

# THE YOUNG LIVES STUDY

## ROUND-3 CHILD QUESTIONNAIRE - 15yr Old



### QUESTIONNAIRE-B

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

#### SECTION 1

1. The first questions are about how you get on with your parents/guardians and how you feel about things at home. For each statement choose whether this statement 'certainly true for you', 'a little true for you', 'not true for you'.

	Certainly true for you	A little true for you	Not true for you	NA
1. You usually feel able to speak about your views and feelings with your parents/guardians				
2. Most of the time your parents/guardians treat you fairly when you do something wrong				
3. Compared to your <b>sisters</b> , you get fewer things (clothes, money, food)				
4. Compared to your <b>brothers</b> , you get fewer things (clothes, money, food)				
5. Compared to your <b>sisters</b> , you have less freedom to leave the house when you want				
6. Compared to your <b>brothers</b> , you have less freedom to leave the house when you want				

## SECTION 2

The second part of the questionnaire is about smoking cigarettes or using other products with tobacco such as beedi, khaini, gutka or snuff.

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

- All of my friends
- Most of my friends
- A few of my friends
- None of my friends

3. Do the following people smoke or / and use other tobacco products? (You can choose **more** than one option)

- Parents/guardians
- Brothers/sisters
- Very Special Friend
- None of them

4. How old were you when you tried a cigarette or / and use other tobacco products for the first time? (Choose only **one** option)

- 9 years old or younger
- 10 to 13 years old
- 14 to 16 years old
- I have never tried a cigarette -

5. How often do you smoke cigarettes or / and use other tobacco products now? (Choose only **One** option)

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

6 On the days you smoke, how many cigarettes do you usually smoke? (Choose only **One** option)

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

7. Do you think smoking and/ or use other tobacco products is bad for your health? (Choose only **One** option)

- Definitely Yes -
- Probably Yes –
- Probably No -
- Definitely No -

### SECTION 3

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.

8. How many of your friends have ever been beaten up? (Choose only **one** option)

- All of my friends  
 A few of my friends  
 None of my friends

9. Have you ever been beaten up or physically hurt in other ways by the following people? (You can choose **more** than one option)

- Somebody from your family -  
 Very special Friend - „  
 Stranger -  
 Teacher  
 None of them  
 I have never been physically hurt –

10. During the last 30 days, on how many days did you carry a knife, stick, gun, chilli powder or other things to be able to protect yourself? (Choose only **one** option)

- 1 day  
 2 to 3 days  
 More than 4 days  
 Never

Other young people can be great. But they also can be really nasty. For each statement choose whether this happened to you 'never', 'once', '2-3 times' or '4 or more times' during the past year.

11. We want to know whether in the **last 12 months** other young people...

	Never	Once	2-3 times	4 or more times
1. Called you names or swore at you				
2. Tried to get you into trouble with your friends				
3. Took something without permission or stole things from you				
4. Made fun of you or teased you for some reason				
5. Made you uncomfortable by staring at you for a long time				
6. Punched, kicked or beat you up				
7. Hurt you physically in some way				
8. Tried to break or damaged something of yours				
9. Refused to talk to you or made other people not talk to you				

**SECTION 4**

Many people in India drink alcohol like beer. The next questions ask you about your experiences with alcohol.

12. How many of your friends drink alcohol at least once a month? (Choose only **one** option)

All of my friends –

None of my friends

13. How often do you usually drink alcohol? (Choose only **one** option)

Every day

At least once a week –

At least once a month –

Only on special occasions (for example: weddings, funerals)

Hardly ever –

I never drink alcohol –

14. When you drink alcohol, how much do you usually drink per day? (Choose only **one** option)

Never drink alcohol

1 cup/glass or less –

2 cups/glasses –

3 cups/glasses or more (one bottle is equal to 3 cups/glasses)

15. Have you ever gotten drunk from too much alcohol?

Yes–

No–

16. During the past 12 months, how many of these things happened to you while you were drinking Alcohol or because you had been drinking alcohol? (You can choose **more** than one option)

I got into fights or caused trouble –

I felt sick or fell over

I never drink alcohol

None of these things happened to me

20. During your life, have you ever tried to inhale glue, petrol, paints or other?

Yes–

No–

18. During your life, have you ever tried to drugs like marijuana?

Yes–

No–

**SECTION 5**

We know that many of you had life-skill class at school. the next questions are about some things you might have learned there

19. Did you have life-skills classes at school?

Yes       No

20. Did you have sex education classes at school?

Yes       No

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

	True	False	I don't know
1. A woman/girl cannot get pregnant the first time she participates in sex.			
2. If a girl washes herself after sex, she will not get pregnant.			
3. Using a condom can prevent getting a disease through sex.			
4. A person who looks very healthy cannot pass on a disease through sex.			
5. A person can get HIV or Aids by having sex.			



**22.** From where would you like to get information on sexual matters?  
(You can choose **more** than one option)

- School
- Media (television, radio, newspaper)
- Friends -
- Nurse or doctor
- Other, please say where
- 

**23.** Have you ever heard of 'safe sex' and different methods people can use to make sex safer?

- Yes
- No

**24.** If you would want to get a condom where would you go? (You can choose **more** than one

- Shop or street vendor -
- Family planning services or health facility -
- Other, please say where:
- I do not know what a condom is
- I do not know where I would go
- 
- 

**4.** How many of your friends have ever had sex? (Choose only **one** option)

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

**SECTION 6**

26. The last part of the questionnaire looks at sadness and other difficulties which many people experience at some point their lives. 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.

	Not true for you	A little true for you	Certainly true for you
1. You worry a lot			
2. You get a lot of headaches, stomach aches or sickness			
3. You are often unhappy, downhearted or tearful			
3. You are nervous in new situations			
4. You have many fears, you are easily scared			

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

**PLEASE ATTACH ANSWER BOOKLET**

