

Jimma Longitudinal Family Survey of Youth 2006 – Adolescent Questionnaire Round 2 VERSION 2.3

Confidential: Data for Research Purposes Only

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Interviewer name:		Kebele Name		Site #	
Supervisor name:		House Number		Family ID#	
Supervisor signature:		Adolescent Person #			
		GIS	N:	E:	ALT:
Outcome of first visit	1 Completed 2 Not home 3 Refused 4 Interrupted	Alternative interview time:			
Outcome of second visit	1 Completed 2 Not home 3 Refused 4 Interrupted	Alternative interview time:			
Outcome of third visit	1 Completed 2 Not home 3 Refused 4 Interrupted	Alternative interview time:			
Date of interview (DD/MM/YYYY)	___/___/___	Time interview started			:

SECTION A: BACKGROUND INFORMATION

A1.	What is the highest grade of school you have completed?	No formal schooling: 0 Primary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 College: 13 14 15 16 17	
A2.	Are you currently enrolled in school (or planning to be in school after the school-break ends)?	1 Yes → A5 0 No	
A3.	Were you in school the last time we interviewed you? REFER TO LAST INTERVIEW DATE ON INTERVIEW ASSIGNMENT SHEET	1 Yes 0 No → A7	
A4.	For each of the following statements, please let me know if it was a reason why you <u>did not continue</u> in school.		
A4_1.	There was not enough money.	1 Yes 0 No	
A4_2.	You had to work.	1 Yes 0 No	
A4_3.	You got married.	1 Yes 0 No	
A4_4.	You had to care for a child.	1 Yes 0 No	

A4_5.	You had to care for another family member.	1 Yes 0 No	
A4_6.	You had health problems.	1 Yes 0 No	
A4_7.	You had a disability.	1 Yes 0 No	
A4_8.	You did not want to go to school any more, or you went as far as you wanted.	1 Yes 0 No	
A4_9.	There was no school available or the nearest school was too far away.	1 Yes 0 No	
A4_10.	Is there any other reason why you did not continue in school? IF YES: (specify) _____ →	1 Yes 0 No → A7	→ A7
A5.	What is the highest grade you think you will complete?	Primary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 College: 13 14 15 16 17	
A6.	For each of the following statements, please let me know if it is a reason why you <u>will continue</u> in school.		
A6_1.	To be with your friends.	1 Yes 0 No	
A6_2.	To find or keep a boy/girl friend.	1 Yes 0 No	
A6_3.	To find a husband/wife.	1 Yes 0 No	
A6_4.	To improve your marriage prospects.	1 Yes 0 No	
A6_5.	Your parents want you to continue studying.	1 Yes 0 No	
A6_6.	To reach your educational goals	1 Yes 0 No	
A6_7.	To learn the most you can.	1 Yes 0 No	
A6_8.	To get a good job.	1 Yes 0 No	
A6_9.	To earn more money.	1 Yes 0 No	
A6_10.	Is there any other reason why you <u>will continue</u> in school? IF YES: (specify) _____ →	1 Yes 0 No	

A7.	Now, I would like to ask you some questions about work. Are you currently working in a job for pay or in a family business or as an apprentice?	1 Yes 0 No ➔ A17	
A8.	What type of job are you currently working in?		
A9.	Who helped you get this job?		
A10.	Are you an apprentice on this job?	1 Yes 0 No	
A11.	How long have you worked in this job?	Months	
		Years	
A12.	Where is this job located?	Woreda	
		Kebele	
A13.	Who is your employer?	1 Self-employed 2 Family 3 Private 4 Government	
A14.	How do you get paid in this job?	1 Cash 2 In kind 3 Both cash and in kind 4 Not paid	
A15.	In a typical week working at this job, how many days do you work?	Days	
A16.	In a typical week working at this job, how much income do you earn?	Birr	
A17.	Now, I would like to ask you some questions about how you spend your time away from school and home. Outside of school and home, how often do you spend time with people your age who are of <u>your sex</u> ?	1 Every day 2 Several times a week 3 Several times a month 4 Once a month 5 Several times a year 6 Never ➔ A19	
A18.	Outside of school and home, please tell me the 2 places you spend most of your time with people your age who are of <u>your sex</u> ?	Place 1	
		Place 2	

