

**Transitions to Adulthood in the
Context of AIDS in South Africa**

2001

Individual Questionnaire

INTRODUCTION

“My name is [NAME]. I am working for D.R.A. and representing the University of Natal and an international organization called the Population Council. We’re interviewing people here in [NAME OF CITY/COMMUNITY] in order to gain a better understanding of the issues that are important to adolescents, such as education, work and health and their knowledge and behavior with regards to reproductive health and HIV and AIDS. I would like to ask you to participate in this study.

Confidentiality and consent: “I’m going to ask you some personal questions. Your answers are completely confidential. Although we will ask your name and address, this will only be used to contact you again. It will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what young people like you think, say and do. The information we get from this study will help us to advise on possible improvements in educational and employment opportunities and ensure that young people in South Africa can live healthier lives.

We would greatly appreciate your help in responding to this survey. It will take about 45 minutes to 1 hour to answer the questions of this survey. We are only interviewing youth between the ages of 14 and 22 years. If you agree to participate, this means we will want to interview you again in about one and a half years for the follow up study. Do you qualify, and would you be willing to participate?”

[Interviewer: Check appropriate box]

Respondent not 14-22 years (end interview)

Respondent 14-22 years, but declines participation

Respondent 14-22 years and agrees to participate *

Strictly Confidential

This information is confidential and the name and address of the respondent will not be used for any other purpose than the "Transition to Adulthood" Study of the University of Natal, Population Council and D.R.A. Names will not be linked to the information gathered and are required only for the purpose of follow up in the study.

**TRANSITION TO ADULTHOOD
SURVEY AMONG ADOLESCENTS
DURBAN / SOUTH AFRICA**

001 COMMUNITY _____

002 DISTRICT ID# |_|_|_|_|

003 ENUMERATION AREA ID# |_|_|_|_|_|

004 HOUSEHOLD ID # |_|_|_|_|_|

005 PERSON ID # |_|_|_|

*** NOTE TO INTERVIEWER: FOR CHILDREN LESS THAN 16 YEARS OF AGE, MAKE SURE THE CARE-GIVER HAS PROVIDED CONSENT AND AUTHORIZED THE ADOLESCENTS' PARTICIPATION IN THIS STUDY AND THAT THE CONSENT FORM HAS BEEN SIGNED _____ (INTERVIEWER'S INITIALS)**

007 Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes:

Completed = 1;

Respondent not available = 2;

Refused = 3;

Partially completed = 4;

Other = 5 _____ (give reason).

007 INTERVIEWER: Code [____|____] Name _____

008 DATE INTERVIEW: ____\1999 CHECKED BY SUPERVISOR: NAME _____ DATE _____

Section 1: Background characteristics & migration

RECORD TIME AT START ___ : ___

No.	Questions and filters	Coding categories	Skip to
THIS SURVEY ONLY INTERVIEWS YOUTH AGED 14-22. IF THE RESPONDENT IS YOUNGER THAN 14 OR OLDER THAN 22, DO NOT INTERVIEW THIS PERSON			
101	Record sex of the respondent	MALE 1 FEMALE 2	
102	In what month and year were you born?	MONTH [][] DON'T KNOW MONTH 8 YEAR [][] DON'T KNOW YEAR 8	
103	How old were you at your <u>last</u> birthday? [Compare and correct 102 if needed]	AGE IN COMPLETED YEARS [][] R. must be between 14 and 22 years old	
104	What is your religion?	CATHOLIC 1 PROTESTANT 2 ZIONIST 3 ISHEMBE 4 TRADITIONAL 5 MUSLIM 6 HINDU 7 JEWISH 8 NONE 9 OTHER (SPECIFY) _____ 10	→106
105	How important is religion to you?	NOT AT ALL IMPORTANT 1 NOT VERY IMPORTANT 2 SOMEWHAT IMPORTANT 3 VERY MUCH IMPORTANT 4 REFUSED 5	
106	Record race	BLACK 1 COLOURED 2 INDIAN 3 WHITE 4 OTHER (SPECIFY) _____ 5	
107	To which ethnic group do you belong?	ZULU 1 SOTHU 2 XHOSA 3 AFRIKAANS 4 ENGLISH 5 INDIAN/HINDUSTANI 6 INDIAN/TAMIL 7 INDIAN/MUSLIM 8 OTHER (SPECIFY) _____ 9	
108	In what type of community did you spend most of your life before the age of twelve? [Read options]	URBAN / CITY 1 SUBURBAN 2 TOWN SHIP 3 SMALL TOWN 4 VILLAGE / FARM COMMUNITY 5 RURAL AREA 6	

109	How long have you lived here in [Name of community/ town/ neighbourhood/village]?	NUMBER OF YEARS MY WHOLE LIFE DON'T KNOW	[] [] 6 8	→ →112 →
110	How many times in your life have you moved from one community to another, including the move to this community?		[] [] TIMES	
111	Why did you move to this community, where you currently live?	SCHOOL LOOKING FOR WORK HAVING WORK THERE PARENT(S)/CAREGIVER MOVED GOT MARRIED/MOVED IN WITH PARTNER CARE FOR FAMILY MEMBER TO LIVE WITH OTHER FAMILY MEMBER	1 2 3 4 5 6 7	
112	What is your <u>current</u> relationship status? [Interviewer: Read options. Probe if single, whether they are with a steady boy/girlfriend]	MARRIED/TRADITIONAL OR CIVIL LIVING TOGETHER SEPERATED DIVORCED WIDOWED SINGLE STEADY BOY/GIRLFRIEND	1 2 3 4 5 6 7	
113	Has Lobola (Or Dowry) been arranged for you or your partner?	LOBOLA DOWRY NEITHER LOBOLA NOR DOWRY	1 2 3	

Section 2 Education History, Work History and Time Use

201	Have you ever attended school?	YES NO	1 2	→223
202	At what age did you go to primary school for the first time?	DON'T KNOW	AGE [][] 8	
203	Are you <u>currently</u> in school/or studying at college?	YES NO	1 2	→209
204	At what grade/level are you?	PRIMARY SECONDARY POST SECONDARY	1 2 3	→209
205	What is the name of the school you are attending now?	NAME OF SCHOOL:		
206	Have you changed schools in the last two years?	YES NO	1 2	→210
207	When was this?	YEAR 19__ AGE [][]		
208	What is the name of that school?	NAME OF SCHOOL:		→210
209	What was the name of the last school you attended?	NAME OF SCHOOL:		

210 EDUCATION HISTORY

Now I am going to ask you which grade of school you began in each of the years you attended school and other educational institutions, such as university or a technical school.

If you were out of school or not studying in any year, or if you repeated a grade, I would like to know that as well.

Please tell me the level of school you began at each age I mention. If you did not begin a year of school or study at any age, or if you repeated a grade, please tell me the reasons for this.

[Interviewer: Begin with age adolescent started primary school [see 202 above]; continue to current or to end of adolescent's education, whichever comes first. Code appropriately for each type of school/educational institute]

AGE LEVEL OF EDUCATION AT (AGE) ...

