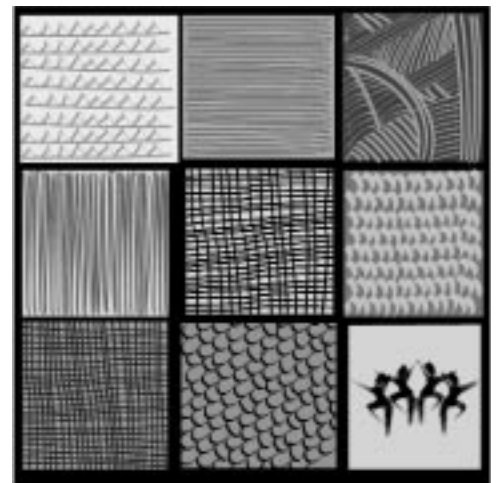




PHOTO: Harvey Nelson

# INSTRUMENTS AND QUESTIONNAIRES



## PART II AT A GLANCE

- ▶ Offers guidance on adapting instruments for your M&E effort
- ▶ Provides sample data collection instruments
- ▶ Gives tips for collecting data through a variety of methods

### Adapting Instruments to Meet Your M&E Needs

The questions and methods used in the sample data collection instruments have been collected from checklists, tally sheets, questionnaires, surveys, inventories and focus group discussion guides that are used to monitor and evaluate youth programs in a variety of contexts. The questions included are not necessarily the best questions for every context, nor are they exhaustive.

The instruments you choose should be adapted to your objectives before use. For example, Instrument 7 (Observation Guide for Counseling and Clinical Procedures) is designed to assess the quality of service provision in a health facility-based program. However, you could easily adapt it to reflect the counseling and services provided in a school-based program or during outreach effects.

You should also adapt instruments to your context before use. For example, you will probably need to add or delete questions from Instrument 12, the Comprehensive Youth Survey, before using it to evaluate your program's context-specific outcomes. Pre-testing data collection instruments before you use them will improve your efforts.

Table 1 provides an overview of what data collection method each instrument utilizes and how it can be used as a tool for your M&E effort.

### Developing Surveys

Surveys are one of the most commonly used evaluation tools because they are a cost-effective way to gather comparable information from a large group of people. Surveys may be self-administered—completed by the respondent using a pencil and paper—or administered by an interviewer who completes the form by filling in the respondent's answers.

When designing surveys, you may choose to use either open-ended or closed questions, depending on your needs. Open-ended questions do not have a pre-determined response, and allow respondents to reply in their own words. Closed questions are accompanied by a list of possible responses from which the respondent selects. Open-ended questions often result in a greater depth of understanding, while responses to closed questions can be more quickly analyzed.

**Table 1**  
**Data Collection Instruments**

<b>No.</b>	<b>Title</b>	<b>Data Collection Method</b>
1A	Program Design Checklist	Checklist
1B	Checklist of Stakeholder Involvement	Checklist
1C	Training Course Checklist for ARH Program Staff	Checklist
1D	Checklist for “Youth-Friendly” Service Characteristics	Checklist
1E	Checklist of Selection Criteria for Peer Educators	Checklist
2A	Monthly Tally Sheet for Counseling	Service statistics
2B	Tally Sheet for Communication Products	Service statistics
2C	Tally Sheet for Stakeholder Involvement	Service statistics
2D	Tally Sheet on Number and Characteristics of Youth Counseled	Service statistics
2E	Institutional Infrastructure Tally Sheet	Service statistics
3A	Reporting Form for Counseling	Program report
3B	Peer Educators’ Reporting Form	Program report
4	ARH Coalition Questionnaire	Interview with key informant
5A	Index on Quality of Counseling (for individual counseling sessions)	Direct observation
5B	Policy Environment Score: Adolescents	Composite index
6	Inventory of Facilities and Services	Inventory and direct observation
7	Observation Guide for Counseling and Clinical Procedures	Direct observation
8	Interview Guide for Staff Providing RH Services	Staff survey
9	Guide for Client Exit Interview	Exit interview with client
10	Questionnaire for Debriefing Mystery Clients	Mystery client
11	Community Questionnaire	Interview with key informant
12	Comprehensive Youth Survey	Population survey
13	Focus Group Discussion Guide for In-School Adolescents	Focus group discussion
14	Assessing Coalition Effectiveness Worksheet	Survey of key informant
15	Parents of Youth Questionnaire	Interview with key informant

When developing a survey instrument, keep in mind the following rules:

- **Be unambiguous:** Try to avoid questions that can be interpreted in different ways. For example, if you ask a nurse, “How many patients did you see last week?” she might respond, “Whom do you mean, me or the clinic?” Focus group discussions can help clarify interpretations of terminology before you finalize your survey instrument.
- **Use clear language that is not condescending:** Try to strike a balance between using simple language and seeking complex information.
- **Plan the survey well:** Only include questions that you are sure you will analyze. Cluster your questions by topic so that respondents don’t become frustrated, confused or annoyed by repetition.
- **Make use of skip questions:** For example, if a respondent reports that she has never been pregnant, the survey should skip over any questions pertaining to experience with pregnancy.
- **In providing possible responses, make the lists exhaustive and exclusive:** This is especially important when you want respondents to check only one response. Also give respondents the option of answering “Don’t know.”
- **Don’t ask two questions at once:** For example, asking, “When did you leave home and go to work on your own for the first time?” wrongly assumes that all respondents left home before going to work for the first time, and that they went to work when they left home. To explore these issues, it is better to use a series of questions focusing on each step.

- **If translating a survey, back translate to ensure accuracy:** First, work closely with a bilingual translator who is a native speaker of the language you are translating into. Next, ask a native speaker of the language to translate the survey back into that language. The two versions should be essentially identical. If not, correct errors in translation.
- **Confidentiality is vital:** A respondent’s name should not be written on the survey. Most evaluators assign a code to keep track of respondents.

If a survey is used to guide an interview, also keep in mind the following:

- **Decide how simple or how complex you want the interview to be:** Topics for individual interviews can range from a handful of simple, open-ended questions that take a few minutes to conduct, to a detailed survey that may take an hour or more to conduct.
- **Be sensitive to the environment:** Be aware of the image you are projecting, and aim to build trust with the respondent. For example, if you arrive in a Land Rover with a driver, you may be identified as an “official” person, influencing the respondent’s perception of you.
- **Make introductions and explain the purpose of the survey:** Explain why you are conducting the survey, and ask permission for the interview to commence.
- **Familiarize yourself with the survey instrument:** You must be able to read the survey items without stumbling over words and phrases, know how to follow skip patterns and understand the correct procedure for probing and recording responses.

- Probe responses and rephrase open-ended questions: Open-ended questions should be presented in a neutral way. If you unknowingly hint at the “right” answer, respondents may try to provide it. Probing and rephrasing questions during an interview is helpful to explore respondents’ real feelings, especially when they give short answers. Often the best probe is patient silence; verbal probes include “In what ways?” or “Anything else?”

### **Developing and Leading Focus Group Discussions**

Focus group discussions are a qualitative research technique used to gain an in-depth, but not representative, understanding of the attitudes, beliefs and perceptions of a specific group of people in their own language.

A focus group is a facilitated, open conversation, recorded and observed by a note taker. A facilitator asks questions that stimulate interaction among participants on subjects relevant to the evaluation. Each participant should have the opportunity to speak, ask questions of other participants and respond to the comments of others, including the facilitator.

Generally, it is best to hold several focus groups on the same topic. The first few focus group sessions are often longer because the facilitator is getting all new information. Thereafter, the facilitator is able to move quickly over points that have already been covered with previous groups if similar answers are emerging. The number of focus group discussions you should conduct depends on the project needs and resources and whether different views from separate groups are still emerging. In general, at least two focus group discussions should be conducted among each specific target group.

When designing focus groups, keep in mind the following:

- Develop a guide for facilitators: To get the most thorough information, offer tips and guidance to facilitators. If a facilitator is new to a topic, provide a list of possible probe questions that he or she should ask. Suggest that facilitators avoid leading questions. For example, they should not ask why participants don’t eat certain foods; instead, they should ask participants to discuss what kinds of foods they like and dislike, and why. Focus group questions should be different from the questions you would ask in a survey; asking a group about an issue is different from asking individuals about their own behavior.
- Hold focus groups at a neutral and comfortable venue: For example, the community health center would not be a good place to meet if the topic were attitudes about health services.
- Carefully determine the composition of the focus group: When selecting participants, aim to recruit a homogeneous group in terms of age, sex, education, occupation, political status and authority. For example, do not combine counselors, nurses and the manager of a clinic in one focus group.
- Document the discussion: If possible, tape-record the focus group and transcribe it before it is analyzed. Minimally, have an observer present to take notes.
- Be supportive and nonjudgmental: Respondents will disclose more if they believe there are no right or wrong answers and that they are in a confidential group with people who are similar to them in terms of background and social characteristics.

