

YOUNG LIVES STUDY: IIN, GRADE SELF ADMINISTERED QUESTIONNAIRE – YOUNGER COHORT – PERU 2016	Format No: R58YRS	Child Code: PE ___ 8 ___
---	-----------------------------	------------------------------------

CONFIDENTIAL QUESTIONNAIRE

0.1	Date	___ / ___ / 2016 (day) (month) (year)
------------	------	--

FIELDWORKER DATA

0.2	Name and Surnames: _____ Signature: _____	Code: [___]
0.3	Start time: ___ : ___	

VERBAL ASSENT / CONSENT

We have already asked you many questions, but there are some other things that we would like to ask. You may feel a little uncomfortable to talk about topics like cigarettes, alcohol, etc. Since we want to know what young people like yourself think, we don't need to know your name, that's why we created a questionnaire to be answered anonymously. It will take you about 15 to 20 minutes in a suitable environment, away from other people who might listen and with the security that the information is confidential.

Your participation will provide us important information on the problems and needs of different life aspects of young people like yourself.

The answers you give must be true, based on what you really think and/or do. There is no right or wrong answer. **If there is a question you don't want to answer, you can leave it blank.** If you don't understand a question or need help, you can ask the fieldworker who gave you this questionnaire. Once you have completed the questionnaire, put it in an envelope and close it, this way you will be sure that the fieldworker will not read your answers.

Name, your decision to participate is completely voluntary. This means that if you want you can participate and fill the questionnaire, and if you don't want there is no problem. Likewise, if you decide to participate and at some point you don't want to continue, you can stop, that will not affect you or your family.

***Fieldworker ask and check: Do you have any questions?**

Do you want to answer? Yes No NK NA RTA

Thank you for your participation

Fieldworker: I declare that I have complied with the process of informed Assent / Consent following the previous text.

Name: _____

Signature: _____

DNI: _____

Date: ___ / ___ / 2016
(day) (month) (year)

Final time: ___ : ___

YOUNG LIVES STUDY: IIN, GRADE SELF ADMINISTERED QUESTIONNAIRE – YOUNGER COHORT – PERU 2016	Format No: R58YRS	Child Code: PE ___ 8 ___
---	-----------------------------	------------------------------------

Date: ___ / ___ / **2016** (SASTDAY/SASTMNT/SASTYEAR)
 (day) (month) (year)

Start time: ___ : ___ (SASTTIME)

Age: _____ (SACHAGE)

Sex: Female (SACHSEX)
 Male

PLEASE READ EACH QUESTION CAREFULLY AND CHOOSE (✓) THE ANSWER BOX THAT APPLIES TO YOU.

Section 1

This part of the questionnaire is about smoking cigarettes.

1. How many of your best friends smoke cigarettes at least once a month?
 Choose only one option (FRNSMKR5)

All of my friends

Most of my friends

A few of my friends

None of my friends

NK

NA

RTA

2. For each, does the following person smoke? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.

Parents/guardians (SMKPRNR5)

Brothers/sisters (SMKSIBR5)

Boyfriend/girlfriend (SMKBOYR5)

The best friend (SMKFRNR5)

None of them

3. How old were you when you tried a cigarette for the first time?
 Choose only one option (AGECIGR5)

13 years old or younger

14 years old

15 years old

16 years old

17 years old

18 years old

19 years old

I have never tried a cigarette

NK

- NA
 RTA

4. How often do you smoke cigarettes now?

Choose only one option

(OFTSMKR5)

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

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

Choose only one option

(NUMCIGR5)

- I never smoke cigarettes
 1 cigarette or less per day
 2 to 5 cigarettes per day
 6 or more per day
 NK
 NA
 RTA

Section 2

We know that in many communities young people like yourself are beaten up or treated badly by other people. The first part of this questionnaire asks about things that have happened to you and your friends.

6. During the last 30 days, on how many days did you carry a weapon such as a knife, machete or gun to be able to protect yourself?

Choose only one option

(CRYWPNR5)

- 1 day
 2 to 3 days
 More than 4 days
 Never
 NK
 NA
 RTA

7. How many of your best friends have been / are members of a gang?

Choose only one option

- All of my friends

- Most of my friends
- A few of my friends
- None of my friends
- NK
- NA
- RTA

8. Have you ever been member of a gang?
Choose only one option

- Yes
- No
- NK
- NA
- RTA

9. Have you been arrested by the police or taken into custody for an illegal or delinquent offense?
Choose only one option

- Yes
- No
- NK
- NA
- RTA

Section 3

Many people in Peru drink alcohol like beer (Cristal, Cuzqueña, Arequipeña, Franca, etc.) or spirits like Pisco, whisky, cañazo, vino, masato or chicha de jora). The next questions ask you about your experiences with alcohol.