A19.	Outside of school and home, how often do you spend time with people your age who are of the <u>opposite sex</u> ?	1 Every day 2 Several times a week 3 Several times a month 4 Once a month 5 Several times a year 6 Never → A21	
A20.	Outside of school and home, please tell me the 2 places you spend most of your time with people your age who are of the <u>opposite sex</u> ?	Place 1 Place 2	
A21.	Are you a member, or do you regularly participate in a club or group or society?	1 Yes 0 No → A24	
A22.	How many clubs or groups or societies are you currently a member of, or participate in? (for example, clubs in school, in your kebele, youth programs or youth associations)?	Clubs	
A23.	What are the names of these clubs or groups or societies? LIST ALL MENTIONED	Club 1 Club 2 Club 3 Club 4 Club 5 Club 6	
A24.	In the last six months, how many times did you go to Addis Ababa?	Trips	
A25.	IF IN A STUDY SITE OUTSIDE OF JIMMA TOWN, ASK: In the last six months, how many times did you go to Jimma Town? IF IN JIMMA TOWN → A26	Trips	
A26.	In the last six months, how many times did you go to any other place outside of your kebele, other than Addis Ababa or Jimma Town?	Trips	
A27.	Have you ever been to the health center in [JIMMA TOWN/SERBO/YEBU/SHEKI TOWN]? INSERT NAME OF NEAREST TOWN	1 Yes 0 No → A30	
A28.	In the last six months, how many times have you been to the health center in [JIMMA TOWN/SERBO/YEBU/SHEKI TOWN]?	Visits	
A29.	The last time you went to the health center in [JIMMA TOWN/SERBO/YEBU/SHEKI TOWN], what was the reason for your visit?		
A30.	Have you ever been to the health post or health clinic in this kebele or a nearby kebele?	1 Yes 0 No → A33	
A31.	In the last six months, how many times have you been to the health post or health clinic in this kebele or a nearby kebele?	Visits	

A32.	The last time you went to the health post or health clinic in this kebele or a nearby kebele, what was the reason for your visit?				
A33.	In the last six months, have you ever been to any other health facility?			1 Yes 0 No ➔ A37	
A34.	What type of health facility was it?	<u>Government</u> 11 Hospital 12 Health center 13 Health station/clinic 14 Other government	<u>Nongovernmental (NGO)</u> 21 Health facility 22 Other NGO	<u>Private medical</u> 31 Private hospital 32 Private health personnel 33 Private clinic 34 Pharmacy 35 Other private	
A35.	Where was the health facility located?			Region Woreda Kebele	
A36.	What was the reason for your most recent visit in the last six months to this health facility?				
A37.	In the last six months have you had any contact with a health professional outside of a formal health facility?			1 Yes 0 No ➔ A39	
A38.	Where did this contact occur?			1 Home 2 School 3 Work 4 Public meeting place 5 Other (Specify below)	
A39.	For each of the following services, tell me if you have ever heard of it.				
	IF YES, ASK: In the last six months have you ever used or had contact with this service?			Ever heard of?	Ever used or had contact with?
A39_1a.	Community based contraceptive distribution (CBD)	1 Yes ➔ A39_1b 0 No ➔ A39_2a		A39_1b.	1 Yes 0 No
A39_2a.	Community based reproductive health services (CBRH)	1 Yes ➔ A39_2b 0 No ➔ A40		A39_2b.	1 Yes 0 No
A40.	In general, how would you rate your health today?			1 Very good 2 Good 3 Fair 4 Bad	

A41.	In the last 30 days, how often has feeling tired or not having enough energy been a problem for you?	1 Very often 2 Sometimes 3 Rarely 4 Never	
A42.	Overall, in the past 30 days, how often have you had difficulties with school, work, or household activities because of poor health?	1 Very often 2 Sometimes 3 Rarely 4 Never	
Now let's talk about the last time in the past six months you were sick and what you did.			
A43.	When was the last time in the past six months you were sick with any illness? IF RESPONDENT ANSWERS "never sick", PROBE	1 Currently ill 2 Within the last 2 weeks 3 2 weeks to 1 month ago 4 1 month to 3 months ago 5 3 months to 6 months ago 6 Not sick in last 6 months ➔ A45	
A44.	Think about the last time in the past six months you were sick, did you have any of the following symptoms?		
A44_1.	Fever (hot body)	1 Yes 0 No	
A44_2.	Cough	1 Yes 0 No	
A44_3.	Difficult or fast breathing	1 Yes 0 No	
A44_4.	Diarrhea	1 Yes 0 No	
A44_5.	Vomiting	1 Yes 0 No	
A44_6.	Unable to eat or drink	1 Yes 0 No	
A44_7.	Abdominal pain	1 Yes 0 No	
A44_8.	Genital discharge or ulcer	1 Yes 0 No	
A44_9.	Depression/extreme sadness/worry	1 Yes 0 No	

A44_10.	Did you have any other symptom? IF YES: (specify) _____ →	1 Yes 0 No	
A45.	In the past six months, have you had a severe injury? IF YES: (specify) _____ →	1 Yes 0 No	
A46.	During the past six months when you were sick or injured did you seek any form of treatment?	1 Yes 0 No → A48	
A47.	Where did you get help? DO NOT READ LIST UP TO 2 ANSWERS POSSIBLE	1 Self/family/neighbor 2 Traditional healer 3 Public health facility 4 Private health clinic	5 Pharmacy 6 Religious healer 7 Other (specify below) 1 2

Now I would like to ask you some questions about problems you may have encountered with food. These questions are about you personally and not your household overall.

