																					
k.	Rest and sleep																					
l.	TOTAL																					

MENTORS AND ROLE MODELS			
A206	Do you have any person you regard as your mentor? By mentor, I mean a person that provides guidance, moral support, and gives you good advice to help you succeed in life?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> RTA	2 to A209
A207	How many people like this do you have in your life?	_ _ _ _	
A208	IF JUST ONE: What is her name? IF MORE THAN ONE: What is the name of the one who advises you the most?		
A209	Apart from this person, what's the name of the adult woman who you most look up to, respect, or admire, and who you see as a role model?		
Now I am going to ask you some questions about [NAME OF MAIN MENTOR] and [NAME OF ROLE MODEL].			
		a. Mentor	b. Role model
A210	On average over the past year how often would you say that you talked to ____?	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> A few times 3. <input type="checkbox"/> At least Monthly 4. <input type="checkbox"/> Most/all the time -888. <input type="checkbox"/> Do not know -999. <input type="checkbox"/> RTA	1. <input type="checkbox"/> Never 2. <input type="checkbox"/> A few times 3. <input type="checkbox"/> At least Monthly 4. <input type="checkbox"/> Most/all the time -888. <input type="checkbox"/> Do not know -999. <input type="checkbox"/> RTA
A211	What is your relationship to ____? TICK ALL THAT APPLY	1. <input type="checkbox"/> Family 2. <input type="checkbox"/> Household 3. <input type="checkbox"/> Community member 4. <input type="checkbox"/> Know from school -555. <input type="checkbox"/> Other (Specify _____)	1. <input type="checkbox"/> Family 2. <input type="checkbox"/> Household 3. <input type="checkbox"/> Community member 4. <input type="checkbox"/> Know from school -555. <input type="checkbox"/> Other (Specify _____)
A212	Do you talk with ____ about READ ALL OPTIONS, TICK ALL THAT APPLY	1. <input type="checkbox"/> Plans for future 2. <input type="checkbox"/> Health problems 3. <input type="checkbox"/> School lessons 4. <input type="checkbox"/> Peers at school 5. <input type="checkbox"/> Family problems 6. <input type="checkbox"/> Conflict with your parents or guardians 7. <input type="checkbox"/> Conflicts with husband, man, or boyfriends 8. <input type="checkbox"/> Conflicts with friends and neighbors 9. <input type="checkbox"/> Conflicts with siblings -222 <input type="checkbox"/> NA	1. <input type="checkbox"/> Plans for future 2. <input type="checkbox"/> Health problems 3. <input type="checkbox"/> School lessons 4. <input type="checkbox"/> Peers at school 5. <input type="checkbox"/> Family problems 6. <input type="checkbox"/> Conflict with your parents or guardians 7. <input type="checkbox"/> Conflicts with husband, man, or boyfriends 8. <input type="checkbox"/> Conflicts with friends and neighbors 9. <input type="checkbox"/> Conflicts with sibling -222 <input type="checkbox"/> NA
A213	What is the highest level of schooling completed by ____? IF DON'T KNOW, ASK RESP. TO APPROXIMATE	0. <input type="checkbox"/> None 1. <input type="checkbox"/> Primary 2. <input type="checkbox"/> Junior High 3. <input type="checkbox"/> Senior High 4. <input type="checkbox"/> Some post secondary 5. <input type="checkbox"/> University -999. <input type="checkbox"/> RTA -555 <input type="checkbox"/> DN	0. <input type="checkbox"/> None 1. <input type="checkbox"/> Primary 2. <input type="checkbox"/> Junior High 3. <input type="checkbox"/> Senior High 4. <input type="checkbox"/> Some post secondary 5. <input type="checkbox"/> University -999. <input type="checkbox"/> RTA -555 <input type="checkbox"/> DN
A214	What are ____'s main income generating activities? LIST 1-2 FOR EACH	a. 1 st IGA # _ _ _ _ b. 2 nd IGA # _ _ _ _ IF 8 OR 14, SPECIFY c. _____ -555 <input type="checkbox"/> DN	a. 1 st IGA # _ _ _ _ b. 2 nd IGA # _ _ _ _ IF 8 OR 14, SPECIFY c. _____ -555 <input type="checkbox"/> DN