## Using Mystery Clients

A mystery client is a person selected from the target population to pose as a participant in a program and report back to the evaluator on his or her experience. Mystery clients are especially useful for collecting information about health facilities and providers. When using mystery clients, keep in mind the following:

- ▶ Develop a range of scenarios and personality traits for mystery clients to act out: Have the mystery clients present erroneous information (to determine whether and how the program corrects these ideas) and have them say they do not understand what the provider tells them (to determine whether the program ensures comprehension).
- ▶ Mystery clients should select scenarios that best suit them: Explain to participants that they will “become” the person described when participating in the program. Ask them to carefully read over the scenario they have selected.
- ▶ Discuss or role-play each scenario: Before participants act as mystery clients, have them discuss what their characters are like and how they would feel about the situation they are in. Be attentive to details such as how the person behaves, what kind of language he or she uses and body language. Then role-play the interaction so that each mystery client will be prepared for the questions and procedures he or she is likely to encounter.
- ▶ Prepare participants for what to do once they are in the role of a mystery client: Remind them to be “in character” upon entering the program, and tell them what to do if they see someone they know. Also ask them to record the amount of time spent waiting and participating in the program and to collect educational materials. Mystery clients should not undergo any type of exam or procedure.
- ▶ Debrief the mystery client as soon as possible: Using an open-ended survey, interview mystery clients soon after they complete each mystery client assignment. Relate questions on the survey to the specific indicators that the program is interested in assessing.



## Instrument 1: Checklists

A. Program Design Checklist				
Indicator	Criteria	Yes	No	Comments
Baseline assessment conducted to identify ARH issues, needs and target audience	A Has assessment identified RH issues and needs of youth?			
	B Has assessment identified different types of youth?			
	C Has assessment identified risk and protective factors for youth?			
	D Has assessment identified the context for risk-taking and health-seeking behaviors among youth?			
Political feasibility analysis conducted	A Has stakeholder and gatekeeper support been assessed?			
	B Has a review of policies and regulations that might affect ARH program activities been conducted?			
	C Has there been an assessment of collaborative arrangements with other ARH programs and activities?			
Existence of clearly defined mission statement that contributes to the achievement of program goals	A Is there a mission statement?			
	B Is the mission statement consistent with institutional/local/regional policies and priorities regarding RH?			
	C Does the mission statement provide a vision of the future?			
	D Does the mission statement define the program's services and products?			
	E Does the mission statement define the program's target audience/clients?			
	F Does the mission statement provide a meaningful basis for developing operational plans?			
Existence of clearly defined goals and objectives	A Does the program have goals and objectives?			
	B Is the target audience(s) defined in the goals and objectives?			
	C Do the goals define the ultimate achievement of the program?			
	D Are the objectives specific, time-bound and measurable?			
	E Do staff and volunteers know, understand and accept the goals and objectives of the program?			
Intervention goals and strategy based on conceptual model of behavior change	A Did you develop a logic model linking outcomes, antecedents and activities?			



## Instrument 1: Checklists

A. Program Design Checklist (continued)				
Indicator	Criteria	Yes	No	Comments
Local stakeholders involved in program planning	A Have youth been involved in program planning?			
	B Have school administrators, teachers and school staff been involved in program planning?			
	C Have parents, relatives, caretakers and/or guardians been involved in program planning?			
	D Have policymakers/local government leaders been involved in program planning?			
	E Have key social-group representatives been involved in program planning?			
	F Have community elders and/or leaders been involved in program planning?			
	G Have service providers been involved in program planning?			
Existence of plan for community mobilization	A Does the plan identify and recruit local stakeholders and community leaders to participate in program activities?			
	B Does the plan establish a coordinating body (committee) that would support ARH program activities?			
	C Does the plan include a schedule for community activities that would include ARH messages and information?			
Assessment of staffing needs and related training requirements	A Has assessment included a history of training for present staff positions?			
	B Has the number of existing staff been assessed?			
	C Has the number of existing staff who are competent and confident in working with youth been assessed?			
	D Has the number of existing staff who are knowledgeable in relevant ARH subjects been assessed?			
	E Have future training needs and training selection criteria been established?			
Financial feasibility analysis conducted	A Have program costs been estimated?			
	B Have potential clients' ability and willingness to pay been assessed?			
	C Has there been a review of financial support sources?			

Instrument 1: Checklists

**B. Checklist of Stakeholder Involvement**

DIRECTIONS: For each recommended type of consultation with a stakeholder group, write the date of consultation in the "Actual" column for those consultations that took place. Leave blank if no consultation was held.

Consultation on:	Stakeholder Groups									
	Youth		School Personnel <sup>1</sup>		Parents/Families <sup>2</sup>		Service Providers <sup>3</sup>		Community Leaders	
	Recom- mended	Actual	Recom- mended	Actual	Recom- mended	Actual	Recom- mended	Actual	Recom- mended	Actual
Definition of reproductive health	X		X		X		X		X	
Goals of ARH program			X		X		X		X	
Structure of ARH program <sup>4</sup>	X		X				X			
Topics to be covered in ARH program	X		X		X					
Evaluation of ARH program	X		X		X		X			
Desired level of involvement with program <sup>5</sup>	X		X		X		X		X	
Views of RH education in schools, health centers, media and community programs			X		X		X		X	
Perceived need for ARH services	X									
Knowledge and perception of sexual activity (and/or risk-taking behavior), including age at sexual initiation among youth			X		X		X		X	
Knowledge, attitudes, behaviors about sex, pregnancy, contraception, HIV/AIDS/STIs, abortion, etc.	X									
Extent to which RH topics are discussed in family	X				X					
Who initiates family discussions on RH and sexual topics (i.e., youth or parents)	X				X					
Difficulty in discussing RH and sexual topics with youth			X		X		X			
Gender differences in discussions on ARH and sex			X		X		X			
Appropriate ages for addressing different RH and sexual topics			X		X		X			

<sup>1</sup> School personnel includes administrators, teachers and staff.

<sup>2</sup> Parents/families also includes caretakers and guardians.

<sup>3</sup> Service providers includes counselors, physicians, nurses, nurses aides, volunteers, peer promoters and social workers.

<sup>4</sup> From the perspective of youth, program structure would include the range of activities, such as family life education, skills training, counseling, peer education, communications and media. From the perspective of school personnel, program structure would cover the curriculum, type of instruction, teacher training, access or referral to health services and coordination of community efforts. From the perspective of service providers, program structure would include youth-only clinics, separate hours for youth and integrated services with adults.

<sup>5</sup> "Involvement" can cover the following elements: program design, planning, implementation and evaluation.

**Instrument 1: Checklists**

<b>B. Checklist of Stakeholder Involvement (continued)</b>										
Stakeholder Groups										
Consultation on:	Youth		School Personnel		Parents/Families		Service Providers		Community Leaders	
	Recommended	Actual	Recommended	Actual	Recommended	Actual	Recommended	Actual	Recommended	Actual
Appropriate amount of time to devote to RH and sexual topics			X				X			
Context in which to include ARH program (new course or within existing course; if existing course, which one)			X							
Approachable source(s) of ARH counseling and services <sup>6</sup>	X									
Where youth go for fun and relaxation and how often	X									
Male involvement in ARH services	X						X			
Reaction to various youth behaviors <sup>7</sup>			X		X		X		X	
Barriers to youth getting services	X						X			
Types of training needed to assist youth							X			
Types of services that can be offered to youth	X						X			
Views about working with youth in clinics, pharmacies and other commercial outlets							X			
How youth can be attracted to health centers	X						X			
Changes to be made in current system	X						X		X	

<sup>6</sup> "Approachable source(s)" are where youth feel comfortable going to get information, counseling and/or services.

<sup>7</sup> Behaviors include having sex, using contraception for pregnancy and STI/HIV/AIDS prevention, becoming pregnant for girl or causing pregnancy for boy, having an abortion, etc.

## Instrument 1: Checklists

**C. Training Course Checklist for ARH Program Staff*****I. METHODOLOGICAL APPROACH***

Methodology Criteria	Yes	No	Comments
Curriculum has specific learning objectives			
Methodology is interactive			
Methodology is competency-based			

***II. COURSE CONTENT***

Training Topics	Yes	No	Comments
Basic RH care			
Adolescent physical and sexual growth and development			
Predictors of adolescent sexual behavior			
Contraceptive methods, including emergency contraception			
HIV/AIDS			
Sexually transmitted infections			
Relationship among risk-taking behaviors (e.g., sexual activity, smoking, drugs, alcohol)			
Services for adolescent males			
Partner counseling with adolescent males			
Youth culture and language (especially related to sex)			

***III. FACILITATOR(S) CAPACITY***

Facilitator Characteristics	Yes	No	Comments
Facilitator trained as trainer			
Facilitator knowledgeable about ARH topics and course curriculum			
Facilitator skilled with a variety of training techniques			

**Instrument 1: Checklists**

**D. Checklist for “Youth-Friendly” Service Characteristics**

<i>PROVIDERS AND STAFF</i>			
Characteristics	Yes	No	Comments
Staff is friendly and responsive to youth clients			
Staff is respectful to and ensures privacy of youth clients			
Staff is understanding of and knowledgeable about youth concerns and needs			
Counselors spend adequate time with youth clients			
Counselors use language that is understandable to youth			
Counselors are nonjudgmental and approachable			
Medical providers spend adequate time with youth clients			
Medical providers use language that is understandable to youth			
Medical providers are nonjudgmental and approachable			
Information provided during counseling is clear and helpful			
Information on need for and timing of follow-up visit(s) is provided and clear			
Medical providers offer choices, including abstinence, contraception and withdrawal			

<i>POLICIES AND PROCEDURES</i>			
Characteristics	Yes	No	Comments
Youth drop-ins are welcome and accommodated (for drop-ins only)			
Services are offered to both male and female youth clients			
Facility provides informational and/or audiovisual materials on RH services and concerns of youth clients			
Facility provides contraceptive methods that are most popular among youth clients			
Facility offers wide range of services			
Services are linked to other youth service and program networks			
Cost of RH services is affordable			

## Instrument 1: Checklists

**D. Checklist for “Youth-Friendly” Service Characteristics (continued)**

<i>ENVIRONMENT AND FACILITIES</i>			
Characteristics	Yes	No	Comments
ARH services are provided at convenient (and separate) hours for youth clients			
Décor and surroundings are inviting to youth clients (i.e., non-medical)			
Counseling and examination rooms ensure privacy for youth clients			
Separate space is used for youth clients <sup>1</sup>			
Facilities are conveniently located for youth			
Education materials are displayed and available to youth clients			
Youth clients report overall satisfaction with ARH services			

<sup>1</sup> Separate space and separate hours may not always be feasible.