A48.	In the last six months, how many days did <u>you</u> worry that you would <u>run out of food or not have enough money to buy food</u> ?	1 Never 2 1-7 days 3 8-21 days 4 More than 21 days	
A49.	In the last six months, how many days have <u>you</u> had to <u>reduce the number of meals</u> eaten in a day, because of shortages of food or money?	1 Never 2 1-7 days 3 8-21 days 4 More than 21 days	
A50.	In the last six months, how many days have <u>you</u> had to <u>reduce the size of meals</u> eaten in a day, because of shortages of food or money?	1 Never 2 1-7 days 3 8-21 days 4 More than 21 days	
A51.	In the last six months, how many days have <u>you</u> had to <u>spend the whole day without eating</u> , because of shortages of food or money?	1 Never 2 1-7 days 3 8-21 days 4 More than 21 days	
A52.	In the last six months, how many days have <u>you</u> had to <u>ask for food or money</u> to buy food?	1 Never 2 1-7 days 3 8-21 days 4 More than 21 days	

Now I would like to talk about other health issues.

A53.	Have you ever heard of the virus HIV or an illness called AIDS?		1 Yes 0 No ➔ A59		
A54.	From which sources of information have you heard about AIDS?		A54_1.	Radio	
	DO NOT READ THE LIST		A54_2.	Television	
	Any other sources?		A54_3.	Newspapers/magazines	
	CHECK ALL MENTIONED		A54_4.	Pamphlets/posters/signs	
			A54_5.	Health workers	
			A54_6.	Churches/mosques	
			A54_7.	Schools/teachers	
			A54_8.	Community event	
			A54_9.	Friends/relatives	
			A54_10.	Work place	
			A54_11.	Drama/performance	
			A54_12.	Other (specify)	
A55.	Is there anything a person can do to avoid getting infected with HIV, which is the virus that causes AIDS?		1 Yes 0 No ➔ A57 77 Don't know ➔ A57		
A56.	What can a person do?		A56_1.	Abstain from sex	
	DO NOT READ THE LIST		A56_2.	Use condoms	
			A56_3.	Limit sex to one partner/stay faithful to one partner	

Anything else? CHECK ALL MENTIONED	A56_4.	Limit number of sexual partners		
	A56_5.	Avoid sex with prostitutes		
	A56_6.	Avoid sex with persons who have many partners		
	A56_7.	Avoid sex with homosexuals		
	A56_8.	Avoid sex with persons who inject drugs intravenously		
	A56_9.	Avoid blood transfusions		
	A56_10.	Avoid injections with unclean needles		
	A56_11.	Avoid kissing		
	A56_12.	Avoid mosquito bites		
	A56_13.	Seek protection from traditional healer		
	A56_14.	Avoid sharing razors/blades		
	A56_15.	Other (specify) _____ →		
	A56_16.	Other (specify) _____ →		
A57.	Can the virus that causes AIDS be transmitted from a mother to her child?	1 Yes 0 No → A59 77 Don't know → A59		
A58.	When can the virus that causes AIDS be transmitted from a mother to her child? DO NOT READ THE LIST Any other times? CHECK ALL MENTIONED	A58_1.	During pregnancy	
		A58_2.	During delivery	
		A58_3.	During breastfeeding	
		A58_4.	Other times	
		A58_5.	Don't know	
Now I would like to ask you a few things about other health related behaviors.				
A59.	Do you usually sleep under a bed net?	1 Yes 0 No → A61		
A60.	Is the bed net treated with an insecticide?	1 Yes 0 No 77 Don't know		

A61.	On how many of the last 7 days have you smoked any tobacco products such as cigarettes?	Days	
A62.	On average, how many cigarettes do you smoke each day?	Number	
A63.	Does anyone living in your household smoke tobacco products, such as cigarettes?	1 Yes 0 No	
A64.	On how many of the last 7 days have you consumed beer?	Days	
A65.	On how many of the last 7 days have you consumed tella, karibio or arekie?	Days	
A66.	On how many of the last 7 days have you consumed tej?	Days	
A67.	On how many of the last 7 days have you chewed khat?	Days	
Thinking about the future, how likely do you think it is you will experience each of the following illnesses or accidents?			
A68.	Problems seeing at nighttime (Dafinit)	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has the illness	
A69.	HIV or AIDS	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has the illness	
A70.	Tuberculosis	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has the illness	
A71.	Diabetes	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has the illness	
A72.	Malaria	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has the illness	
A73.	Severe injury or death from road accident	1 Very likely 2 Likely 3 Unlikely 4 Very unlikely 88 Already has an injury	

Next, I am going to briefly describe a person, let's call this person (Kebede/Lemlem). After each description please tell me whether that person is very much like you, like you, not like you, or not like you at all.