AGE	A. LEVEL OF EDUCATION AT (AGE) ... (NO GRADE =99) If 99 → ASK C [Interviewer: Include post-secondary education!]	B. WERE YOU IN SCHOOL THE WHOLE SCHOOL/ ACADEMIC YEAR? YES = 1 → go to next age NO = 2 → ASK C	C. REASON FOR DISCONTINUITY IN COLUMN B (see codes below)
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

CODES FOR COLUMN A:

- | | | | |
|-------------------|-----------------------------|-----------------------------------|---------------------------------|
| 1 = GRADE 1/SUBA | 7 = GRADE 7/ STD 5 | T1=1 ST YEAR TECHNICAL | D1=1 ST YEAR DIPLOMA |
| 2 = GRADE 2/SUB B | 8 = GRADE 8/STD 6 | T2=2 ND YEAR TECHNICAL | D2=2 ND YEAR DIPLOMA |
| 3 = GRADE 3/STD 1 | 9 = GRADE 9/STD 7 | T3=3 RD YEAR TECHNICAL | D3=3 RD YEAR DIPLOMA |
| 4 = GRADE 4/STD 2 | 10= GRADE 10 /STD 8 | T4=4 TH YEAR TECHNICAL | D4=4 TH YEAR DIPLOMA |
| 5 = GRADE 5/STD3 | 11 = GRADE 11/STD 9 | | |
| 6 = GRADE 6/STD 4 | 12 = GRADE 12/STD 10/MATRIC | | |

- | | | |
|---|---|---------------------------------------|
| U1=1 ST YEAR UNIVERSITY/PROFESSIONAL | PG1=1 ST YEAR POST GRADUATE | C1=1 ST YEAR CERTIFICATE |
| U2=2 ND YEAR UNIVERSITY/PROFESSIONAL | PG2 = 2 ND YEAR POSTGRADUATE | C2 = 2 ND YEAR CERTIFICATE |
| U3=3 RD YEAR UNIVERSITY/PROFESSIONAL | | |
| U4=4 TH YEAR UNIVERSITY/PROFESSIONAL | O = OTHER (specify!) | |

CODES FOR COLUMN C [ENTER ALL THAT APPLY]:

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| A = NEEDED TO WORK | G = NO ACCESSIBLE SCHOOL | M = BOYCOTT OF SCHOOL |
| B = COULD NOT PAY SCHOOL FEES | H = BAD/POOR SCHOOL | N = PARENTS/FAMILY MOVED |
| C = FAMILY REMOVED STUDENT | I = SICK | O = COURSES FINISHED/MATRICULATED |
| D = EXPELLED | J = PREGNANT | P = SCHOOL CLOSED |
| E = POOR SCHOOL PERFORMANCE | K = CARE FOR SICK RELATIVE | Q = OTHER (specify!) |
| F = NO PLACE IN SCHOOL AVAILABLE | L = POLITICAL CONCERNS / VIOLENCE | |

FILTER: CHECK 203

IS CURRENTLY NOT IN SCHOOL →211
→214

CURRENTLY IN SCHOOL/STUDYING

211	<p>[Interviewer: See table on previous page for last age R was in school and last grade of school attended]</p> <p>You have told me that you last attended school at age [age], when you were in grade [grade]. Did you complete this grade, or did you leave school before completing it?</p>	<p>COMPLETED GRADE 1</p> <p>DID NOT COMPLETE GRADE 2</p>		
212	<p>What is the <u>main</u> reason you are no longer enrolled in school?</p>	<p>FAMILY COULD NOT PAY SCHOOL FEES/TOO EXPENSIVE 1</p> <p>PHYSICALLY/MENTALLY DISABLED (INCLUDING TOO SICKLY) 2</p> <p>NEEDED/WANTED TO WORK 3</p> <p>TOO MANY DOMESTIC RESPONSIBILITIES 4</p> <p>POOR PERFORMANCE IN SCHOOL 5</p> <p>LACK OF INTEREST IN SCHOOL 6</p> <p>HAD TO CARE FOR /SUPPORT CHILD 7</p> <p>GOT MARRIED 8</p> <p>SCHOOL INACCESSIBLE / TOO FAR AWAY 9</p> <p>FAMILY REMOVED YOU FROM SCHOOL 10</p> <p>COMPLETED LEVEL OF SCHOOL 11</p> <p>EXPELLED FROM SCHOOL 12</p> <p>POOR SCHOOL QUALITY 13</p> <p>PREGNANT / HAD A BABY 14</p> <p>HAD TO CARE FOR SICK FAMILY MEMBER 15</p> <p>COMPLETED LEVEL/GRADE 16</p> <p>OTHER (SPECIFY)_____ 17</p> <p>DON'T KNOW/DON'T REMEMBER 98</p>		
213	<p>Have you attended primary, lower secondary or upper secondary at any time since January 1998?</p>	<p>YES 1</p> <p>NO 2</p>		

FILTER CHECK 203

IS CURRENTLY NOT IN SCHOOL →211

CURRENTLY IN SCHOOL/STUDYING →214

FILTER CHECK 213

R. HAS ATTENDED PRIM/SEC SCHOOL AT ANY TIME SINCE JANUARY 1998

R. HAS NOT ATTENDED SCHOOL AT ANY TIME SINCE JANUARY 1998 → 223

↓ 213

Now I would like to speak with you about some of your recent experiences in school.

Interviewer: If R. is currently in University or Technical School, but was in primary/secondary at some time since January 1998, emphasize that it is primary/secondary school we are interested in, *not* the university or technical school.

213	Why did you or your family choose the school you currently attend/last attended? [Do not read out the answers] [Circle all that apply. Probe two times, "Any other reason?"]	NO CHOICE, ONLY SCHOOL IN LOCAL AREA	1	
		ONLY SCHOOL WITH PLACE AVAILABLE	2	
		NEAREST SCHOOL TO HOME	3	
		CHEAPER	4	
		SCHOLARSHIP PROVIDED	5	
		BETTER SCHOOL	6	
		EXAM SCORES QUALIFIED ME FOR THIS SCHOOL	7	
		WIDER CHOICE OF EXTRA-CURRICULAR ACTIVITIES	8	
		WIDER CHOICE OF SUBJECTS	9	
		CLOSE TO PARENTS WORKPLACE	10	
		FRIENDS WENT THERE	11	
		SIBLINGS WERE THERE	12	
		OTHER (specify) _____	13	
		DON'T KNOW	98	

I would like to learn what you think about the school you are currently attending or last attended.					
214	In your opinion does/did the teachers treat boys and girls equally?	YES	1	→ 215	
		NO	2		
		AT SAME SEX SCHOOL	3	→ 215	
215	Who do you feel is (was) treated more favorably, boys or girls?	BOYS	1		
		GIRLS	2		
216	Has a teacher ever hit you (including caning, slapping, etc)?	YES	1		
		NO	2		
217	We know that there are some problems in schools in this area. Think about your school /the one you last attended. Which of these do you think apply?	DIRTY CLASSROOMS CROWDED CLASSROOMS TEACHER OFTEN ABSENT TEACHERS DRUNK TEACHERS BEING THREATENED BY STUDENTS NOISY CLASSROOMS DRUG DEALINGS BAD SECURITY JUST OUTSIDE SCHOOL			
218	Do/did you have access to copies of all required textbooks, some of the required textbooks, or none of the required textbooks?	NONE	1	→219	
		SOME	2		
		ALL	3		
219	Why do/did you not have copies of all required textbooks? [Circle all that apply]	BOOKS TOO EXPENSIVE	1		
		BOOKS NOT PROVIDED BY SCHOOL	2		
		BOOKS NOT AVAILABLE	3		
		PARENTS DID NOT PROVIDE MONEY FOR BOOKS	4		
		OTHER (specify)_____	5		
220	In which grade did you last <u>pass</u> math?	GRADE: []			
221	For your last term in school, what was your average grade? (Interviewer: Accept either symbol or %)	A	F		
		B	FF		
		C	G		[] %
		D	H		
		E			
222	Do you live in another place other than this one during the summer holidays?	YES	1		
		NO	2		

223	If yes, what type of place were you living during your summer holidays?	URBAN / CITY	1	
		SUBURBAN	2	
		TOWN SHIP	3	
		SMALL TOWN	5	
		VILLAGE / FARMING	6	
		COMMUNITY	7	
		RURAL AREA		

Now I want to talk to you about work that you have or may have had.