**Instrument 1: Checklists**

**E. Checklist of Selection Criteria for Peer Educators**

Selection Criteria	Yes	No	Comments
Is person committed to good reproductive health?			
Is person a credible role model?			
Is person respectful of peers?			
Is person able to hold confidences?			
Is person able to interact with both peers and adults?			
Is person honest?			
Is person caring?			
Is person trustworthy?			
Is person able to speak in public?			
Is person able to hold public's interest?			
Is person understandable when speaking in public?			
Is person of similar age to youth target population?			
Does person speak the language of youth target population?			
Is person from same geographic location as youth target population?			

How many criteria did the person meet? \_\_\_\_\_

Should person be selected?  Yes  No

## Instrument 2: Tally Sheets

Page 1 of 7

## A. Monthly Tally Sheet for Counseling

Month: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Content of Counseling Session	A Number of Individual/Couple Sessions for Youth	B Number of Group Sessions for Youth	Number of Youth Who Attended Each Group Session	Total Number of Sessions (A + B)
HIV/AIDS				
Other STIs				
Contraceptive methods				
Strategies to avoid unsafe sex				
Negotiation skills				
Self-esteem				
Prenatal care				
Parenting				
Postnatal care/breastfeeding				
Abortion				
Nutrition				
Drugs/alcohol				
Relationships				
Other:				
TOTAL				



## Instrument 2: Tally Sheets

B. Tally Sheet for Communication Products						
Type of Product		# Distributed or Aired in 1 <sup>st</sup> Quarter	# Distributed or Aired in 2 <sup>nd</sup> Quarter	# Distributed or Aired in 3 <sup>rd</sup> Quarter	# Distributed or Aired in 4 <sup>th</sup> Quarter	# Distributed or Aired for Year
Pamphlets (by topic):	RH					
	STIs					
	HIV/AIDS					
	Condoms					
	Other contraception					
	Pregnancy/maternal care					
Posters (by topic):	RH					
	STIs					
	HIV/AIDS					
	Condoms					
	Other contraception					
	Pregnancy/maternal care					
Videos						
Television programs/spots						
Radio programs/spots						
Newspapers:	Stories					
	Advertisements					
	Special inserts					
Magazines:	Stories					
	Advertisements					
	Special inserts					

Instrument 2: Tally Sheets

C. Tally Sheet for Stakeholder Involvement			
Organization	Stakeholders/Leaders	Type of Involvement	Comments
	1	<input type="checkbox"/> Planning	
	2	<input type="checkbox"/> Service delivery	
	3	<input type="checkbox"/> Evaluation	
	4	<input type="checkbox"/> Financial support	
	1	<input type="checkbox"/> Policy	
	2	<input type="checkbox"/> Other:	
	3	<input type="checkbox"/> Planning	
	4	<input type="checkbox"/> Service delivery	
	1	<input type="checkbox"/> Evaluation	
	2	<input type="checkbox"/> Financial support	
	3	<input type="checkbox"/> Policy	
	4	<input type="checkbox"/> Other:	
	1	<input type="checkbox"/> Planning	
	2	<input type="checkbox"/> Service delivery	
	3	<input type="checkbox"/> Evaluation	
	4	<input type="checkbox"/> Financial support	
	1	<input type="checkbox"/> Policy	
	2	<input type="checkbox"/> Other:	
	3	<input type="checkbox"/> Planning	
	4	<input type="checkbox"/> Service delivery	
	1	<input type="checkbox"/> Evaluation	
	2	<input type="checkbox"/> Financial support	
	3	<input type="checkbox"/> Policy	
	4	<input type="checkbox"/> Other:	
	1	<input type="checkbox"/> Planning	
	2	<input type="checkbox"/> Service delivery	
	3	<input type="checkbox"/> Evaluation	
	4	<input type="checkbox"/> Financial support	
	1	<input type="checkbox"/> Policy	
	2	<input type="checkbox"/> Other:	
	3	<input type="checkbox"/> Planning	
	4	<input type="checkbox"/> Service delivery	
	1	<input type="checkbox"/> Evaluation	
	2	<input type="checkbox"/> Financial support	
	3	<input type="checkbox"/> Policy	
	4	<input type="checkbox"/> Other:	

**Instrument 2: Tally Sheets**

D. Tally Sheet on Number and Characteristics of Youth Counseled								
	Characteristics	January	February	March	April	May	June	Total
Age group	Under 14							
	15-16							
	17-19							
	20-24							
	Total all ages*							
Sex	Females							
	Males							
	Total both sexes*							
Education level	No education							
	Some primary school							
	Completed primary school							
	Some secondary school							
	Completed secondary school							
	University							
	Total all levels*							
School status	Enrolled in school							
	Not enrolled in school							
	Total all statuses*							
Marital status	Never married							
	Currently married							
	Unmarried, living with partner							
	Divorced/separated/widowed							
	Total all statuses*							
Residence status	Rural							
	Peri-urban							
	Urban							
	Total all statuses*							

\* The total of each category should be the same, unless there is missing information on the characteristics of some youth.

Instrument 2: Tally Sheets

**D. Tally Sheet on Number and Characteristics of Youth Counseled (continued)**

Characteristics		January	February	March	April	May	June	Total
Risk status	Lives on street							
	Commercial sex worker							
	Drug or alcohol user							
	School dropout							
	Other risk category:							
	Total all statuses*							
Work status	Not working							
	Looking for work							
	Working part-time							
	Working full-time							
	Total all statuses*							

\* The total of each category should be the same, unless there is missing information on the characteristics of some youth.

## Instrument 2: Tally Sheets

E. Institutional Infrastructure Tally Sheet		
Type of Institution	No. of Locations in Community	Title of Institutions, Organizations and Opportunities
Service organizations for victims of sexual abuse		
Youth organizations		
Schools that provide RH information		
Economic opportunities for youth		
	Type:	
	Type:	
	Type:	
	Type:	
	Type:	

Instrument 2: Tally Sheets

**E. Institutional Infrastructure Tally Sheet (continued)**

Type of Institution	No. of Locations in Community	Title of Institutions, Organizations and Opportunities
Entertainment venues for youth		
Venues that serve alcohol to youth		



Instrument 3: Reporting Forms

**A. Reporting Form for Counseling**

Number and content of reproductive health counseling sessions held for youth.

Content of Counseling	January 2000			February 2000			January to February 2000
	Number of Group Sessions Held	Number that Attended Each Group Session	Number of Individual/ Couple Sessions Held	Number of Group Sessions Held	Number that Attended Each Group Session	Number of Individual/ Couple Sessions Held	Total Number of RH Counseling Sessions
HIV/AIDS							
Other STIs							
Contraceptive methods							
Strategies to avoid unsafe sex							
Negotiation skills							
Self-esteem							
Prenatal care							
Parenting							
Postnatal care/ breastfeeding							
Abortion							
Nutrition							
Drugs/alcohol							
Relationships							
Other:							
<b>TOTAL</b>							



### Instrument 3: Reporting Forms

## B. Peer Educators' Reporting Form

Name of peer educator: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Service to Individuals

No.	Date	Sex		Counseling		Referred		Number of Commodities		Contact		
		M	F	Y	N	Y	N	Condom	Foam	New	Follow-up	
					Topic			Reason				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
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18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
<b>Total</b>												

Instrument 4: ARH Coalition Questionnaire

The purpose of this questionnaire is to see how well organizations and various stakeholders are represented in decision making about ARH programming and to assess their ability to work in coalition with ARH programs.