TO FILL BY YOURSELF ONCE YOU HAVE CONCLUDED WITH RESPONDENT				
A215		Education section	Relationship with men	Social support
A216	Was any other person present while the girl was answering the questions in the _____ section?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A217	Was this person the household head?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A218	Was this person the Girl's born mother or born father?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
A219	Was this person somebody her age (between 10 and 18), a young child, or an adult?	1. <input type="checkbox"/> Her age 2. <input type="checkbox"/> A child 3. <input type="checkbox"/> An adult	1. <input type="checkbox"/> Her age 2. <input type="checkbox"/> A child 3. <input type="checkbox"/> An adult	1. <input type="checkbox"/> Her age 2. <input type="checkbox"/> A child 3. <input type="checkbox"/> An adult
A220	Was this person a male or a female?	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
A221	Could this person hear the answers the girl was giving?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Some 3. <input type="checkbox"/> All	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Some 3. <input type="checkbox"/> All	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Some 3. <input type="checkbox"/> All

A222	Is the girl respondent sharing the <u>household</u> with another respondent?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No If yes, specify girl Reg. order #	Reg order # _ _ _ _ Reg order # _ _ _ _ Reg order # _ _ _ _
A223	Is the girl respondent sharing the <u>house</u> with another respondent?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No If yes, specify girl Reg. order #	Reg order # _ _ _ _ Reg order # _ _ _ _ Reg order # _ _ _ _

ANNEX FOR COMMUNITY NUMBER

1. Clara Town	10. Bassa Community
2. Brewerville	11. Bentol
3. Chicken Soup Factory	12. Congo Town (Peace Island)
4. Doe Community (Freeport)	13. Pipeline
5. Battery Factory	14. Redlight A (Soul Clinic)
6. New Kru Town	15. Redlight B (Wood Camp)
7. LoganTown	16. Duport Road A (Zubah Town)
8. West Point	17. Duport Road B (Voka Mission)
9. Morris Farm	18. Old Road (Gaye Town)

ANNEX FOR IGA

IGA 1. HOUSEHOLD LABOR OR CLEANING
IGA 2. SELLING FROM A SHOP, CONTAINER OR STORE
IGA 3. SELLING AT A MARKET OR BOOTH
IGA 4. OTHER BUYING AND SELLING AROUND (WHEELBARROW, WAITER, ETC)
IGA 5. FOOD PROCESSING (BAKING, COOKING, DRYING)
IGA 6. STITCHING, HANDICRAFT, TAILORING, TIE-DYING
IGA 7. BEAUTICIAN
IGA 8. SKILLED TRADE (MECHANIC, POTTERY, CARPENTER, METAL WORK, DRIVER, HOUSE PAINTING, COMPUTER IT, ETC)
IGA 9. WORK IN RESTAURANT OR HOTEL
IGA 10. WORK IN AN OFFICE FOR PROFIT BUSINESS (BANK, ETC)
IGA 11. TEACHER OR HEALTH WORKER
IGA 12. WORKS FOR NGO
IGA 13. WORK FOR GOVERNMENT
IGA 14. ANYTHING ELSE TO GET MONEY

ANNEX FOR RESPONDENT MATH TEST

A157. If you have 21 rocks and you add 36 rocks, how many rocks do you have?

A158. If you have 16 rocks and take away 9, how many do you have?

A159. If you buy a pineapple for 50 LD and then sell it for 70 LD, what is your profit, or the extra money you get on it?

A160. If you have 10 LD and you double it, how much do you have?

A161. What is 5 times 10?

A162. If you get 10 USD a day for 12 days what would be the total money you get at the end?

ANNEX FOR RESPONDENT ENGLISH TEST

A163. Letters recognition (oral)

a	h	l
v	k	b
z	n	p

A164. Word recognition (oral)

over	belief	friends
banana	tree	car
pencil	road	mother

A165-A167. Reading

A165. Instruction: *Read out loud the following sentence*

When I grow up, I want to be a nurse.

A166. A167. Instructions: *Read out loud the following text.*

Sam walked into a kiosk. He sat down next to Melvin. A dog was sleeping next to Melvin's feet.

"Does your dog bite?" asked Sam.

"No", replied Melvin.