224	Have you ever worked for a wage or salary?	YES	1	→ 230
		NO	2	
225	In what year did you first get this waged employment?	YEAR: 19....		
226	What was this job? Describe	DOMESTIC LABOUR (cleaning /child care)	1	
		FETCHING WOOD OR WATER	2	
		WORK IN FORMAL SHOP/RESTAURANT	3	
		MESSENGER/RUNNER	4	
		ADMINISTRATIVE WORK	5	
		UNSKILLED LABOUR IN FACTORY OR CONSTRUCTION	6	
		SEMI-SKILLED LABOUR IN FACTORY OR CONSTRUCTION	7	
		APPRENTICE (technical/artisan)	8	
		SERVICES (policeman/nurse/teacher)	9	
		SECURITY GUARD/WATCHMAN	10	
		STREET TRADER/HAWKER	11	
		FOREMAN / SUPERVISOR	12	
		OTHER (specify) _____	13	
227	How did you find the job?	NEWSPAPER ADVERT	1	
		GATE AT FACTORY/EMPLOYMENT SITE	2	
		THROUGH A FRIEND/FAMILY MEMBER	3	
		STARTED BY MYSELF	4	
		OTHER (specify) _____	5	
228	Was this a part-time or full time job?	PART-TIME	1	
		FULL-TIME	2	
229	Excluding traveling to and from work, on average, how many hours per week did you work in that first job?	[] HOURS		
230	How long did this first job last?	[] DAYS [] MONTHS		
231	Have you ever done any casual or togtwork? (WHAT IS THIS?)	YES	1	
		NO	2	
232	Of all the jobs that you have had, which gave you the highest income?	RUN A SPAZA SHOP	1	
		CAR GUARD	2	
		STREET TRADING	3	
		MAKING/SELLING FOOD/DRINKS	4	
		MAKING/SELLING CLOTHING	5	
		MAKING/SELLING OTHER GOODS	6	
		BUILDER	7	
		CARPENTER	8	
		PLUMBER	9	
		UNLAWFUL ACTIVITIES	10	
		SEX WORK	11	
		OTHER (specify)	12	
233	Other than your first job, how many jobs have you had?	NUMBER OF JOBS []		
234	What is the longest period you have spent searching for a job?	NEVER SEARCHED FOR A JOB	00	
		[] DAYS [] MONTHS		

Now I would like to ask you about the way you spend your time. I will ask you to describe to me how you used your time yesterday, by telling me what activities you did each hour of the day.

Now, let us start with 12 o'clock midnight yesterday. What were you doing at that time?

[Fill out the separate "Time use" sheet]

Connectedness

306	<p>For each of the following statements indicate whether you strongly agree or disagree.</p> <p>a) I have many friends at this school.</p> <p>b) The teachers at this school care about the students.</p> <p>c) The principal at this school cares about the students.</p> <p>d) There is a teacher at this school that I can talk to if I have a problem.</p> <p>e) I participate in many school activities outside of class.</p> <p>f) I would be much happier if I attended another school.</p> <p>g) There is a lot of fighting and violence among students at my school.</p> <p>h) I feel safe at school.</p>	<p>AGREE</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>DIS- AGREE</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>																																			
307	<p>For each of the following statements indicate whether you strongly agree or disagree.</p> <p>a) I have many friends in my neighborhood / community.</p> <p>b) I feel safe walking around in my neighborhood / community.</p> <p>c) The adults in my neighborhood / community will help other families when they are in trouble.</p> <p>d) There is a lot of crime in my neighborhood / community.</p> <p>e) There is a lot of violence among young people in my neighborhood / community.</p> <p>f) I would be much happier if I lived in another community</p> <p>g) People in my neighborhood trust one another.</p>	<p>AGREE</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>DISAGREE</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>																																			
308	<p>Do you belong to one of the following organizations? [Read out options; probe for others!] SAVINGS GROUP / STOCKVEL COMMUNITY GARDEN GROUP SEWING GROUP SPORTS GROUP STUDY GROUP DANCING/SINGING OR MUSIC GROUP RELIGIOUS GROUP RELIGIOUS YOUTH GROUP OTHER YOUTH GROUP OTHER (specify) _____ OTHER (specify) _____ OTHER (specify) _____</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>Name.....</td> </tr> <tr> <td>1</td> <td>2</td> <td>Name.....</td> </tr> <tr> <td>1</td> <td>2</td> <td>Name.....</td> </tr> <tr> <td>3</td> <td></td> <td>Name.....</td> </tr> <tr> <td>3</td> <td></td> <td>Name.....</td> </tr> <tr> <td>3</td> <td></td> <td>Name.....</td> </tr> </table>	YES	NO		1	2		1	2		1	2		1	2		1	2		1	2	Name.....	1	2	Name.....	1	2	Name.....	3		Name.....	3		Name.....	3		Name.....
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309	<p>Who are the two individuals in your life that you feel closest to? What age are they?</p> <p>(Interviewer: ask for <u>relationships</u>, <i>not</i> names!, i.e. father, sister, grandmother, friend, neighbour)</p>	<table border="0"> <tr> <td colspan="2">In Family</td> <td colspan="2">Outside Family</td> </tr> <tr> <td>Person 1.....</td> <td></td> <td>Person 2</td> <td></td> </tr> <tr> <td>Age:</td> <td></td> <td>Age:</td> <td></td> </tr> <tr> <td>M</td> <td>F</td> <td>M</td> <td>F</td> </tr> </table>	In Family		Outside Family		Person 1.....		Person 2		Age:		Age:		M	F	M	F
In Family		Outside Family																
Person 1.....		Person 2																
Age:		Age:																
M	F	M	F															
310	<p>For each one of them, say if you agree or disagree with the following statements: (Interviewer: Read all statements for the first person, then for the second and finally for the third.)</p> <p>a) He / she talks with me a lot. b) The two of us argue a lot. c) He/she is very demanding. d) I can talk to him / her about my problems. e) You are able to talk to him/her about boyfriends/girlfriends. f) I can talk to him about issues regarding sex. g) I trust him / her. h) He/she would strongly disapprove of me getting pregnant / getting a girl pregnant when I am still in school. i) It is/was important to him / her that I finish (ed) school. j) It is important to him/her that I continue study after high school. k) I feel very close to him / her. l) I would like to be like him / her.</p>	<table border="0"> <tr> <td>AGREE =1</td> <td>AGREE =1</td> </tr> <tr> <td>DISAGREE = 2</td> <td>DISAGREE = 2</td> </tr> <tr> <td>DON'T KNOW = 98</td> <td>DON'T KNOW = 98</td> </tr> <tr> <td>Person 1</td> <td>Person 2</td> </tr> </table>	AGREE =1	AGREE =1	DISAGREE = 2	DISAGREE = 2	DON'T KNOW = 98	DON'T KNOW = 98	Person 1	Person 2								
AGREE =1	AGREE =1																	
DISAGREE = 2	DISAGREE = 2																	
DON'T KNOW = 98	DON'T KNOW = 98																	
Person 1	Person 2																	