A74.	It is important to (Kebede/Lemlem) to live in secure surroundings. (He/She) avoids anything that might endanger (his/her) safety. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A75.	(Kebede/Lemlem) believes that people should do what they are told. (He/She) thinks people should follow the rules at all times, even when no-one is watching. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A76.	It is important to (Kebede/Lemlem) to make (his/her) own decisions about what (he/she) does. (He/She) likes to be free and not depend on others. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A77.	It's very important to (Kebede/Lemlem) to help the people around (him/her). Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A78.	Being very successful is important to (Kebede/Lemlem). (He/She) hopes people will recognize (his/her) achievements. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A79.	(Kebede/Lemlem) looks for adventures and likes to take risks. (He/She) wants to have an exciting life. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A80.	It is important to (Kebede/Lemlem) always to behave properly. (He/She) wants to avoid doing anything people would say is wrong. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	
A81.	Tradition is important to (Kebede/Lemlem). (He/She) tries to follow the customs handed down by (his/her) religion or (his/her) family. Is that very much like you, like you, not like you, or not like you at all?	1 Very much like me 2 Like me 3 Not like me 4 Not like me at all	

SECTION B: ROMANTIC RELATIONSHIP HISTORY

Now, I would like you to tell me about the romantic relationships in which you have been involved. By romantic, I mean a relationship that lasted for at least one month in which you were boyfriend and girlfriend or husband and wife. A romantic relationship may have involved sexual relations or it may have involved nothing more than holding hands.

B1.	Have you ever been in a romantic relationship?	1 Yes 0 No → B31			
B2.	How many romantic relationships have you ever had, including your current relationship if you are married or have a boy/girlfriend?	Relationships			
B3.	Are you currently in a romantic relationship?	1 Yes 0 No			
B4_1.	Let's start with your current or most recent relationship. What is the first name or initial of the person with whom you are/were involved (Giving the right or complete name is not mandatory)? → [1. NAME]	[1. NAME]	[2. NAME]	[3. NAME]	[4. NAME]
B4_2.	IF 1 RELATIONSHIP (B2=1) AND NEVER MARRIED (B5=0) → B31 IF 1 RELATIONSHIP (B2=1) AND EVER MARRIED (B5=1) → B31 IF 2 RELATIONSHIPS (B2=2) → B4_4 IF 3 OR MORE RELATIONSHIPS (B2 ≥ 3), ASK: Now let's talk about the relationship immediately before your relationship with [1. NAME]. What is the first name or initial of the person with whom you were involved (Giving the right or complete name is not mandatory)? → [2. NAME]	→ B5 Current/most recent relationship	→ B5 Second to last relationship	→ B5 Third to last relationship	→ B5 First relationship
B4_3.	IF 3 RELATIONSHIPS (B2=3) → B4_4 IF 4 OR MORE RELATIONSHIPS (B2 ≥ 4), ASK: Now let's talk about the relationship immediately before your relationship with [2. NAME]. What is the first name or initial of the person with whom you were involved (Giving the right or complete name is not mandatory)? → [3. NAME]				
B4_4.	Now let's talk about your very first relationship. What is the first name or initial of the first person with whom you were involved in a relationship (Giving the right or complete name is not mandatory)? → [4. NAME]				
B5.	Are/were you married to [NAME]?	1 Yes 0 No → B11			
B6.	IF FEMALE, ASK: Does/did [NAME] have more than one wife during your marriage? IF MALE, ASK: Do/did you have more than one wife during your marriage to [NAME]?	1 Yes 0 No → B8			
B7.	IF FEMALE, ASK: How many wives does/did [NAME] have during your marriage? IF MALE, ASK: How many wives do/did you have during your marriage to [NAME]?	Wives			
B8.	How old were you when you married [NAME]?	Age			
B9.	In what year and month did you marry [NAME]?	Year			
		Month			
B10.	Were you boyfriend and girlfriend before you and [NAME] married?	1 Yes 0 No → B16			

B11.	IF MARRIED (B5=1) TO [NAME], ASK: How old were you when you began your relationship with [NAME] before you were married? IF NOT MARRIED (B5=0) TO [NAME], ASK: How old were you when you began your relationship with [NAME]?	Years				
B12.	IF MARRIED (B5=1) TO [NAME], ASK: In what year and month did you begin your relationship with [NAME] before you were married? IF NOT MARRIED (B5=0) TO [NAME], ASK: In what year and month did you begin your relationship with [NAME]?	Year				
		Month				
B13.	IF MARRIED (B5=1) TO [NAME], ASK: How many months were you in a relationship with [NAME] before you got married? IF NOT MARRIED (B5=0) TO [NAME], ASK: How many months have you been/(were you) in a relationship with [NAME]?	Months				
B14.	IF MARRIED (B5=1) TO [NAME], ASK: Did you live with [NAME] before you got married? IF NOT MARRIED (B5=0) TO [NAME], ASK: Do/did you live with [NAME]?	1 Yes 0 No → B16				
B15.	How many months after you began your relationship with [NAME] did you begin to live together?	Months				
B16.	Did you have a job when you began your relationship with [NAME]?	1 Yes 0 No → B18				
B17.	What kind of job did you have when you began your relationship with [NAME]?	Occupation				
B18.	Did [NAME] have a job when you began your relationship?	1 Yes 0 No → B20				
B19.	What kind of job did [NAME] have when you began your relationship?	Occupation				