10 How many of your best friends drink alcohol at least once a month?

Choose only one option

(FRNALCR5)

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends
- NK
- NA
- RTA

11. How often do you usually drink alcohol?

Choose only one option

(YOUALCR5)

- Every day
- At least once a week
- At least once a month
- Only on special occasions (for example, weddings, funerals, Christmas, New Year)
- Hardly ever
- I never drink alcohol
- NK
- NA
- RTA

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

Choose only one option

(MCHALCR5)

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

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

Choose only one option

(DRKALCR5)

- I never drink alcohol
- Yes
- No

YOUNG LIVES STUDY: IIN, GRADE SELF ADMINISTERED QUESTIONNAIRE – YOUNGER COHORT – PERU 2016	Format No: R58YRS	Child Code: PE _ _ 8 _ _ _
---	-----------------------------	--------------------------------------

<input type="checkbox"/> NK <input type="checkbox"/> NA <input type="checkbox"/> RTA
--

14. During the past 12 months, did these things happened to you because you had been drinking alcohol? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.
<input type="checkbox"/> I never drink alcohol (ALCNVRR5)
<input type="checkbox"/> I got into fights or caused trouble (ALCFGHR5)
<input type="checkbox"/> I felt sick or fell over (ALCSCKR5)
<input type="checkbox"/> None of these things happened to me (ALCNONR5)

15. ¿**HAVE YOU EVER** tried any of the following drugs? If you have, tick 'Yes' and if you haven't, tick 'No'. Write how old were you the first time you tried it.

¿ HAVE YOU EVER tried any of the following drugs?	Yes, many times	Yes, some times	Just one time	No, never	NK	NA	RTA	How old were you when you first tried it? _____ years
1. Inhalants (Terokal, gasoline, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
2. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
3. Coca paste – PBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
4. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
5. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
6. Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
7. Hallucinogens (san pedro, ayahuasca, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years
8. Other drugs (crack, heroin, opium, ketamine, hashish, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ years

Section 4

Many young people your age think a lot about sex. Some of you might already have had sex. Two people have intercourse when a man puts his penis inside a woman's vagina. The following questions are about sex and what you know about it.

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

Statement	True	False	I don't know	NK	NA	RTA
A woman/girl cannot get pregnant the first time she has sex. (PRGFRSR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a girl washes herself after sex, she will not get pregnant. (WSHAFT5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a condom can prevent you from getting a disease through sex. (USECNDR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who looks very healthy cannot pass on a disease through sex. (LKSHLTR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person can get HIV or Aids by having sex. (HIVSEXR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>17. Have you ever had sex education classes at school?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> NK</p>

<input type="checkbox"/> NA <input type="checkbox"/> RTA

18. The next questions are about whether you have read, heard and seen about family planning in the last few months.

In the last few months have you:	No	Yes	NK	NA	RTA
1. Heard about family planning on the radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Seen anything about family planning on the television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Read about family planning in a newspaper or magazine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Read about family planning in internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. If you would want to get family planning professional advice and service, where would you most likely go?
 Choose only one option

- Government health facility (MINSA, ESSALUD, Comité Local de Administración de Salud, etc)
- Private health facility
- NGO (eg. INPPARES, Flora Tristán, Manuela Ramos, APROPO, etc)
- Pharmacy / drugstore
- I would leave it up to my boyfriend/girlfriend/spouse
- I don't need to go
- I would not know where to go
- NK
- NA
- RTA

20. If you would want to get a condom, where would you most likely go?
 Choose only one option (WHRCNDR5)

- Shop or street vendor
- Pharmacy /Drugstore
- Family planning services or health facility
- I would ask to a family member
- I would ask to my partner/spouse
- Other, please say where: _____
- I do not know what a condom is
- I do not know where I could get a condom
- NK
- NA
- RTA

21 If you would want to get any contraceptive methods where would you go first?

Choose only one option

(WHRCNDR5)

- Shop or street vendor
- Pharmacy /Drugstore
- Family planning services or health facility
- I would ask to a family member
- I would ask to my partner/spouse
- Other, please say where: _____
- I do not know what a contraceptive method is
- I do not know where I could get it
- NK
- NA
- RTA

22. How many of your best friends have ever had sex?

Choose only one option

(FRDSEXR5)

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends
- I don't know
- NK
- NA
- RTA

23 Have you ever dated or had a romantic relationship with someone?

- No
- Yes, with one person
- Yes, with more than one person
- NK
- NA
- RTA

24 Have you ever been involved in kissing or petting/touching?

- No
- Yes, with one person
- Yes, with more than one person
- NK
- NA

RTA

25. How old were you when you had sex for the first time?

Choose only one option

(AGESEXR5)

- 13 years old or younger
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- I have never had sex
- NK
- NA
- RTA

26. How many partners have you EVER had intercourse with? This includes any person you had intercourse with, even if it was only once, or if you did not know him or her well.

Choose only one option

- None
- One
- Two
- Three
- Four or more
- NK
- NA
- RTA

27. For each of these birth-control methods, did you or your partner use this method the first time you had sex? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.