Section 4 Alcohol and Drugs Use

401	During the last 4 weeks how often have you had drinks containing alcohol?	EVERY DAY 1 MORE THAN 3 TIMES A WEEK 2 1- 3 TIMES A WEEK 3 LESS THAN ONCE A WEEK 4 DID NOT DRINK ALCOHOL IN THE LAST 4 WEEKS 5 NEVER DRINKS 6 NR/REFUSE 9	→404 →405 →405																														
402	During the last 4 weeks, where did you most often drink alcohol?	AT HOME 1 AT FRIENDS HOME 2 IN BARS / CLUBS / SHEBEEN 3 SCHOOL 4 IN STREET 5 OTHER (specify) _____ 6 NR/ REFUSE 9																															
403	The last time you had drinks containing alcohol, how many drinks did you consume?	1-2 DRINKS 1 3-5 DRINKS 2 6+ DRINKS 3 DON'T KNOW/DON'T REMEMBER 8 NR/REFUSE 9																															
404	The last time you had alcohol, did you have sex?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 NR/REFUSE 9																															
405	During the last 4 weeks have you used any drug to make you feel high?	YES 1 NO 2 NEVER USES DRUGS 3 NR/REFUSE 9	→Next →section →i.e. 501																														
406	Which drugs have you used in the last four weeks? (DO NOT READ OUT)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>MARIHUANA ('DAGGA'/'ZOL')</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MANDRAX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CRACK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COCAINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>'WHITE PIPE' (marijuana/mandrax)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>XTC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SPEED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SNIFFING OF GLUE/PETROL/ PAINT THINNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER (specify) _____</td> <td style="text-align: center;">3</td> <td></td> </tr> </tbody> </table>		YES	NO	MARIHUANA ('DAGGA'/'ZOL')	1	2	MANDRAX	1	2	CRACK	1	2	COCAINE	1	2	'WHITE PIPE' (marijuana/mandrax)	1	2	XTC	1	2	SPEED	1	2	SNIFFING OF GLUE/PETROL/ PAINT THINNER	1	2	OTHER (specify) _____	3		
	YES	NO																															
MARIHUANA ('DAGGA'/'ZOL')	1	2																															
MANDRAX	1	2																															
CRACK	1	2																															
COCAINE	1	2																															
'WHITE PIPE' (marijuana/mandrax)	1	2																															
XTC	1	2																															
SPEED	1	2																															
SNIFFING OF GLUE/PETROL/ PAINT THINNER	1	2																															
OTHER (specify) _____	3																																
407	How often did you take these drugs in the last four weeks?	EVERY DAY 1 MORE THAN 3 TIMES A WEEK 2 1- 3 TIMES A WEEK 3 LESS THAN ONCE A WEEK 4 DID NOT USE DRUGS IN THE LAST 4 WEEKS 5 NEVER USES DRUGS 6 NR/REFUSE 9																															
408	The last time you took drugs, did you have sex?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 NR/REFUSE 9																															

Section 5. HIV/AIDS & STD's: Knowledge, Perception of Risk, and Stigma

HIV/AIDS

I also want to ask you some questions about HIV/AIDS and other sexually transmitted diseases.

501	<p>I am sure you have heard about HIV and AIDS. Please mention all the ways in which you believe a person can get infected with HIV/AIDS.</p> <p>[Do not read out]</p> <p>[Multiple responses possible]</p> <p>[Circle 1 for all mentioned]</p> <p>[Circle 2 for all not mentioned]</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>SEXUAL INTERCOURSE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SHARING NEEDLES (DRUG USE)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>UNCLEAN MEDICAL EQUIPMENT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BLOOD TRANSFUSIONS DURING PREGNANCY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DURING BIRTH</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>THROUGH BREAST MILK</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOSQUITO/INSECT BITES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CONTACT WITH BLOOD OF INFECTED PERSON</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CONTACT WITH INFECTED PERSON'S TOOTHBRUSH/ SHAVING MATERIAL/ RAZOR BLADE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CASUAL CONTACT WITH INFECTED PERSON (sharing food, cup, glass, handshake, hugging, clothes)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER (specify) _____</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>HAS NOT HEARD ABOUT HIV/AIDS</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>DON'T KNOW/DON'T REMEMBER</td><td style="text-align: center;">8</td><td></td></tr> </tbody> </table>		YES	NO	SEXUAL INTERCOURSE	1	2	SHARING NEEDLES (DRUG USE)	1	2	UNCLEAN MEDICAL EQUIPMENT	1	2	BLOOD TRANSFUSIONS DURING PREGNANCY	1	2	DURING BIRTH	1	2	THROUGH BREAST MILK	1	2	MOSQUITO/INSECT BITES	1	2	CONTACT WITH BLOOD OF INFECTED PERSON	1	2	CONTACT WITH INFECTED PERSON'S TOOTHBRUSH/ SHAVING MATERIAL/ RAZOR BLADE	1	2	CASUAL CONTACT WITH INFECTED PERSON (sharing food, cup, glass, handshake, hugging, clothes)	1	2	OTHER (specify) _____	3		HAS NOT HEARD ABOUT HIV/AIDS	4		DON'T KNOW/DON'T REMEMBER	8		
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502	<p>Can a person protect him/herself from getting HIV/AIDS?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW/DON'T REMEMBER</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW/DON'T REMEMBER	8	<p style="text-align: right;">→504</p> <p style="text-align: right;">→504</p>																																				
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503	<p>How can people protect themselves from getting infected with HIV/AIDS?</p> <p>[Do not read out]</p> <p>[Circle 1 for all mentioned]</p> <p>[Circle 2 for all not mentioned]</p> <p>[Multiple answers possible]</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>ABSTAIN FROM SEX</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON PENETRATIVE SEX/THIGH SEX</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ALWAYS USE CONDOMS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>LIMIT NUMBER OF SEX PARTNERS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HAVE ONLY ONE SEX PARTNER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AVOID SEX WORKERS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HAVE SEX WITH A VIRGIN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>USE STERILIZED NEEDLES</td><td></td><td></td></tr> <tr><td>REQUIRE PARTNER TO TAKE BLOOD TEST</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER (specify) _____</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>DON'T KNOW/DON'T REMEMBER</td><td style="text-align: center;">8</td><td></td></tr> </tbody> </table>		YES	NO	ABSTAIN FROM SEX	1	2	NON PENETRATIVE SEX/THIGH SEX	1	2	ALWAYS USE CONDOMS	1	2	LIMIT NUMBER OF SEX PARTNERS	1	2	HAVE ONLY ONE SEX PARTNER	1	2	AVOID SEX WORKERS	1	2	HAVE SEX WITH A VIRGIN	1	2	USE STERILIZED NEEDLES			REQUIRE PARTNER TO TAKE BLOOD TEST	1	2	OTHER (specify) _____	3		DON'T KNOW/DON'T REMEMBER	8								
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504	<p>Can a mother who is infected with HIV/AIDS do anything to reduce the risk of transmission of HIV/AIDS to her unborn or newborn child?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	<p style="text-align: right;">→506</p> <p style="text-align: right;">→506</p>																																				
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505	What can a mother who is infected with HIV/AIDS do to reduce the risk of transmission of HIV/AIDS to her unborn/newborn child? [Circle 1 for all mentioned] [Circle 2 for all <i>not</i> mentioned] [Multiple answers possible]	TAKE MEDICATION (e.g. AZT) DON'T BREASTFEED HAVE A CEASAREAN SECTION OTHER _____ (specify) DON'T KNOW	YE S 1 1 1 1 3 8	NO 2 2 2	
506	Do you know anyone who is infected with HIV/AIDS?	YES NO NR/REFUSE	1 2 9		→508 →508
507	What is your relationship with this person/these persons? [Multiple answers possible] [Circle <i>all</i> that apply]	CLOSE FAMILY MEMBER OTHER RELATIVE CLOSE FRIEND FRIEND ACQUAINTANCE NEIGHBOR MYSELF OTHER _____ (specify) NR/REFUSE	YES 1 1 1 1 1 1 1 1 1 2	NO 2 2 2 2 2 2 2	
508	Do you know anyone or youth who has died of AIDS?	YES NO NR/REFUSE	1 2 9		→510 →510
509	What is your relationship with this person/these persons? [Multiple answers possible] [Circle <i>all</i> that apply]	CLOSE FAMILY MEMBER OTHER RELATIVE CLOSE FRIEND FRIEND ACQUAINTANCE NEIGHBOR OTHER _____ (specify)	YES 1 1 1 1 1 1 1	NO 2 2 2 2 2 2	
510	Do you think you have no risk, a small risk, a moderate risk or a great risk of getting the AIDS virus in the next 12 months? N.A.: R. IS HIV POSITIVE	NO RISK SMALL RISK MODERATE RISK GREAT RISK DON'T KNOW	1 2 3 4 8		→512
511	Why? [Do <i>not</i> read out]	ABSTINENT/NO SEX HAS ONLY ONE PARTNER ALWAYS USES CONDOM USES CONTRACEPTIVE USES TRADITIONAL MEDICINE HAVE SEX WITH A VIRGIN PARTNER IS FAITHFUL THERE IS NO SUCH THING AS AIDS IT CAN'T HAPPEN TO ME HAS MULTIPLE PARTNERS PARTNER IS INFECTED HAS UNPROTECTED SEX DRUG USE OTHER (specify) _____ DON'T KNOW	YES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2	