1	Organization you belong to:							
2	Job title:							
3	<p>Please use the checklist below to describe how involved the following members/sectors of the community are in decision making about your ARH programming. <i>(The coding categories 2 through 5 build on one another; select only one response for each group. If you do not know, circle NR.)</i></p>	<p><b>RESPONSE CODES:</b></p> <p>1 Not involved</p> <p>2 Observation <i>Involved as observers of meetings and activities, or recipients of information or advice</i></p> <p>3 Advice <i>Involved as providers of information or advice</i></p> <p>4 Doing <i>Involved in carrying out activities</i></p> <p>5 Decision making <i>Involved as participants in program decision making</i></p> <p>NR No response <i>I do not know</i></p>						
A		Young adolescents (10–14 years)	1	2	3	4	5	NR
B		Middle adolescents (15–19 years)	1	2	3	4	5	NR
C		Older adolescents (20–24 years)	1	2	3	4	5	NR
D		Parents/guardians	1	2	3	4	5	NR
<i>Individuals working in the following sectors:</i>								
E		Religious (churches, mosques, temples, interfaith councils, synagogues, etc.)	1	2	3	4	5	NR
F		Economic (business persons)	1	2	3	4	5	NR
G		Educational (teachers, principals, parent-teacher associates, etc.)	1	2	3	4	5	NR
H		Health care (nurses, doctors, social workers, etc.)	1	2	3	4	5	NR
I		Arts and cultural organizations	1	2	3	4	5	NR
J		Media (local radio, news, etc.)	1	2	3	4	5	NR
K		Recreational (team coaches, sports leagues, etc.)	1	2	3	4	5	NR
L		Social welfare (human services, mental health, etc.)	1	2	3	4	5	NR
M		Youth-serving organizations (YMCA, YWCA, youth centers, etc.)	1	2	3	4	5	NR
N	Other community group leaders (civic and neighborhood associations, etc.)	1	2	3	4	5	NR	
O	Local or district government officials	1	2	3	4	5	NR	
P	Regional/national government officials	1	2	3	4	5	NR	
Q	Other (specify: _____)	1	2	3	4	5	NR	
4	Is there anything else you would like to tell us about the extent to which diverse people and groups are involved in the ARH program? <i>(If so, please describe.)</i>							

**Instrument 4: ARH Coalition Questionnaire**

5	<p>In an average month, about how many hours of time do you spend participating in the ARH coalition? Include time spent in preparing for meetings or activities; in meetings, including travel to and from meetings; participating in ARH coalition-sponsored activities other than meetings; and communicating with members. <i>(Circle one response.)</i></p>	<p>1 Never participate in any of these activities                  2 Less than 1 hour per month                  3 1–2 hours per month                  4 3–5 hours per month                  5 6–10 hours per month                  6 11 or more hours per month</p>						
6	<p>How are major decisions usually made about ARH coalition activities? <i>(Circle the one primary way you think decisions are made.)</i></p>	<p>1 Voting, with majority rule                  2 Discussion and consensus among ARH coalition members                  3 The chair listens to discussion and makes final decisions for the members                  4 ARH program staff make the decisions independently                  5 Another way <i>(please describe):</i></p>						
7	<p>From your perspective, to what extent has your ARH coalition achieved consensus on its mission and direction? <i>(Circle only one response.)</i></p>	<p>1 No consensus                  2 Very little consensus                  3 Some consensus                  4 A great deal of consensus</p>						
8	<p>In the ARH program coalition, how important or unimportant are each of the following ways of communicating? <i>(Circle one response for each category below.)</i></p>							
		Very important	Somewhat important	Not very important	Not at all important			
A Mailed/faxed written materials		1	2	3	4			
B Verbal reports at meetings		1	2	3	4			
C Group discussions		1	2	3	4			
D Talking outside of meetings		1	2	3	4			
9	<p>Please rate communication between ARH program staff and coalition members on the scales below. <i>(Circle one number for each pair of adjectives.)</i></p>							
		A Frequent	1	2	3	4	5	Infrequent
		B Productive	1	2	3	4	5	Unproductive
10	<p>How much do you agree or disagree with the statements below about the ARH coalition? <i>(Circle one response for each category.)</i></p>							
		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree			
A There is always a clear agenda for meetings.		1	2	3	4			
B The coalition follows its agenda.		1	2	3	4			
C Coalition members regularly attend meetings.		1	2	3	4			
D Coalition members listen to one another.		1	2	3	4			

Instrument 4: ARH Coalition Questionnaire

11	<p>Participation in a coalition may change relationships among groups or organizations. If you represent an organization in the ARH coalition, rate the extent to which linkages between your organization and others that are represented on the coalition have changed as a result of your participation in the coalition.</p> <p><i>(Circle one response for each category. If you do not represent an organization in the ARH coalition, skip this question and go to Question 13.)</i></p>																																																																							
	<table border="1"> <thead> <tr> <th></th> <th>Major increase</th> <th>Slight increase</th> <th>Stayed the same</th> <th>Slight decrease</th> <th>Major decrease</th> </tr> </thead> <tbody> <tr> <td>A Exchange of information</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>B Referrals to or from other groups/ organizations</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>C Sharing of resources</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>D Sharing of staff</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>E Co-sponsoring events</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>F Coordinating services</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>G Undertaking joint programs</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>H Obtaining media coverage</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>		Major increase	Slight increase	Stayed the same	Slight decrease	Major decrease	A Exchange of information	1	2	3	4	5	B Referrals to or from other groups/ organizations	1	2	3	4	5	C Sharing of resources	1	2	3	4	5	D Sharing of staff	1	2	3	4	5	E Co-sponsoring events	1	2	3	4	5	F Coordinating services	1	2	3	4	5	G Undertaking joint programs	1	2	3	4	5	H Obtaining media coverage	1	2	3	4	5																	
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13	<p>Look over your responses to the issues listed in Question 12. Of the health concerns you identified as major problems for youth in your community, which is the most important?</p>																																																																							

**Instrument 4: ARH Coalition Questionnaire**

14	In your opinion, how much of a problem are the health or social service issues listed below for youth in your community? (Check one box in each row.)	Problem for youth in your community?				
		No problem	Minor problem	Somewhat of a problem	Major problem	Don't know
		Health or Social Service Issue				
		A Availability of reproductive health services				
		B Availability of adequate and timely care by a health provider				
		C Availability of health education programs (e.g., pregnancy prevention)				
		D Availability of pharmacy services				
E Availability of counseling and/or mental health services						
15	In your opinion, what can be done to address the problems identified in Question 14?					

Thank you very much for your time and help!

## Instrument 5: Composite Indices

Page 1 of 5

**A. Index on Quality of Counseling (for Individual Counseling Sessions)**

**DIRECTIONS:** After observing a counseling session, use this index to score the counselor's performance on each item. Score each sub-item on a scale of 0–2. A score of 0 indicates that no attention was given to this item during the counseling session; a score of 1 indicates moderate attention and a score of 2 indicates good attention. The subtotal is the sum of the scores for each sub-item. In the example below, the maximum total score possible is 28. The total score can be converted to a percentage by dividing total by the maximum total score possible. For example, if the total score using this index is 17, then divide 17 by 28. The result is .61, or 61 percent.

Item	Score (0–2)	Subtotal
Counselor covered essential points in ARH service protocol:		
• Youth's needs are determined		
• Information on key youth characteristics is obtained		
• Information on preventing STIs is provided		
• Information on contraception is provided		
Counselor developed rapport with youth (illustrative):		
• Used youth's name during session		
• Treated youth with respect		
• Encouraged youth to ask questions		
• Used a kind and inviting tone of voice		
• Listened to youth		
Counselor demonstrated appropriate counseling techniques		
Counselor explained relevant medical procedures (e.g., medical exams) to youth and answered youth's questions in advance of a medical provider performing the procedures		
IEC materials are available in the counseling facility		
Counselor used and/or provided IEC materials during counseling session		
Counselor provided referral information for obtaining services		
<b>TOTAL</b>		

## Instrument 5: Composite Indices

### B. Policy Environment Score: Adolescents<sup>1</sup>

**DIRECTIONS:** This Policy Environment Score (PES) is meant to assess the current environment as well as year-to-year changes. Many of the items will change little over a one-year period; however, the PES allows the features of the policy environment to be systematically assessed at regular intervals.

A scale of 0 to 4 should be assigned to each item. In every case, 4 means a better or more satisfactory rating. Some items may seem to require only a yes or no response, but please adhere to the 0 to 4 rating scale. Enter a "DK" for don't know when you have little or no information about an item. Do not leave anything blank.

Score the two columns separately, to compare this year with last year. Retain the results for reference use next year, when the instrument can be used for a repeat assessment.

Normally, scoring will be done by several observers who can assess the policy environment from different vantage points (e.g., youth programs staff, board members, other stakeholders). Their scores can be compared in detail for the insight they provide and be averaged as an overall measure.

An alternate approach is to obtain ratings from a small group of experts who meet to seek consensus through discussion. A variation is for each person to complete the form, recording an independent set of ratings prior to the discussion. Either approach may be used in a workshop format to alert officials and donors to policy issues.

*How to score:* Enter a number from 0 to 4 in each box (2 is the midpoint). Calculate the mean score by dividing the sum of the scores by the number of items. The sum of the seven means is the final score, which can range from 0 to 28. It can be converted to a percentage by dividing the final score by 28.