B20.	What is [NAME'S] ethnicity?		Ethnicity				
B21.	What is [NAME'S] religion?		Religion				
B22.	At the time you started your relationship with [NAME], where did you live?		Region				
			Woreda				
			Kebele				
B23.	Where did [NAME] live when you began your relationship?		Region				
			Woreda				
			Kebele				
B24.	At the time you started your relationship with [NAME], for how long had [NAME] been living in that place?		1 Less than 1 year 2 1 to 3 years 3 More than 3 years 77 Born there				
B25.	Where did you first meet [Name], for example was it at school or at a neighbor's house or some other place?	1 School 2 Church/mosque 3 Market 4 In the street 5 Relative's house 6 Friend's house 7 Neighbor's house	8 Tea/coffee shop 9 Work place/field 11 Well/water place 12 In wooded area 13 Other (specify)				

B26.	<p>IF MARRIED (B5=1) TO [NAME] AND NOT BOY/GIRL FRIEND BEFORE MARRIAGE (B10=0) → B30</p> <p>In romantic relationships boyfriends and girlfriends sometimes give gifts to one another like food or jewelry or clothing.</p> <p>IF MARRIED (B5=1) TO [NAME] AND BOY/GIRL FRIEND BEFORE MARRIAGE (B10=1), ASK: When you and [NAME] were boyfriend and girlfriend before you were married, how often if ever did [NAME] give you each of the following gifts? → B26_1</p> <p>IF NOT MARRIED (B5=0) TO [NAME], ASK: How often, if ever, did [NAME] give you each of the following gifts? → B26_1</p>							
B26_1.	Food/prepared meals/drinks	0. Never	1. Once or twice	2. Several times				
B26_2.	Jewelry	0. Never	1. Once or twice	2. Several times				
B26_3.	Clothing	0. Never	1. Once or twice	2. Several times				
B26_4.	Money	0. Never	1. Once or twice	2. Several times				
B26_5.	Other gifts	0. Never	1. Once or twice	2. Several times				

B27.	IF MARRIED (B5=1) TO [NAME] AND BOY/GIRL FRIEND BEFORE MARRIAGE (B10=1), ASK: When you and [NAME] were boyfriend and girlfriend before you were married, how often if ever did you give [NAME] each of the following gifts? ➔ B27_1 IF NOT MARRIED (B5=0) TO [NAME], ASK: How often, if ever, did you give each of the following gifts to [NAME]? ➔ B27_1						
B27_1.	Food/prepared meals/drinks	0. Never	1. Once or twice	2. Several times			
B27_2.	Jewelry	0. Never	1. Once or twice	2. Several times			
B27_3.	Clothing	0. Never	1. Once or twice	2. Several times			
B27_4.	Money	0. Never	1. Once or twice	2. Several times			
B27_5.	Other gifts	0. Never	1. Once or twice	2. Several times			
B28.	Are/were your parents aware of your relationship with [NAME]?		1 Yes 0 No ➔ B30 77 Don't know ➔ B30				
B29.	Do/did your parents approve of your relationship with [NAME]?		1 Yes 0 No 77 Don't know				
B30.	_____➔				➔ B4_2	➔ B4_3	➔ B4_4
							➔B31

SEXUAL PRACTICES OF AGE PEERS

B31.	Adolescence and early adulthood are times of sexual experimentation by young men and women. Please think about your 5 closest <u>female friends or relatives</u> who are still single. How many of them do you think have done the following with a younger or older man:		
B31_1.	Kissed	Friends (0-5) 77 Don't know	
B31_2.	Kissed using tongues?	Friends (0-5) 77 Don't know	
B31_3.	Engaged in light petting (let her breasts be touched)?	Friends (0-5) 77 Don't know	
B31_4.	Engaged in heavy petting (touched each other's genitals/private parts)?	Friends (0-5) 77 Don't know	
B31_5.	Had sexual intercourse?	Friends (0-5) 77 Don't know	
B32.	Now, think about your 5 closest <u>male friends or relatives</u> who are still single. How many of them do you think have done the following with a younger or older woman:		
B32_1.	Kissed	Friends (0-5) 77 Don't know	
B32_2.	Kissed using tongues?	Friends (0-5) 77 Don't know	
B32_3.	Engaged in light petting (touched the girl's breasts)?	Friends (0-5) 77 Don't know	
B32_4.	Engaged in heavy petting (touched each other's genitals/private parts)?	Friends (0-5) 77 Don't know	
B32_5.	Had sexual intercourse?	Friends (0-5) 77 Don't know	