512	Do you think most of your close friends are at risk of getting the AIDS virus?	YES NO DON'T KNOW	1 2 8	
513	Have <i>you</i> ever had an HIV/AIDS test?	YES NO NR/REFUSE	1 2 9	→516 →516
514	Did you find out the results of your test?	YES NO NR/REFUSE	1 2 9	→516 →516
515	If no, why was that?	DID NOT WANT TO KNOW WERE SCARED OTHER (specify) _____ DONT KNOW REFUSE	1 2 3 8 9	
516	This is hypothetical: But, if you found out that you were infected with the AIDS virus, would you tell your partner?	YES NO NR/REFUSE	1 2 9	→518 →520
517	Why would you not tell your partner?	SCARED OF HIS/HER REACTION EVERYBODY WOULD KNOW NONE OF HIS/HER BUSINESS OTHER	1 2 3 4	
518	Who would you tell? [Interviewer: Do not read options] [Multiple responses possible] [Probe: Anybody else?]	YES NO PARENTS BROTHER/SISTER OTHER FAMILY MEMBERS FRIENDS CLASS MATES OTHER (specify) _____	1 2 1 2 1 2 1 2 1 2 1 2	
520	Would you be willing to care for someone in your family if he or she became sick with AIDS?	YES NO DON'T KNOW	1 2 8	
521	Do you think that a student who has HIV infection should be allowed to remain in school?	YES NO	1 2	
522	Would you [read each option] somebody who is infected with the HIV virus?	YES NO SHARE FOOD WITH SHARE KITCHEN UTENSILS WITH SHARE A BED WITH (no sex) TOUCH (holding hands/hugging) SIT NEXT TO USE SAME TOILET AS HAVE AS FRIEND WORK WITH	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	

STD's Knowledge And Experience

523	Have you ever heard of diseases <i>other than HIV/AIDS</i> that can be transmitted through sexual intercourse?	YES NO	1 2	→601
524	Can you describe any symptoms of STD's in women? [Do not read out the symptoms] [Probe: Any others?]	YES NO ABDOMINAL PAIN FOUL SMELLING DISCHARGE BURNING PAIN ON URINATION GENITAL ULCERS/SORES SWELLINGS IN GROIN	1 2 1 2 1 2 1 2 1 2 1 2 1 2	

	[Circle 1 for all mentioned]	ITCHING	1	2	
	[Circle 2 for all <i>not</i> mentioned]	OTHER	3		
	[Multiple responses possible]	(specify) _____			
525	Can you describe any symptoms of STD's in men?	GENITAL DISCHARGE	YES 1	NO 2	
	[Do <i>not</i> read out the symptoms]	BURNING PAIN ON URINATION	1	2	
	[Probe: Any others?]	GENITAL ULCERS/SORES	1	2	
	[Circle 1 for all mentioned]	SWELLINGS IN GROIN	1	2	
	[Circle 2 for all <i>not</i> mentioned]	CAN'T RETRACT FORESKIN	1	2	
	[Multiple responses possible]	OTHER (specify) _____	3		
526	What, if anything, can a person do to avoid STD's?	CAN'T DO ANYTHING	YES 00	NO	
	[Do <i>not</i> read out]	USE CONDOMS			
	[Probe: Any others?]	NON PENETRATIVE SEX/THIGH SEX	1	2	
	[Circle 1 for all mentioned]	WASHING/DOUCHING WITH _____	1	2	
	[Circle 2 for all <i>not</i> mentioned]	(specify)			
	[Multiple responses possible]	AVOID CASUAL PARTNERS	1	2	
		ABSTINENCE	1	2	
		AVOID SEX WORKERS	1	2	
		USE HERBS	1	2	
		OTHER (specify) _____	3		
		DON'T KNOW	8		
527	Have you had <u>abnormal genital discharge</u> during the past 12 months?	YES	1		
		NO	2		
		DON'T KNOW/REFUSE	9		
528	Have you had a genital <u>ulcer/sore</u> during the past 12 months?	YES	1		
		NO	2		
		DON'T KNOW/REFUSE	9		

	FILTER: CHECK 525 AND 526				
	HAD GENITAL DISCHARGE AND/OR GENITAL ULCER.....[] IN LAST 12 MONTHS	NO DISCHARGE OR ULCER IN LAST 12 MONTHS	[] → 601		→601
529	Did you do any of the following the last time you had a genital ulcer/sore or abnormal genital discharge: [Read out. Circle appropriate answers]		YES	NO	
	a. Seek advice/medicine from a health worker in a clinic or hospital?		1	2	
	b. Seek advice/medicine from a pharmacy?		1	2	
	c. Seek advice/medicine from a traditional healer?		1	2	
	d. Took medicine you had at home?		1	2	
	e. Tell your sexual partner about the discharge/ STD?		1	2	

	f. Stop having sex when you had the symptoms?	1	2	
	g. Use a condom when having sex during the time you had the symptoms?	1	2	
	h. Anything else? Specify: _____	1	2	