Scoring: 0 = weak; 4 = strong

I. POLITICAL SUPPORT			
		Status Now	Status 1 Year Ago
1	High-level national government support exists for effective policies and programs		
2	Public opinion supports effective policies and programs		
3	Media campaigns are permitted		
4	Political parties support effective policies and programs		
5	The issue is recognized by top planning bureaus		
6	Major religious organizations support effective policies and programs		
	SUM		
	MEAN		

<sup>1</sup> Future's Group International, Research Triangle Institute, and the Centre for Development and Population Activities. 1998. *Project Design and Evaluation Guidelines*. Washington, DC: The POLICY Project.

## Instrument 5: Composite Indices

Scoring: 0 = weak; 4 = strong

<b>II. POLICY FORMULATION</b>			
		Status Now	Status 1 Year Ago
1	A favorable national policy exists		
2	Formal program goals exist		
3	Specific and realistic strategies to meet goals exist		
4	Ministries other than Health are involved in policy formulation		
5	Policy dialogue and formulation involves NGOs, community leaders and representatives of the private sector and special interest groups		
6	Government policy supports family life education and other IEC efforts for youth		
	SUM		
	MEAN		

<b>III. ORGANIZATIONAL STRUCTURE</b>			
		Status Now	Status 1 Year Ago
1	A national coordinating body exists that engages various ministries to assist with appropriate services (if none, enter 0)		
2	Ministries other than Health are mandated to help with project implementation		
3	NGOs are formally included in policy deliberations		
4	The private sector is formally included in policy deliberations		
	SUM		
	MEAN		

<b>IV. LEGAL AND REGULATORY ENVIRONMENT</b>			
		Status Now	Status 1 Year Ago
1	There is a favorable legal and regulatory climate for ensuring that unmarried adolescents of any age may receive reproductive health services		
2	Pregnant adolescents are allowed to continue with their education		
3	Providers are free from unnecessary legal and regulatory restrictions (e.g., services available to adults are available to adolescents as well)		
	SUM		
	MEAN		



### Instrument 5: Composite Indices

Scoring: 0 = weak; 4 = strong

<b>V. PROGRAM RESOURCES</b>			
		Status Now	Status 1 Year Ago
1	Funding from government sources is generally adequate		
2	Funding from donor sources is generally adequate		
3	Staffing for service provision is generally adequate		
4	Enough service points and providers exist for reasonable access by most clients		
5	Resources are allocated by explicit priority guidelines		
	SUM		
	MEAN		

<b>VI. PROGRAM COMPONENTS</b>			
		Status Now	Status 1 Year Ago
1	Reproductive health services for single adolescents are offered not only in the usual service delivery points but also elsewhere, such as in schools, youth centers or other places where youth are found		
2	STI/AIDS information is an integral part of educational efforts		
3	Condoms are easily available to youth through accessible channels		
4	Post-abortion counseling is an integral part of the youth program		
5	Health staff are trained to counsel youth in sexual and reproductive health matters		
6	Community-based distribution systems exist and use youth (male and female) as distributors (if none exist, enter 0)		
	SUM		
	MEAN		

**Instrument 5: Composite Indices**

Scoring: 0 = weak; 4 = strong

<b>VII. EVALUATION AND RESEARCH</b>			
		Status Now	Status 1 Year Ago
1	A regular system of service statistics exists and functions adequately		
2	A system exists to monitor secondary data sources (e.g., surveys, censuses, local studies) for the benefit of policy guidance		
3	A system exists to bring evaluation and research results to management's attention		
4	Special studies are undertaken to address leading policy issues		
	SUM		
	MEAN		

Comments:



## Instrument 6: Inventory of Facilities and Services

Page 1 of 18

INSTRUCTIONS TO DATA COLLECTOR: Complete this inventory using observation and discussion with the person in charge of reproductive health services. Verify existence of equipment and supplies and the condition of the facility through observation. If you cannot observe the equipment, supplies or conditions, then indicate this in the margins.

Note: The respondent should be the manager of the facility.

## Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers, kiosks) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
	Name of interviewer:	
	Signature of team leader:	

## Instrument 6: Inventory of Facilities and Services

1	What time is the clinic scheduled to open? (Observe)	_____ : _____
2	What time did staff actually arrive? (Observe)	_____ : _____
3	What time (at or after the clinic opened) did the first client arrive? (Observe)	_____ : _____
4	What time was the first client seen? (Observe)	_____ : _____
5	What is the official closing time for this health facility? (Observe)	_____ : _____
6	How many days per week are reproductive health services offered at this health facility?	_____ days per week
7	Is there a sign announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible
8	Is there a sign for youth clients announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible
9	Are there special hours or days for youth clients?	1 Special hours 2 Special days 3 Special hours and days 4 None

## Instrument 6: Inventory of Facilities and Services

## Section 1: Equipment and Commodities Inventory

- 10 Which contraceptive methods are usually provided at this facility? (Record responses below.) If the method is provided, determine if it is available today. If yes, count the approximate number of non-expired units of each method available either in the facility or the storeroom. For each method provided, ask whether there has been a stockout in the last six months. If yes, determine the duration of the *last* stockout.)

Type of Contraception	Usually provides method?	Available today?	# Available (approx. # of units)	Stockout in last 6 months?	If yes, duration of last stockout
A Combined pills	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
B Progesterone-only pill	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
C Condoms	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
D Spermicides	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
E IUD	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
F Injectables	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
G Diaphragm	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
H Emergency contraception	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
I Other ( <i>specify</i> ):	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months

**Instrument 6: Inventory of Facilities and Services**

**Section 1: Equipment and Commodities Inventory (continued)**

11	Record the types of tests that are provided at this facility:					
	Type of Test	Usually provides test?	Available today?	# Available (approx. # of units)	Stockout in last 6 months	If yes, duration of last stockout
	A Pregnancy test	Yes	Yes		Yes	___ days
		No	No		No	___ weeks ___ months
B Anemia test	Yes	Yes		Yes	___ days	
	No	No		No	___ weeks ___ months	
12	Which services are offered at this facility? (For each service, first record if it is provided, and then record whether the service has been available at <i>all</i> times in the last six months. If the service has <i>not</i> been available at all times in the last six months, mark the reason why it was <i>last</i> not available and record the length of time it was not available.) ( <i>Observe and ask</i> )					
	Type of Service	Provided?	Available at all times in last 6 months?	If no, reason last not available	Length of time not available (the last time)	
	A Pregnancy testing	Yes	Yes	1 Supplies not available	___ days	
		No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months	
	B Maternity care/delivery services	Yes	Yes	1 Supplies not available	___ days	
		No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months	
	C STI screening and treatment	Yes	Yes	1 Supplies not available	___ days	
No		No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		
D HIV/AIDS testing	Yes	Yes	1 Supplies not available	___ days		
	No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		
E Contraceptive method counseling	Yes	Yes	1 Supplies not available	___ days		
	No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		

## Instrument 6: Inventory of Facilities and Services

## Section 1: Equipment and Commodities Inventory (continued)

	Type of Service	Provided?	Available at all times in last 6 months?	If no, reason last not available	Length of time not available (the last time)
12	F Abortion/post-abortion services	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	G Risk-reduction counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	H Infertility consultation	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	I Gynecological exams	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	J Breastfeeding counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	K Anemia testing	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	L Nutrition counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	M Parenting classes	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	N Other (specify):	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months



## Instrument 6: Inventory of Facilities and Services

### Section 1: Equipment and Commodities Inventory (continued)

13	Is any laboratory testing available for STIs?	Yes No
14	Is there a test available at this facility, or are clients' specimens, or the clients themselves, sent elsewhere?	
	<b>STI Test</b>	<b>Available at this facility?</b>
		<b>Clients' specimens sent elsewhere?</b>
	A Syphilis	Yes No
	B Gonorrhea	Yes No
	C Chlamydia	Yes No
	D Candida	Yes No
	E Cervical cancer	Yes No
	F Other:	Yes No
15	Which of the equipment listed below is available and in working order? (Ask to see each type of equipment. Count how many of each are in working order and put the number available in the corresponding box on the table.)	
	<b>Equipment and Supplies</b>	<b>Number Available</b>
	Flashlight/lamp	
	Scale	
	Blood pressure gauge	
	Stethoscopes	
	Sterile needles and syringes	
	Specula for adults	
	Specula for youth	
	Tenacula	
	Alligator forceps	
	Sponge-holding forceps	
	Uterine sounds	
	Artery forceps	
	Dressing forceps	
	Tissue forceps	
	Mosquito forceps	

## Instrument 6: Inventory of Facilities and Services

## Section 1: Equipment and Commodities Inventory (continued)

	Equipment and Supplies	Number Available
15	Flashlight/lamp	
	Scale	
	Blood pressure gauge	
	Stethoscopes	
	Sterile needles and syringes	
	Specula for adults	
	Specula for youth	
	Tenacula	
	Alligator forceps	
	Uterine sounds	
	Artery forceps	
	Dressing forceps	
	Tissue forceps	
	Intestinal forceps	
	Babcock forceps	
	NSV ringed forceps	
	Scalpels	
	Sutures	
	Needle holder	
	Tubal hook	
	Sharp trocars	
	Sterilizers	
	Iodine	
	Xylocaine or lignocaine	
	Antiseptic	
	Chlorine solution	
	Sterile gloves	
	Disposal containers for contaminated waste/supplies	
	Sharps containers for used sharps	
	Plastic buckets for containers for decontamination	
	Clean-instrument containers	
	Instrument trays	
	Swab containers with sterile swabs or sterile gauze	
	Examination couch or table	
	Examination table capable of trendelenburg	