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B33.	<p>IF NEVER BEEN IN A RELATIONSHIP (B1=0) ➔ D1 IF NEVER BEEN IN A PREMARITAL RELATIONSHIP (B5=1 AND B10=0) ➔ D1</p> <p>IF MARRIED (B5=1) TO [NAME] AND IN PREMARITAL RELATIONSHIP (B10=1), ASK: Thinking about your relationship with [NAME] before you were married, did you ever: ➔ B33_1</p> <p>IF NOT MARRIED (B5=0) TO [NAME], ASK: Thinking about your relationship with [NAME], did you ever: ➔ B33_1</p> <p>IF MARRIED (B5=1) TO [NAME] AND NO PREMARITAL RELATIONSHIP (B10=0) ➔ NEXT [NAME]</p>	<p>PULL OUT THE RESPONSE CARDS AND EXPLAIN HOW TO USE THEM.</p> <p>USE THE RESPONSE CARDS FOR B33-B35.</p>					
B33_1.	Hold hands (that differs from traditional handshaking for greetings)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B33_2.	Kiss	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B33_3.	Kiss using tongues	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B33_4.	Engage in light petting (touched her/your breasts)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B33_5.	Engage in heavy petting (touched each other's genitals/private parts)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B33_6.	Have sexual intercourse	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B34_1.	How often did you use a condom when you had sexual intercourse with [NAME]? Did you <u>ever</u> use a condom when you had sexual intercourse with [NAME]? (If you never had sexual intercourse point to any of the blue squares.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B34_2.	Did you <u>sometimes or always</u> use a condom when you had sexual intercourse with [NAME]? (If you never had sexual intercourse point to any of the blue squares.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B34_3.	Did you <u>always</u> use a condom when you had sexual intercourse with [NAME]? (If you never had sexual intercourse point to any of the blue squares.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B35_1.	What do you think are the chances that [NAME] has/had HIV during your relationship? Do you think that there is <u>no</u> chance that [NAME] has/had HIV during your relationship? (Point to Yes or No only.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B35_2.	Do you think that there is <u>at least a small</u> chance that [NAME] has/had HIV during your relationship? (Point to Yes or No only.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
B35_3.	Do you think that there is a <u>great</u> chance that [NAME] has/had HIV during your relationship? (Point to Yes or No only.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD				
				➔ B33	➔ B33	➔ B33	➔ C1

SECTION C: LIFE TIME SEXUAL EXPERIENCE (C1-C4 Baseline questions for measuring understanding of response cards)
USE THE RESPONSE CARDS FOR C1-C19_3

C1.	Have you read a newspaper or magazine in the last seven days? (Point to a green square for Yes or a red square for No.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C2.	On how many of the last seven days have you read a newspaper or magazine? (Point to a number from 0 to 7. If you have not read a newspaper in the last seven days point to the number 0.)	0-7 days	ENTER NUMBER SHOWN ON CARD	
C3.	Have you listened to the radio in the last seven days? (Point to a green square for Yes or a red square for No.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C4.	On how many of the last seven days have you listened to the radio? (Point to a number from 0 to 7. If you have not listened to the radio in the last seven days point to the number 0.)	0-7 days	ENTER NUMBER SHOWN ON CARD	
C5.	Have you ever had sexual intercourse? (Point to a green square for Yes or a red square for No.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C6.	How old were you the first time you ever had sexual intercourse? (If you have never had sexual intercourse point to any of the blue squares.)	Age	ENTER NUMBER SHOWN ON CARD	
C7.	Now, I am going to read some reasons why young men and women become sexually active. The first time you had sexual intercourse, which of the following was true? For each reason I mention, point to a green square for YES or a red square for NO. (If you have never had sexual intercourse point to any of the blue squares after I read each reason.)			
C7_1.	Your partner put a lot of pressure on you?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_2.	Your partner put some pressure on you?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_3.	You put a lot of pressure on your partner?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_4.	You put some pressure on your partner?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_5.	You did it to show your partner that you loved him\her?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_6.	You did it to experience sex?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_7.	You did it for pleasure?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_8.	You did it because you were married?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_9.	You were forced against your will to have sex?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C7_10.	You did it for money, to get a good grade in school, or for some other gain?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	