Section 6 Sexual Experience and Knowledge

601	Now I am going to ask you some personal questions about sex. Remember we are asking these questions to learn more about how young people like you feel and in order to help you make your life safer. We know that some young people have sex and some have sex with more than one person. Please, answer the following questions honestly. Remember, your answers are strictly confidential.			
602		NO PARTNERS IN PAST 12 MONTHS NR/REFUSE	00 9	→615 →615
603	At what age did you first have sexual intercourse?	AGE IN YEARS DON'T REMEMBER NR/REFUSE	_____ 8 9	
604	How old was the person with whom you first had sex?	AGE IN YEARS DON'T REMEMBER NR/REFUSE	_____ 8 9	
605	The first time you had sex, did you talk about using contraception with your partner?	YES NO	1 2	
606	The first time you had sexual intercourse, did you use contraception to prevent pregnancy?	YES NO	1 2	→ 608
607	Which method did you use? [Interviewer: Do not read out] [Probe for the method!]	PILL IUD INJECTABLE/DEPOPROVERA DIAPHRAGM/FOAM TABLETS/ JELLY/CREAM CONDOM FEMALE CONDOM NORPLANT TRADITIONAL METHOD (Specify _____) NON PENETRATIVE SEX/THIGH SEX MALE STERILISATION FEMALE STERILISATION SAFE DAYS/ABSTINENCE OTHER(specify)_____	1 2 3 4 5 6 7 8 9 10 11 12 13	
608	The first time you had sex did you use a method to prevent disease?	YES NO	1 2	→610

609	Which method did you use? [Interviewer: Do not read out]	PILL 1 INJECTABLE/DEPO 2 CONDOM 3 FEMALE CONDOM 4 TRADITIONAL METHOD/HERBS 5 (Specify _____) NON PENETRATIVE SEX/THIGH SEX 6 FEMALE STERILISATION 7 SAFE DAYS/ABSTINENCE 8 EMERGENCY CONTRACEPTION 9 NATURAL FAMILY PLANNING/ BILLINGS METHOD 10 WITHDRAWAL 11 OTHER(specify)_____ 12 DON'T KNOW/DON'T REMEMBER 98	
610	The first time you had sexual intercourse, did you want to have sex, did it just happen, or were you tricked, threatened or forced to have sex?	WANTED 1 JUST HAPPENED 2 TRICKED 3 THREATENED 4 FORCED 5 OTHER (specify)_____ 7 DON'T KNOW/DON'T REMEMBER 8	
611	Have you ever received anything in exchange for sex?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 NR/REFUSE 9	→613 →613 →613
612	What did you receive? [Do not read out] [Probe: Anything else?] [Multiple responses possible] [If R says “gift”, probe for type of gift!]	MONEY 1 FOOD 2 SCHOOL FEES 3 DRUGS (including glue) 4 ALCOHOL 5 SHELTER / RENT 6 CLOTHES 7 TRANSPORT 8 ENTERTAINMENT (movies / video games) 9 OTHER (specify)_____ 10	→ ask 615, otherwise go to 618
613	Have you ever given anything to someone so they would have sex with you?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 NR/REFUSE 9	→615 →615 →615
614	What did you give? [Do not read out] [Probe: Anything else?] [Multiple responses possible] [If R says “gift”, probe for type of gift!]	MONEY 1 FOOD 2 SCHOOL FEES 3 DRUGS (including glue) 4 ALCOHOL 5 SHELTER / RENT 6 CLOTHES 7 TRANSPORT 8 ENTERTAINMENT (movies/ video games) 9 OTHER (specify)_____	
615	Have you ever had sexual intercourse under the following circumstances? i. e. when somebody was physically forcing you or hurting you or twisting you arm or threatening you or persistently asked you?	YES 1 NO 2	If “NO” → 617

616	Have you ever tried to refuse sex but not been successful?	YES NO	1 2	
617	Has any man/woman ever touched you in an unwanted sexual way, such as touching, kissing, grabbing or fondling?	YES NO DON'T KNOW/DON'T REMEMBER NR/REFUSE	1 2 8 9	

[Interviewer: Ask 618–635 about the <u>most recent partner in the last 12 months</u> , then ask 619-632 about the 2 nd most recent partner in the last 12 months and the third most recent partner in the last 12 months]		Partner 1	Partner 2	Partner 3
618	Think about your <u>most recent</u> sexual partner. How would you describe your partner? [Read out options] SPOUSE 1 CASUAL ACQUAINTANCE 2 FRIEND 3 GIRLFRIEND/BOYFRIEND 4 FIANCE 5 RELATIVE 6 TEACHER 7 SEX WORKER 8 OTHER(specify)_____9	_____	_____	_____
619	How old is she/he? AGE IN YEARS DON'T KNOW 98 NO REPSONSE 99	_____	_____	_____
620	What is his/her race?	BLACK 1 COLOURED 2 INDIAN 3 WHITE 4 OTHER 5	BLACK 1 COLOURED 2 INDIAN 3 WHITE 4 OTHER 5	BLACK 1 COLOURED 2 INDIAN 3 WHITE 4 OTHER 5
621	Does he/she live in the same neighbourhood /area?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
622	When did you start your sexual relationship?	Month ___ Year ___	Month ___ Year ___	Month ___ Year ___
623	How many times did you have sex with him/her in the last month?	_____	_____	_____
624	Is he/she still your sexual partner?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
625	Have/had you ever talked to him/her about: AVOIDING OR DELAYING SEX WAYS TO AVOID PREGNANCY USE OF CONDOMS AVOIDING HIV/AIDS AVOIDING SEXUALLY TRANSMITTED DISEASES	YES NO 1 2 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2 1 2	YES NO 1 2 1 2 1 2 1 2 1 2 1 2
626	How confident are you that you could convince him / her that he or she should use a condom if you wanted to use one?	VERY CONFIDENT 1 FAIRLY CONFIDENT 2 NOT CONFIDENT 3	VERY CONFIDENT 1 FAIRLY CONFIDENT 2 NOT CONFIDENT 3	VERY CONFIDENT 1 FAIRLY CONFIDENT 2 NOT CONFIDENT 3

627	The last time you had sex with him/her, did you or your partner use a condom?	YES 1 NO 2 → 632	YES 1 NO 2 → 632	YES 1 NO 2 → 632
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628	<p>What are the reasons you used a condom?</p> <p>[Multiple answers possible. Circle <i>all</i> that apply. Do <i>not</i> read options]</p> <p>OWN CONCERN TO PREVENT PREGNANCY 1</p> <p>OWN CONCERN TO PREVENT STD/HIV 2</p> <p>DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 3</p> <p>PARTNER INSISTED/PARTNER'S CHOICE 4</p> <p>OTHER (specify) 5</p> <p>DON'T KNOW 8</p>
629	The last time you had sex, who made the decision to use a condom	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>
630	How often do you use a condom with this partner.....	<p>ALWAYS 1</p> <p>USUALLY 2</p> <p>SOMETIMES 3</p> <p>RARELY 4</p> <p>NEVER 5</p>	<p>ALWAYS 1</p> <p>USUALLY 2</p> <p>SOMETIMES 3</p> <p>RARELY 4</p> <p>NEVER 5</p>	<p>ALWAYS 1</p> <p>USUALLY 2</p> <p>SOMETIMES 3</p> <p>RARELY 4</p> <p>NEVER 5</p>
631	The last time you had sex with him/her, did you or your partner use or do something to prevent pregnancy?	<p>Yes 1</p> <p>No 2→634</p>	<p>Yes 1</p> <p>No 2→634</p>	<p>Yes 1</p> <p>No 2→634</p>
632	<p>What do/did you use?</p> <p>PILL 1</p> <p>IUD 2</p> <p>INJECTABLE /DEPOPROVERA 3</p> <p>DIAPHRAGM/FOAM TABLETS/ JELLY/CREAM 4</p> <p>CONDOM 5</p> <p>FEMALE CONDOM 6</p> <p>NORPLANT 7</p> <p>TRADITIONAL METHOD 8</p> <p>(Specify _____)</p> <p>NON PENETRATIVE SEX/THIGH SEX 9</p> <p>MALE STERILISATION 10</p> <p>FEMALE STERILISATION 11</p> <p>SAFE DAYS/ABSTINENCE 12</p> <p>OTHER(specify) 13</p>			
633	The last time you had sex, who made the decision to use something to prevent pregnancy?	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>	<p>SELF 1</p> <p>PARTNER 2</p> <p>BOTH 3</p> <p>OTHER 4</p> <p><u>DON'T KNOW</u> 8</p>