**Instrument 6: Inventory of Facilities and Services**

Section 1: Equipment and Commodities Inventory (continued)		
	Equipment and Supplies	Number Available
15	Operation theater	
	Recovery room	
	Microscopes	
	Cotton wool	
	Thermometer	
	Dettol	
	Audiovisual equipment for presentations	
16	Is there a system for monitoring and maintaining materials, equipment and supplies?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 18</i></span>
17	If yes, could I see protocols on how the system works? ( <i>Observe</i> )	Describe briefly:
18	Are facilities for storing contraceptives adequate in the following respect: ( <i>Observe</i> )	
	A Products are protected from the rain	1 Yes 2 No
	B Products are off the floor and on shelves	1 Yes 2 No
	C First In First Out (FIFO) procedures are in place and followed	1 Yes 2 No

## Instrument 6: Inventory of Facilities and Services

## Section 2: Conditions of Facility

19	Is there a client waiting area with shelter from sun and rain at the clinic? (Note: The waiting area must have some form of seating for at least 10 people. Verify if such an area is available.) ( <i>Observe</i> )	1 Yes 2 No
20	Observe where pelvic exams and STI testing (if available) take place. (Choose the response that best describes this area.) ( <i>Observe and ask</i> )	1 Separate room, with no ability to see into the room from outside 2 Behind a curtain 3 Other area that ensures privacy (Explain: _____) 4 No privacy
21	Is there a working lamp for use during examinations? ( <i>Observe and ask</i> )	1 Yes 2 No 3 No information
22	What is the source of water for this facility? ( <i>Observe and ask</i> )	1 Water piped into facility 2 Water piped from public tap 3 Well water on facility premises 4 Well water from public well 5 Other: _____ 6 No running water available

## Instrument 6: Inventory of Facilities and Services

## Section 3: IEC Materials and Activities

23	Which IEC materials are available on the following subjects? ( <i>Observe and ask</i> )		
		Subject	Flipchart Available? Brochure/Pamphlet Available? Posters Available?
		Contraception	Yes No Yes No Yes No
		HIV/AIDS	Yes No Yes No Yes No
		STIs	Yes No Yes No Yes No
		Nutrition	Yes No Yes No Yes No
		Pregnancy	Yes No Yes No Yes No
		Abortion	Yes No Yes No Yes No
		Other	Yes No Yes No Yes No
24	Are any of these IEC materials targeted toward youth? ( <i>Observe and ask</i> )	1 Yes 2 No 98 Don't know	<i>Skip to Q. 26</i> <i>Skip to Q. 26</i>
25	Which topic or topics are targeted toward youth?	1 Contraception 2 HIV/AIDS 3 STIs 4 Nutrition 5 Pregnancy 6 Abortion 7 Other: _____	
26	Was a "health talk" (group lecture or discussion with clients) held today?	1 Yes 2 No 98 Don't know	<i>Skip to Q. 28</i> <i>Skip to Q. 28</i>

## Instrument 6: Inventory of Facilities and Services

## Section 3: IEC Materials and Activities (continued)

27 If yes, which topics did the health talk include?

Topic	Topic Included?
Contraception	Yes No
HIV/AIDS	Yes No
STIs	Yes No
Infertility	Yes No
Treatment of incomplete abortion	Yes No
Nutrition	Yes No
Pelvic exams	Yes No
Pregnancy	Yes No
Other:	Yes No

## Instrument 6: Inventory of Facilities and Services

Section 4: Supervision		
28	What was the date of the last "outside" supervisory visit that included reproductive health? ( <i>Observe and ask</i> )	____ / ____ month year
29	What did the supervisor do? ( <i>Do not read, but probe by asking, "Any other actions?"</i> )	
	Actions	Mentioned?
	Observed delivery of different services	Yes No
	Observed only service(s) respondent is responsible for	Yes No
	Inquired about service problems	Yes No
	Examined the records	Yes No
	Made suggestions for improvements	Yes No
	Offered praise for good work	Yes No
	Other:	Yes No

## Instrument 6: Inventory of Facilities and Services

## Section 5: Protocols and Guidelines

30	Review any written guidelines and protocols for delivering reproductive health services issued in the last five years. (Record "yes" if at least one set of written guidelines is available.)	1 Yes 2 No <i>Skip to Q. 32</i> 98 Don't know <i>Skip to Q. 32</i>
31	Are youth mentioned in any of these guidelines and protocols? ( <i>Observe and ask</i> )	1 Yes 2 No 98 Don't know
32	Ask to see where informed consent forms are kept at the facility.	1 Forms kept at facility 2 No forms kept at facility 3 No procedures performed at facility that would require informed consent 98 Don't know
33	Ask to see where the confidentiality protocols are kept at this facility.	1 Protocols kept at facility 2 No protocol kept at facility 3 No procedures performed at facility that would require a confidentiality protocol 98 Don't know



**Instrument 6: Inventory of Facilities and Services**

Section 6: Use of Information in Facility Management		
34	What methods do you have for soliciting client opinions? <i>(Mark all that apply.)</i>	1 Client suggestion box 2 Provider asks client 3 Other staff ask client 4 Other: _____ 5 No method available to solicit client opinion
35	In the past year, have any changes been made in the program based on feedback from clients?	1 Yes 2 No 98 No information
36	What changes have taken place?	Explain:
37	What methods do you have for soliciting provider opinions? <i>(Mark all that apply.)</i>	1 Staff suggestion box 2 Staff meetings 3 Internal facility evaluations 4 Other: _____ 5 No method available to solicit provider opinion
38	In the past year, have any changes been made as a result of provider opinions?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 40</i></span> 98 No information <span style="float: right;"><i>Skip to Q. 40</i></span>
39	What changes have taken place?	Explain:
40	In the past year, have any changes been made as a result of new organizational priorities?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 42</i></span> 98 No information <span style="float: right;"><i>Skip to Q. 42</i></span>
41	What changes have taken place?	Explain:

Instrument 6: Inventory of Facilities and Services

Section 7: Service Statistics

42	How many youth clients received the services listed below in the past 12 months? (999 = no data available) (Compile statistics for the number of youth clients [ages 10–24 years] served in a continuous period of 12 months in any of the last 24 months. In those cases where a continuous 12-month period is not available, use the longest continuous period for which there are statistics, and record the number of months in the last column.)			
	Type of Service	New Clients	Repeat Clients	Based on _____ (Number of) Months of Continuous Records
	A Pregnancy testing			
	B Maternity care/delivery services			
	C STI screening			
	D STI treatment			
	E HIV/AIDS testing			
	F Contraceptive counseling			
	G Abortion services			
	H Post-abortion services			
	I Infertility counseling			
	J Gynecological exams			
	K Breastfeeding counseling			
	L Anemia testing			
	M Nutrition counseling			
N Parenting classes				
O Other:				
43	What is the total number of clients who received services (of any type) in the past 12 months? (999 = no data available)			
	Clients	Number		
	New Clients			
	New Youth Clients			
	Repeat Clients			
	Repeat Youth Clients			
44	Indicate the calendar month and year of the most recent month reported in the table above:	Month: _____ Year: _____		
45	Do you keep a record for each patient/client? (Observe and ask)	1 Yes 2 No		
46	Is client follow-up conducted here?	1 Yes 2 No <span style="float: right;">Skip to Q. 48</span>		
47	Do you keep the address of the patient/client for follow-up? (Observe and ask)	1 Yes 2 No		

**Instrument 6: Inventory of Facilities and Services**

**Section 8: Staffing**

48	How many of the staff positions listed bellow are assigned at this facility?			
	Staff Position	# Working Full-time	# Working Part-time	# On Duty Today
	A Medical doctor			
	B Nurse			
	C Nurse-midwife			
	D Community-based distributor			
	E MCH assistant			
	F Peer educator			
	G Young adult counselor			
	H Social worker			
	I Other:			

## Instrument 6: Inventory of Facilities and Services

## Section 9: Fees for Services

49	Is there a fee for services at this facility?	1 Yes 2 No	<i>Skip to Q. 51</i>	
50	For the following methods and services, how much are clients (both adult and youth) charged? <i>(Read each method)</i>			
	Service/Method	Provided?	General Client Fee	Youth Client Fee
	A Oral contraceptive	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	B IUD	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	C Injectable	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	D Condom	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	E Diaphragm	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	F Spermicide	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	G Antenatal care	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	H Maternity care/delivery services	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	I Postnatal care	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	J HIV/AIDS counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	K HIV/AIDS testing	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	L Other STI counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	M Other STI diagnosis	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	N Other STI treatment	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	O Infertility consultation	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	P Treatment of incomplete abortion	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	Q Post-abortion counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____

**Instrument 6: Inventory of Facilities and Services**

Section 9: Fees for Services (continued)				
	Service/Method	Provided?	General Client Fee	Youth Client Fee
50	R Pregnancy testing	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	S Nutrition counseling	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	T Risk reduction counseling/IEC	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	U Parenting counseling/IEC	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
51	Is there a consultation fee for new clients?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 55</i></span> 98 Don't know <span style="float: right;"><i>Skip to Q. 55</i></span>		
52	How much is this fee?			
53	Is this fee the same for youth clients?	1 Yes <span style="float: right;"><i>Skip to Q. 55</i></span> 2 No 98 Don't know <span style="float: right;"><i>Skip to Q. 55</i></span>		
54	If no, how much is the fee for youth clients?			
55	Is there anything else you would like to tell me about your services for youth?			