- I never had sex (NVRSEXR5)
- We used a condom (WEUSCNR5)
- Drink infusion or mate (DRKINFR5)
- Use after morning pill (MNGPLLR5)
- Use injections to prevent getting pregnant (INJCTNR5)
- I don't know if use any method (NOKNOWR5)
- We did not use any method (NOTUSER5)
- Other method, please say what: _____ (OTHMTDR5)

28. For each of these birth-control methods, do you or your partner usually/ currently use this method when you have sex? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.

- I never had sex (NVRSEXR5)
- We used a condom (WEUSCNR5)
- Drink infusion or mate (DRKINFR5)
- Use after morning pill (MNGPLLR5)
- Use injections to prevent getting pregnant (INJCTNR5)
- I don't know if use any method (NOKNOWR5)
- We did not use any method (NOTUSER5)
- Other method, please say what: _____ (OTHMTDR5)

29. For each of these birth-control methods, did you use this method the last time you had sex? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.

- I never had sex (NVRSEXR5)
- We used a condom (WEUSCNR5)
- Drink infusion or mate (DRKINFR5)
- Use after morning pill (MNGPLLR5)
- Use injections to prevent getting pregnant (INJCTNR5)
- I don't know if use any method (NOKNOWR5)
- We did not use any method (NOTUSER5)
- Other method, please say what: _____ (OTHMTDR5)

30. During your life, have you ever been drunk from alcohol while having sex? Choose only one option

- I never had sex (DRKSEXR5)
- Yes, one time
- Yes, more than one time

No, never
 NK
 NA
 RTA

31. In how many instances of sexual relations did you or your partner use some form of birth control or pregnancy protection?
Choose only one option

I never had sex
 All of them
 Most of them
 Some of them
 None
 NK
 NA
 RTA

32. Would you say that using (or not using) contraception is mainly your decision, mainly your partner's/spouse's decision, or did you both decide together?
Choose only one option

I never had sex
 Mainly my decision
 Mainly my partner's/ spouse's decision
 Joint decision
 Other, please specify: _____
 NK
 NA
 RTA

Section 5

This part of the questionnaire looks at sadness and other difficulties that many people experience at some point in their lives.

33. As you answer, think about how things have been for you in the last 6 months. It would be great if you could try to answer all the questions even if you are not sure of the answer or if the question seems stupid.

Statement	Certainly true for you	A little true for you	Not true for you	NK	NA	RTA

1. You worry a lot. (WRYLOTR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You get a lot of headaches, stomach aches or sickness. (HEADACR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You are often unhappy, downhearted or tearful. (UNHPPYR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You are nervous in new situations. (NRVSITR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have many fears, you are easily scared. (MNYFERR5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6

We know that in many communities young people like yourself are beaten up or treated badly by other people. The first part of this questionnaire asks about things that have happened to you and to your friends.

34. How many of your best friends have ever been beaten up?
 Choose only one option (FRNBTR5)

All of my friends
 Most of my friends
 A few of my friends
 None of my friends
 NK
 NA
 RTA

35. For each of these following people, have you ever been beaten up or physically hurt in other ways? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.

Somebody from your family (BFAMLYR5)
 Boyfriend/girlfriend (BBYFRNR5)
 Stranger (BSTRNGR5)
 Friend (BFRNDR5)
 Teacher
 Spouse/partner
 Employer
 I have never been hurt physically

36.	Did anyone of the following persons pass comments or label based on your body or character, ignored you or deliberately keep you out of activities, turn people against you, use humiliating/insulting language, lock you in room/toilet?	Yes	No	NK	NA	RTA
	You can choose more than one option					
00	It never happened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	Boyfriend/girlfriend/partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Other male relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Other female relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUNG LIVES STUDY: IIN, GRADE SELF ADMINISTERED QUESTIONNAIRE – YOUNGER COHORT – PERU 2016	Format No: R58YRS	Child Code: PE ___ 8 ___
--	-----------------------------	------------------------------------

08	Male student from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	Female student from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Male teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Female teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Other Known males	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Other Known females	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Unknown male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Unknown female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7

In this last part of the questionnaire we would like to ask about things that make you happy.

<p>37. What makes you happy? 00=No, 01=Yes, 77=NK, 88=NA, RTA=79.</p> <p><input type="checkbox"/> Being with my friends</p> <p><input type="checkbox"/> Being with my family</p> <p><input type="checkbox"/> Doing sports (for example, dancing, football)</p> <p><input type="checkbox"/> Other, please say what: _____</p>

*Please write the date and time you finished answering.

End date: ___ / ___ / **2016** (SAENDAY/SAENMNT/SAENYEAR)
 (day) (month) (year)

End time: ___ : ___ (SAENTIME)

Fold the questionnaire, put it in an envelope, seal it and give it to the fieldworker who gave it to you.

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