C8.	Including your current relationship, with how many men [women] have you ever had sexual intercourse? (Point to any of the blue squares if you have never had sexual intercourse.)	Sexual partners	ENTER NUMBER SHOWN ON CARD	
C9.	Including your current relationship, with how many men [women] have you had sexual intercourse in the last six months? (Point to any of the blue squares if you have never had sexual intercourse.)	Sexual partners	ENTER NUMBER SHOWN ON CARD	
C10.	Including your current relationship, how many of the men [women] with whom you had sexual intercourse in the last six months were new partners for you, meaning you had never had sexual intercourse with them before the last six months? (Point to any of the blue squares if you have never had sexual intercourse.)	Sexual partners	ENTER NUMBER SHOWN ON CARD	
C11.	Including your current relationship, how many of the men [women] with whom you had sexual intercourse in the last six months are from this kebele? (Point to any of the blue squares if you have never had sexual intercourse.)	Sexual partners	ENTER NUMBER SHOWN ON CARD	
C12_1.	In the last six months, how frequently did you use a condom when you had sexual intercourse with someone other than your spouse? I will give you three choices, always, sometimes, never. Did you <u>always</u> use a condom when you had sexual intercourse with someone other than your spouse? (Remember to point to any of the blue squares if you have not had sexual intercourse with someone other than your spouse in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C12_2.	In the last six months, did you <u>sometimes</u> use a condom when you had sexual intercourse with someone other than your spouse? (Remember to point to any of the blue squares if you have not had sexual intercourse with someone other than your spouse in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C12_3.	In the last six months, did you <u>never</u> use a condom when you had sexual intercourse with someone other than your spouse? (Remember to point to any of the blue squares if you have not had sexual intercourse with someone other than your spouse in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C13.	In the last six months do you think you were ever at the risk of contracting HIV?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C14.	FOR MALES ONLY. IF FEMALE → C16 How many of your sexual partners in the last six months were prostitutes or bar girls? (Point to any of the blue squares if you have never had sexual intercourse.)	Sexual partners	ENTER NUMBER SHOWN ON CARD	
C15_1.	In the last six months, how often did you use a condom with prostitutes or bar girls? I will give you three choices, always, sometimes, never. Did you <u>always</u> use a condom with prostitutes or bar girls? (Point to any of the blue squares if you have not had sexual intercourse with prostitutes or bar girls in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C15_2.	In the last six months did you <u>sometimes</u> use a condom with prostitutes or bar girls? (Point to any of the blue squares if you have not had sexual intercourse with prostitutes or bar girls in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C15_3.	In the last six months did you <u>never</u> use a condom with prostitutes or bar girls? (Point to any of the blue squares if you have not had sexual intercourse with prostitutes or bar girls in the last six months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C16.	Do you know of a place where you could obtain condoms if you needed to?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C17.	Do you know of a place where you would feel comfortable obtaining condoms? (Point to any of the blue squares if you do not know of a place where you could obtain condoms.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	

C18.	People differ in their opinions about whether, and under what conditions, it is acceptable for young women and men to have sexual intercourse before they are married. For each of the following conditions, I would like to know whether you think it is acceptable for a <u>young woman</u> to have sexual intercourse before she is married. Point to Yes if you think it is acceptable and No if you think it is unacceptable.			
C18_1.	When she is casually sexually attracted to a male?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C18_2	When she is going steady with a male?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C18_3.	When she is engaged to be married with a male?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C19.	Do you think it is acceptable for a <u>young man</u> to have sexual intercourse before he is married:			
C19_1.	When he is casually sexually attracted to a female?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C19_2	When he is going steady with a female?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
C19_3	When he is engaged to be married with a female?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	

SECTION D: CONTRACEPTION AND PREGNANCIES [FOR FEMALES ONLY. IF MALE ➔E]

USE THE RESPONSE CARDS FOR D1-D23

I will now ask you some questions about pregnancies and ways women can avoid pregnancies. Again, please remember to use the cards to indicate your responses. If the question does not apply to you, please point to any of the blue squares.

D1.	Have you ever heard of the PILL? (Women can take a pill every day to stop them from becoming pregnant.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D2.	Did you first hear about the pill in the last six months? (Point to any of the blue squares if you have never heard of the pill.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D3.	Have you ever used the pill? (Point to any of the blue squares if you have never heard of the pill.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D4.	Did you first use the pill in the last six months? (Point to any of the blue squares if you have never heard of or used the pill.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D5.	Have you ever heard of the IUD? (Women can have a loop or coil placed inside them by a doctor or a nurse.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D6.	Did you first hear about the IUD in the last six months? (Point to any of the blue squares if you have never heard of the IUD.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D7.	Have you ever used the IUD? (Point to any of the blue squares if you have never heard of the IUD.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D8.	Did you first use the IUD in the last six months? (Point to any of the blue squares if you have never heard of or used the IUD.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	