634	Have you <u>ever</u> had sexual relations with a person of the same sex?	<p>YES 1</p> <p>NO 2</p> <p>NR/REFUSE 9</p>	<p>→636</p> <p>→636</p>
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635	Did you want to have sex at that time or were you forced or tricked?	WANTED	1	
		FORCED/TRICKED	2	
		NR/REFUSE	9	
636	Have you ever been tested for virginity?	YES	1	
		NO	2	

Section 7 Condom use and accessibility

I would like to ask you some questions about condoms and condom use.				
701	Do you know of a place where one can get condoms?	YES	1	
		NO	2	→703
702	Where is that?	HOSPITAL/HEALTH CENTER/CLINIC	YES 1	NO 2
	[Do not read out]	MOBILE CLINIC	1	2
	[Probe: Any others?]	FIELD WORKER	1	2
	[Circle 1 for all mentioned]	PHARMACY	1	2
	[Circle 2 for all not mentioned]	PRIVATE DOCTOR	1	2
	[Multiple responses possible]	SHOP	1	2
		CHURCH	1	2
		SCHOOL / SCHOOLCLINIC	1	2
		FRIENDS/RELATIVES	1	2
		TRADITIONAL HEALER	1	2
		PRIVATE SALE BY NURSE/SISTER	1	2
		OTHER		
		(specify) _____	3	
703	How confident are you that you could get a condom if you needed one?	VERY CONFIDENT	1	
		SOMEWHAT CONFIDENT	2	
		NOT CONFIDENT	3	
704	How confident do you feel that you know how to use a condom effectively?	VERY CONFIDENT	1	
		SOMEWHAT CONFIDENT	2	
		NOT CONFIDENT	3	

705	Now I am going to read some statements. After I read each statement, I want you to tell me whether you agree or disagree with the statement.	AGREE	DIS- AGREE	
	a) You can easily get condoms any time you want to.	1	2	
	b) Carrying condoms is difficult because it makes it look as if one has planned to have sex.	1	2	
	c) Using condoms reduces sexual pleasure.	1	2	
	d) When a relationship moves from casual to serious, it is no longer necessary to use a condom.	1	2	
	e) A woman loses a man's respect if she asks him to use a condom.	1	2	
	f) It is embarrassing to buy or ask for condoms.	1	2	
	g) Using a condom is a sign of not trusting your partner.	1	2	
706	Do you think that it is easy or difficult for boys and girls to obtain family planning methods?	EASY	1	
		DIFFICULT	2	→ 801
		DON'T KNOW	8	→ 801

I would like to discuss what young people, such as yourself and your friends, talk about. Young people may talk to different people about different things that concern them. They may talk to family members, friends, teachers or health personnel/counselors. I am going to read a list of topics that young people may talk about. I would like you to tell me whether you have discussed this topic in the last six months and, if so, with whom you have discussed the issues.																																											
805	Have you discussed [read topic] in the last 6 months	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td>Relationships with the opposite sex</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Body changes during puberty</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Whether or not to have sex</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Pregnancy</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Contraception</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Abortion</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>STDs</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Concerns about HIV/AIDS</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> <tr> <td>Sexual abuse/violence</td> <td>1</td> <td>2</td> <td>.....,,</td> </tr> </table>		YES	NO		Relationships with the opposite sex	1	2,,	Body changes during puberty	1	2,,	Whether or not to have sex	1	2,,	Pregnancy	1	2,,	Contraception	1	2,,	Abortion	1	2,,	STDs	1	2,,	Concerns about HIV/AIDS	1	2,,	Sexual abuse/violence	1	2,,	[If “YES”] With whom did you discuss? [Probe: “Anyone else?”. Use codes below. Multiple responses possible]
	YES	NO																																									
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MOTHER/FATHER	1	TEACHER/SCHOOL	7																																								
SIBLING	2	COUNSELLOR																																									
AUNT	3	HEALTH PERSONNEL	8																																								
UNCLE	4	FRIENDS	9																																								
GRANDPARENTS	5	NEIGHBORS	10																																								
		OTHER (specify!)	11																																								
806	In the next few weeks, if you discovered that you were pregnant (Interviewer: for boys read: “If you discovered your partner was pregnant”), would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CANNOT GET PREGNANT 4 DON’T KNOW 8																																									
807	If you could choose at which age you would have your first child, when would that be?	AT AGE [_____]																																									
808	About how many of your female friends do you know have ever had a pregnancy terminated?	NUMBER [_____] DON’T KNOW/DON’T REMEMBER 8																																									
809	Has anyone you know ever died of trying to terminate a pregnancy?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8																																									
810	Have you heard about family planning <u>during the last month</u> :	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>On the radio?</td> <td>RADIO 1</td> <td>2</td> </tr> <tr> <td>On television?</td> <td>TELEVISION 1</td> <td>2</td> </tr> <tr> <td>In a newspaper or magazine?</td> <td>NEWSPAPER / MAGAZINE 1</td> <td>2</td> </tr> </table>		YES	NO	On the radio?	RADIO 1	2	On television?	TELEVISION 1	2	In a newspaper or magazine?	NEWSPAPER / MAGAZINE 1	2																													
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811 FILTER: RESPONDENT IS FEMALE [__] <div style="text-align: center;">↓</div>	RESPONDENT IS MALE: [__] → SECTION 9
FILTER: CHECK QUESTION 601:	
GIRL HAS HAD SEX [__] <div style="text-align: center;">↓</div>	GIRL NEVER HAD SEX: [__] → GO TO ‘FUN’ QUESTIONS AT END OF QUESTIONNAIRE

Now I would like to talk with you about pregnancy, and any children you may have had.