D9.	Have you ever heard of INJECTABLE CONTRACEPTIVES? (Women can have an injection by a doctor or nurse which stops them from becoming pregnant for one or more months.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D10.	Did you first hear about INJECTABLE CONTRACEPTIVES in the last six months? (Point to any of the blue squares if you have never heard of INJECTABLE CONTRACEPTIVES.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D11.	Have you ever used INJECTABLE CONTRACEPTIVES? (Point to any of the blue squares if you have never heard of INJECTABLE CONTRACEPTIVES.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D12.	Did you first use INJECTABLE CONTRACEPTIVES in the last six months? (Point to any of the blue squares if you have never heard of or used INJECTABLE CONTRACEPTIVES.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D13.	Have you ever heard of NORPLANTS? (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.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D14.	Did you first hear about NORPLANTS in the last six months? (Point to any of the blue squares if you have never heard of NORPLANTS.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D15.	Have you ever used NORPLANTS? (Point to any of the blue squares if you have never heard of NORPLANTS.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D16.	Did you first use NORPLANTS in the last six months? (Point to any of the blue squares if you have never heard of or used NORPLANTS.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D17.	Have you ever been pregnant?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D18.	How many times have you been pregnant? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	Number of pregnancies	ENTER NUMBER SHOWN ON CARD	
D19.	How many live births have you had? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	Number of live births	ENTER NUMBER SHOWN ON CARD	
D20.	Have you ever had a stillbirth? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D21.	How many stillbirths have you ever had? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	Number of stillbirths	ENTER NUMBER SHOWN ON CARD	
D22.	Have you ever had a spontaneous abortion? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
D23.	Have you ever had an induced abortion? (Point to any of the blue squares if you have <u>never</u> been pregnant.)	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	

SECTION E: SEXUAL MATURITY

USE THE RESPONSE CARDS FOR E1-E8

Now, in this final section I would like to ask you some questions about your physical development. Adolescent is a period during which young people experience many physical changes as they grow and develop into adults.

E1.	E1-E4 FOR FEMALES ONLY. IF MALE ➔E5 As a girl grows up certain changes happen to her body. She grows hair under her arms and pubic hair, her breasts develop and get bigger and her body becomes more curved. Have any of these things begun to happen to you?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
E2.	How old were you when you first noticed any of these changes? (Point to any of the blue squares if none of these changes have begun.)	Age	ENTER NUMBER SHOWN ON CARD	
E3.	Have you ever had a menstrual period?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
E4.	How old were you when you had your very first menstrual period? (Point to any of the blue squares if you have never had a menstrual period.)	Age	ENTER NUMBER SHOWN ON CARD	
E5.	E5-E8 FOR MALES ONLY. IF FEMALE ➔F As a boy grows up certain changes happen to his body. He grows facial hair, hair under the arms, and pubic hair, and his voice gets deeper. Have any of these things begun to happen to you?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
E6.	How old were you when you first noticed any of these changes? (Point to any of the blue squares if none of these changes have begun.)	Age	ENTER NUMBER SHOWN ON CARD	
E7.	As boys mature sometimes they have wet dreams, which is a discharge from their penis during the night when they are asleep. Have you ever had a wet dream?	1 Yes 0 No	ENTER NUMBER SHOWN ON CARD	
E8.	How old were you when you had your first wet dream? (Point to any of the blue squares if you have never had a wet dream.)	Age	ENTER NUMBER SHOWN ON CARD	

SECTION F: FUTURE CONTACTS

We are almost finished now. We thank you for your participation in this study. We would like to come back and interview you again in the next six months or so.

F1.	Do you have any plans to move from this place in the next 6 months?	1 Yes 0 No → F3 77 Don't know → F3	
F2.	Where will you move?		
F3.	Can you give me the names and addresses of three people I can contact who will know where you are?		
	1.		
	2.		
	3.		
F4.	What else is important in your life that you have not talked about today that you want to tell me about? USE BACK OF THIS SHEET IF NECESSARY		
F5	THANK YOU!!	ENTER time interview ended	:

SECTION G: INTERVIEWER'S OBSERVATIONS			
Did the respondent have any of the following?			
G1.	Hearing problem	1 Yes 0 No	
G2.	Vision problem	1 Yes 0 No	
G3.	Use a wheelchair	1 Yes 0 No	
G4.	Use a cane/crutches	1 Yes 0 No	
G5.	Have problems walking	1 Yes 0 No	
G6.	Have paralysis	1 Yes 0 No	
G7.	Cough continually	1 Yes 0 No	
G8.	Have shortness of breath	1 Yes 0 No	
G9.	Have a mental problem	1 Yes 0 No	
G10.	Other health problem	1 Yes 0 No	
G11.	Have an amputation	1 Yes 0 No	
G12.	Respondent's cooperation was:	1 Very good 2 Good 3 Fair 4 Poor	
G13.	Accuracy and completeness of the respondent's answers were:	1 High 2 Average 3 Low	

G14.	Did anything noteworthy occur during the interview? IF YES, WRITE COMMENTS BELOW	1 Yes 0 No	
G15.	Were there any particular questions that the respondent did not understand, refused to answer or caused problems for the interview? IF YES, WRITE THE QUESTION(S) AND THE PROBLEMS ENCOUNTERED BELOW	1 Yes 0 No	

SECTION H: ANTHROPOMETRY		
H1.	WEIGHT	____.____ KG
H2.	HEIGHT	____.____ CM
H3.	MUAC	____.____ CM