811	I would like to know if you have ever been pregnant. Even if you did not actually give birth – if you had a miscarriage, or an abortion, or the baby died before or just after birth – that still counts for me as a pregnancy. Keeping this in mind, have you ever been pregnant? (Interviewer: If the answer is “NO”, probe once: Including pregnancies that ended in miscarriage or abortion, or in which the baby died?)	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8 NR/REFUSE 9	→Fun Q →Fun Q →Fun Q
812	How many times?	[_____]	
813	Did you ever leave school because you got pregnant?	YES 1 NO 2	
814	Did you resume education after the pregnancy?	YES 1 NO 2	→816
815	Why did you not resume education after the pregnancy? (Main reason!)	TAKING CARE OF THE BABY 1 NOT INTERESTED 2 COULD NOT OBTAIN PLACE IN SCHOOL 3 COULD NOT PAY SCHOOL FEES 4 GOT A JOB 5 SHAME 6 SCHOOL DID NOT ALLOW 7 FAMILY DID NOT ALLOW 8 OTHER (specify) _____ 9	
816	Have you ever been pregnant when you did not want to be?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8	
817	Have you ever tried to terminate a pregnancy?	YES 1 NO 2 DON’T KNOW/DON’T REMEMBER 8	→824 →824
818	Where did you try to terminate your pregnancies? (multiple answers possible)	HOSPITAL / CLINIC 1 PRIVATE DOCTOR IN DOCTOR’S OFFICE 2 NURSE/SISTER IN PRIVATE HOME 3 AT HOME 4 TRADITIONAL HEALER 5 OTHER (specify) _____ 6	→824 →824

828-841. Now we would like to talk to you about the child/children you have given birth to, starting with the **MOST RECENT** one you had.

	BIRTH #1	BIRTH #2	BIRTH #3	BIRTH #4
828. Record single or multiple birth status	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2
829. Is [birth] a boy or a girl?	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2	BOY = 1 GIRL = 2
830. In what month and year was [birth] born? Probe: What is his/her birthday	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00
831. When you were pregnant with [birth], did you go for any antenatal care?	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9	YES = 1 NO = 2 DK = 9
832. Where was [birth] born? At home, or at a medical institution?	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2	AT HOME =1 AT MEDICAL INSTITUTION =2
833. Who assisted at the birth of [birth]? Circle all that apply	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9	NO ONE =1 RELATIVE/FRIEND =2 TRADITIONAL PRACT. =3 MEDICAL PERSON =4 DK =9
834. Did you ever breastfeed [birth]?	YES = 1 NO = 2	YES = 1 NO = 2	YES = 1 NO = 2	YES = 1 NO = 2
835. Is [birth] still alive?	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9	YES = 1 NO = 2 [Go to 839] DK = 9
836. Who is the primary caregiver of the child?	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6	MYSELF 1 CHILD'S FATHER 2 CHILD'S MATERNAL GRANDPARENT 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6

837. Do you receive any support from the father of this child? What type of support?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FINANCIAL</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>FOOD</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL FEES</td><td>1</td><td>2</td></tr> <tr><td>TIME/CARE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	FINANCIAL	1	2	CLOTHING	1	2	FOOD	1	2	MEDICAL	1	2	SCHOOL FEES	1	2	TIME/CARE	1	2
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838. About how much do you yourself spend to support this child per month?	[] RAND	[] RAND	[] RAND	[] RAND																																																																																				
839. Check 836: if dead only: How old was he/she when he/she died? If 1 year, probe: How many months old was (birth)? Record days if under 1 month, months if under 2 years, or years.	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW	Day [] Month [] Year [] 99 = DON'T KNOW																																																																																				
840. At the time you became pregnant with (BIRTH), did you want to become pregnant or would you have liked to wait longer?	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT	WANTED PREGNANCY AT THAT TIME 1 2 WOULD HAVE LIKED TO WAIT																																																																																				
841. How old do you want your youngest child to be before having another baby?	[] YEARS DO NOT WANT ANOTHER 96																																																																																							

[] NOW GO TO 'FUN' QUESTIONS AT END OF QUESTIONNAIRE

Section 9 Paternity

This section is for boys only!

RECORD TIME ___ : ___

FILTER: CHECK 503 BOY HAS HAD SEX [___] ↓		BOY HAS NEVER HAD SEX [___] → GO TO 'FUN' Q'S AT END OF QUESTIONNAIRE	
I would like to talk with you about any children you may have.			
901	Has any girl or her family ever asked you to pay damages or negotiated Lobola or Dowry or to get married because of a premarital pregnancy?	YES NO NR/REFUSE	1 2 9
902	Have you ever made a girl pregnant?	YES NO NR/REFUSE	1 2 9 →Go to END
903	Have you ever fathered a child?	YES NO DON'T KNOW/DON'T REMEMBER	1 2 8 →Go to END
904	How many children have you fathered (including those children no longer alive)?	[___] CHILDREN	
905	Were you in school when you fathered a child?	YES NO	1 2
906	Did you ever leave school because your partner/girlfriend was pregnant/gave birth?	YES NO NR/REFUSE	1 2 9 →908
907	Did you ever return to school at some point after the baby was born?	YES NO NR/REFUSE	1 2 9

908-913	FILTER: CHECK 903 BOY HAS FATHERED A CHILD [___] ↓ Do birth history on next page	BOY HAS NEVER FATHERED A CHILD [___] → GO TO 'FUN' Q'S AT END OF QUESTIONNAIRE
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908-913 Now I would like to talk to you about the children you have fathered, starting with the MOST RECENT birth..

	BIRTH #1	BIRTH #2	BIRTH #3	BIRTH #4
908. Record single or multiple birth status:	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2	SINGLE = 1 MULTIPLE = 2
909. In what month and year was (BIRTH) born? PROBE: What is his/her birthday? OR In what season was he/she born?	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00	Month [][] Year [][] MO. NOT KNOWN=98 YR. NOT KNOWN=00
910. Is (BIRTH) still alive?	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9	YES = 1 NO = 2 [Go to END] DK = 9
911. Who is the primary caretaker of the child?	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7	MYSELF 1 CHILD'S MOTHER 2 CHILD'S MATERNAL GRANDPARENTS 3 CHILD'S PATERNAL GRANDPARENTS 4 OTHER RELATIVE 5 NON-RELATIVE 6 DON'T KNOW 7
912. How often do you see this child?	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7	CHILD LIVES WITH ME 1 EVERY DAY 2 WEEKENDS 3 ABOUT ONCE A MONTH 4 LESS THAN ONCE A MONTH 5 HOLIDAYS 6 NEVER 7
913. Do you provide any support for this child? What type of support?	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOL FEES 1 2 TIME/ CARE 1 2	YES NO FINANCIAL 1 2 CLOTHING 1 2 FOOD 1 2 MEDICAL 1 2 SCHOOLFEES 1 2 TIME/ CARE 1 2
914. About how much do you spend to support this child per month ?	[] RAND	[] RAND	[] RAND	[] RAND

[] NOW GO TO 'FUN' QUESTIONS AT END OF QUESTIONNAIRE

FUN QUESTIONS TO END WITH:
1. What is your favorite TV show? _____
2. Who is your favorite singer? _____
3. What was your favorite "Soul City" episode? _____

END OF QUESTIONNAIRE

Thank the respondent for his/ her participation.

Also, explain that we would like to obtain his/her name and address and that of two friends/relatives in order to be able to locate the respondent for the second round of the study.

Respondents name and address:

Name: _____
Street: _____ nr. _____
Apartment building: _____
Postal Code: _____
City/town: _____

Ask for two contact addresses in addition to respondents address:

1) Name: _____
Street: _____ nr. _____
Apartment building: _____
Postal Code: _____
City/town: _____

Tel: _____

2)

Name: _____

Street: _____ nr. _____

Apartment building: _____

Postal Code: _____

City/town: _____

Tel: _____

RECORD TIME AT END OF INTERVIEW ____ : ____