Thank you very much for your time and help!

## Instrument 7: Observation Guide for Counseling and Clinical Procedures

Page 1 of 8

INSTRUCTIONS TO OBSERVER: Obtain the consent of both the youth client and the provider before proceeding to observe the interaction between them. Make sure that the provider knows you are not there to evaluate her or him and that you are not an "expert" who can be consulted during the session. When observing, be as discreet as possible: Try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. For each question, check the response that most accurately represents your observation of what happened during the interaction.

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Provider ID number:	
5	Date of observation:	____/____/____
6	Observer (name and number):	
7	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Pharmacy 4 Health center 5 Health post 6 Mobile health clinic 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts) 8 Other: _____
8	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
9	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
10	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
11	Time observed session began:	____:____
	IF YOUTH CLIENT REFUSES TO BE OBSERVED, CHECK THIS BLANK AND PROCEED TO THE NEXT OBSERVATION.	
12	Provider providing most of the counseling session:	1 Nurse 2 Nurse-midwife 3 Doctor 4 Peer educator 5 Health worker 6 Other: _____
13	Sex of provider:	1 Female 2 Male

**Instrument 7: Observation Guide for Counseling and Clinical Procedures**

Counseling Observation			
20	Main reason for visit:	1 New client 2 Contraceptive information and/or counseling 3 Contraceptive resupply 4 Follow-up 5 STI testing 6 STI treatment 7 HIV/AIDS testing 8 Pregnancy testing 9 Nutrition counseling 10 Other: _____	
21	Family planning status:	1 Current user 2 Not using now but has used 3 Has never used 4 Not determined	
22	Did the provider:	Yes	No
	A Greet client in a friendly manner		
	B Ask open-ended questions		
	C Encourage client to ask questions		
	D Treat client with respect		
	E See client in private		
	F Discuss return visit		
	G Ask client about concerns with contraceptive method		
	H Use visual aids		
	I Use client's records		
	J Explicitly mention that the condom protects against STIs/HIV/AIDS		
23	Information provided:	Provider Question	Client Question
	A Previous contact with provider		
	B Current age		
	C School status		
	D Education level		
	E Marital status		
	F Whether sexually active or abstinent		
	G Number of sexual partners in last year		
	H Whether partner had more than one sexual partner in last year		
	I Pregnancy history		
	J Abortion history		
	K Current pregnancy status		
	L Living children		

Instrument 7: Observation Guide for Counseling and Clinical Procedures

**Counseling Observation (continued)**

23	Information provided:	Provider Question	Client Question	Not Determined
	M History of contraceptive use			
	N Current method use			
	O History of pregnancy complications			
	P History of STIs			
	Q Vaginal bleeding			
	R Vaginal discharge			
	S Genital itching			
	T Lower abdominal pain/pelvic pain			
	U Whether discussed contraceptives with partner(s)			
	V Ease of returning to facility			



## Instrument 7: Observation Guide for Counseling and Clinical Procedures

Contraceptive Methods		
24	What methods were discussed during the consultation? <i>(Circle all that apply.)</i>	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding
25	Was more than one method discussed during the visit?	1 Yes 2 No
26	Which IEC materials were used during the visit? <i>(Circle all that apply.)</i>	1 Flipchart 2 Brochures/handouts 3 Contraceptive samples 4 Posters 5 Anatomical models 6 Other: _____
27	Did the provider promote or overemphasize one method in particular?	1 Yes 2 No <i>Skip to Q. 29</i>
28	Which method did the provider promote or overemphasize?	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding
29	Did the provider promote the use of condoms for STI prevention along with the use of another method?	1 Yes 2 No
30	Did the provider mention explicitly that condoms protect against STIs and HIV?	1 Yes 2 No
31	Was the client asked which method she or he would prefer to use?	1 Yes 2 No <i>Skip to Q. 33</i>
32	Did the client receive her or his preferred method?	1 Yes <i>Skip to Q. 35</i> 2 No
33	Did the client decide to use a contraceptive method during the consultation?	1 Yes <i>Skip to Q. 35</i> 2 No

## Instrument 7: Observation Guide for Counseling and Clinical Procedures

## Contraceptive Methods (continued)

34	What was the main reason that the client did not choose a method at the consultation?	1 Medical contraindications 2 Changed mind 3 Wanted information only 4 Pregnancy suspected 5 Method not available 6 Not currently sexually active 7 No obvious reason 8 Other: _____	<i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i>
35	Did the provider give a medical or other explanation for why a particular method was inappropriate for the client?	1 Yes 2 No	
36	Which method did the client decide to use?	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding 9 Other: _____	
37	When the client selected a method, did the provider ask the client to explain why he or she chose this method?	1 Yes 2 No	
38	What information did the health service provider offer the client in relation to the chosen method? ( <i>Circle all that apply.</i> )	1 How to use the method 2 Advantages/benefits 3 Disadvantages 4 Possible side effects 5 What to do if problems arise 6 Possibility of changing methods 7 Prevention of STIs/HIV 8 Other: _____	
39	Was the client told when to return for resupply or follow-up?	1 Yes 2 No	
40	Was the client told where to go for resupply or follow-up?	1 Yes 2 No	<i>Skip to Q. 42</i>
41	If yes, where? ( <i>Circle all that apply.</i> )	1 This health facility 2 Another health facility 3 Pharmacy/shop/chemist/private doctor 4 Community-based distributor (CBD) 5 Other: _____	

**Instrument 7: Observation Guide for Counseling and Clinical Procedures**

Discussion of STIs and Other Health Issues		
42	Did the provider indicate that the client might have an STI?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 44</i></span>
43	What did the provider do? <i>(Circle all that apply.)</i>	1 Requested laboratory tests 2 Treated STI 3 Referred elsewhere 4 Provided counseling 5 Other: _____ 77 No actions taken
44	What other health issues were mentioned at any time during the consultation? <i>(Circle all that apply.)</i>	1 HIV/AIDS 2 Other STIs 3 Infertility 4 Abortion 5 Nutrition 6 Breastfeeding 7 Sexual relations 8 Social/economic factors 9 Drugs/alcohol/smoking 10 Pregnancy testing 11 Other: _____ 77 None of these issues

## Instrument 7: Observation Guide for Counseling and Clinical Procedures

## Medical Procedures

		Yes	No	
45	Did the health worker:			
	A Take blood pressure			
	B Check weight			
	C Check height			
	D Perform a laboratory test for an STI			
	E Refer for an STI lab test			
	F Perform a physical exam			
	G Perform a breast exam			
	H Perform/request a blood test			
	I Perform/request urinalysis			
	J Perform/request a pregnancy test			
46	Was a pelvic exam performed?	1 Yes 2 No		<i>Skip to Q. 52</i>
47	Was the client given a choice of postponing the pelvic exam?	1 Yes 2 No		
48	Were people other than the client, the provider and other necessary medical staff (and interviewer) present during this exam?	1 Yes 2 No		
49	Did the provider:	Yes	No	
	A Explain the procedure to the client			
	B Wash his or her hands before the exam			
	C Perform a Pap smear			
	D Wash his or her hands after the exam			
50	Was a speculum used during the exam?	1 Yes 2 No		<i>Skip to Q. 52</i>
51	Did the health worker use a sterile speculum?	1 Yes 2 No 98 Don't know		
52	Did the health worker wear gloves during the exam?	1 Yes 2 No		<i>Skip to Q. 54</i>
53	Were sterile gloves used?	1 Yes 2 No 98 Don't know		

**Instrument 7: Observation Guide for Counseling and Clinical Procedures**

Interviewer Impressions of Consultation			
54	Did the client:	Yes	No
	A Ask questions of the provider		
	B Express worry or concern		
	C Volunteer relevant information		
	D Appear anxious, uneasy or worried		
	E Maintain eye contact with the provider <i>(if this is appropriate in cultural setting)</i>		
55	Did the provider:	Yes	No
	A Use the client's name when talking to him or her		
	B Treat the client with respect		
	C Use a kind and inviting tone of voice		
	D Listen to the client		
	E Maintain eye contact with the client <i>(if this is appropriate in cultural setting)</i>		
56	Characterize the way the provider presented information during the consultation:	1 Standard presentation (like a tape recorder) 2 Standard presentation, but involved client with questions 3 Adjusted presentation based on client information 98 Don't know	
57	Did the provider use a language that the client seemed to understand?	1 Yes 2 No	
58	Did the provider seem to genuinely like youth, in general?	1 Yes 2 No	
59	Mark the time:	___ ___ : ___ ___	

## Instrument 8: Interview Guide for Staff Providing RH Services

INSTRUCTIONS TO INTERVIEWER: All health facility staff who are responsible for providing reproductive health services should be interviewed individually and in private at the end of the working day. It should be made clear that you are seeking their assistance in finding ways to improve the functioning and quality of the services offered by facilities, and are not evaluating the performance of the facility or of themselves individually. For each item, please check the correct response, or describe as appropriate.

## Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where interview took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
9	Position of person interviewed:	1 Doctor 2 Professional nurse/midwife 3 Auxiliary nurse 4 Clinic officer 5 Peer educator 6 Outreach worker 7 Other: _____
10	Sex of person interviewed:	1 Female 2 Male
11	Beginning time:	____ : ____

## Instrument 8: Interview Guide for Staff Providing RH Services

	Name of interviewer:																																																																	
<b>Experience and Training in Reproductive Health Services</b>																																																																		
20	I would like to ask you about the services you provide to youth clients at this facility. What services do you yourself provide to clients of the age groups below at this health facility? <i>(Check the appropriate boxes for each row.)</i>																																																																	
		<table border="1"> <thead> <tr> <th></th> <th>10–14 Years</th> <th>15–19 Years</th> <th>20–24 Years</th> </tr> </thead> <tbody> <tr><td>A Contraceptive counseling</td><td></td><td></td><td></td></tr> <tr><td>B Antenatal care</td><td></td><td></td><td></td></tr> <tr><td>C Maternity care/delivery services</td><td></td><td></td><td></td></tr> <tr><td>D Postnatal care</td><td></td><td></td><td></td></tr> <tr><td>E HIV/AIDS counseling/IEC</td><td></td><td></td><td></td></tr> <tr><td>F HIV/AIDS testing</td><td></td><td></td><td></td></tr> <tr><td>G Other STI counseling/IEC</td><td></td><td></td><td></td></tr> <tr><td>H Other STI diagnosis</td><td></td><td></td><td></td></tr> <tr><td>I Other STI treatment</td><td></td><td></td><td></td></tr> <tr><td>J Treatment of incomplete abortions</td><td></td><td></td><td></td></tr> <tr><td>K Nutrition counseling</td><td></td><td></td><td></td></tr> <tr><td>L Infertility consulting</td><td></td><td></td><td></td></tr> <tr><td>M Gynecological exam</td><td></td><td></td><td></td></tr> <tr><td>N Pregnancy testing</td><td></td><td></td><td></td></tr> <tr><td>O Reproductive health education</td><td></td><td></td><td></td></tr> </tbody> </table>		10–14 Years	15–19 Years	20–24 Years	A Contraceptive counseling				B Antenatal care				C Maternity care/delivery services				D Postnatal care				E HIV/AIDS counseling/IEC				F HIV/AIDS testing				G Other STI counseling/IEC				H Other STI diagnosis				I Other STI treatment				J Treatment of incomplete abortions				K Nutrition counseling				L Infertility consulting				M Gynecological exam				N Pregnancy testing				O Reproductive health education			
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M Gynecological exam																																																																		
N Pregnancy testing																																																																		
O Reproductive health education																																																																		
21	How many years have you been working in this facility?	_____ years 00 Less than one year 98 Don't know																																																																
22	How many years ago did you finish your basic training?	_____ years 00 Less than six months 97 No basic training 98 Don't know																																																																
23	Did your basic training cover this? <i>(Read A-J and circle if yes)</i>	A Contraceptive counseling B Antenatal care C Maternity care/delivery services D Postnatal care E Treatment of incomplete abortions F Nutrition counseling G Infertility consulting H Gynecological exam I Pregnancy testing J Reproductive health education																																																																

## Instrument 8: Interview Guide for Staff Providing RH Services

## Experience and Training in Reproductive Health Services (continued)

24	Have you ever had refresher training in these areas? (Read A-J and check if yes. For those areas checked yes, indicate the month of the training.)	A Refresher Training? Check if yes	B What was the month/year of your last refresher training?
	A Contraceptive counseling		/
	B Antenatal care		/
	C Maternity care/delivery services		/
	D Postnatal care		/
	E Treatment of incomplete abortions		/
	F Nutrition counseling		/
	G Infertility consulting		/
	H Gynecological exam		/
	I Pregnancy testing		/
	J Reproductive health education		/
25	Have you attended any refresher or post-basic training courses specifically on contraceptive clinical skills, program management or HIV/STI counseling diagnosis and treatment?	1 Yes 2 No 98 Don't know	Skip to Q. 28 Skip to Q. 28
26	Did that training include the following areas? (Read A–O and circle if yes)	A General clinical skills in contraceptive methods B Contraceptive counseling C Natural family planning methods D Management E Supervision F Record keeping G Stock keeping H STI risk assessment/screening I STI counseling J STI laboratory diagnosis K Syndromic approach to diagnosis and treatment L HIV/AIDS counseling M HIV/AIDS testing N Special needs of youth O Counseling youth	



## Instrument 8: Interview Guide for Staff Providing RH Services

## Experience and Training in Reproductive Health Services (continued)

27	How long ago was that training? (If topic was covered)	
	A General clinical skills in contraceptive methods	_____ years 0 less than 1 year 98 don't know
	B Contraceptive counseling	_____ years 0 less than 1 year 98 don't know
	C Natural family planning methods	_____ years 0 less than 1 year 98 don't know
	D Management	_____ years 0 less than 1 year 98 don't know
	E Supervision	_____ years 0 less than 1 year 98 don't know
	F Record keeping	_____ years 0 less than 1 year 98 don't know
	G Stock keeping	_____ years 0 less than 1 year 98 don't know
	H STI risk assessment/screening	_____ years 0 less than 1 year 98 don't know
	I STI counseling	_____ years 0 less than 1 year 98 don't know
	J STI laboratory diagnosis	_____ years 0 less than 1 year 98 don't know
	K Syndromic approach to diagnosis and treatment	_____ years 0 less than 1 year 98 don't know
	L HIV/AIDS counseling	_____ years 0 less than 1 year 98 don't know

## Instrument 8: Interview Guide for Staff Providing RH Services

## Experience and Training in Reproductive Health Services (continued)

27	How long ago was that training? (If topic was covered)	
	M HIV/AIDS testing	_____ years 0 less than 1 year 98 don't know
	N Special needs of youth	_____ years 0 less than 1 year 98 don't know
	O Counseling youth	_____ years 0 less than 1 year 98 don't know

**Instrument 8: Interview Guide for Staff Providing RH Services**

Contraceptives		
28	In the last three months, have you yourself actually provided contraceptive counseling to youth clients?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 30</i></span> 98 Don't know <span style="float: right;"><i>Skip to Q. 30</i></span>
29	If yes, which methods have you yourself actually provided to youth clients in the last three months? <i>(Circle all that apply.)</i>	1 Oral contraceptives 2 IUD 3 Injectable 4 Norplant 5 Condom 6 Diaphragm 7 Spermicide 8 Female sterilization 9 Vasectomy 10 Natural family planning 11 Emergency contraceptives 12 Other: _____
30	Is there a minimum age below which you yourself will not prescribe <i>(Read A-E)</i> , in the absence of medical contraindications? <i>(Circle if yes.)</i>	A Pill B Condom C IUD D Injectable E Sterilization
31	If yes, what is that minimum age?	
	A Pill	
	B Condom	
	C IUD	
	D Injectable	
	E Sterilization	
32	Is there a minimum number of children a young woman must have before you yourself will prescribe <i>(Read A-E)</i> , in the absence of medical contraindications? <i>(Circle if yes.)</i>	A Pill B Condom C IUD D Injectable E Sterilization

## Instrument 8: Interview Guide for Staff Providing RH Services

## Contraceptives (continued)

33	If yes, what is that minimum number of children?	
	A Pill	
	B Condom	
	C IUD	
	D Injectable	
	E Sterilization	
34	Would you yourself prescribe ( <i>Read A-E</i> ) to an unmarried youth, in the absence of medical contraindications? ( <i>Circle if yes.</i> )	A Pill B Condom C IUD D Injectable E Sterilization
35	Do you require parental consent before you will provide ( <i>Read A-E</i> ) to a youth client? ( <i>Circle if yes.</i> )	A Pill B Condom C IUD D Injectable E Sterilization
36	In the past month, have you advised any youth clients to use contraception specifically for preventing pregnancy?	1 Yes 2 No 98 Don't remember/don't know
37	If a youth client comes to you for contraception and is breastfeeding an infant under six months old, what advice would you give her?	1 You treat her like any other client 2 You advise her to stop breastfeeding and use a contraceptive method 3 You advise her to continue breastfeeding and also begin a contraceptive method 4 You advise her to continue full breastfeeding and not use any contraception until her menses begin 98 Don't know
38	If a 14-year-old client who admits to being sexually active comes to you for contraception, what advice would you give her or him?	1 You ask the client what type of method he or she prefers and prescribe that method for the client 2 You advise the client to abstain from having sex and do not prescribe any contraception 3 You advise the client to abstain from having sex, but give the client some condoms, just in case 4 Other: _____ 98 Don't know

**Instrument 8: Interview Guide for Staff Providing RH Services**

Contraceptives (continued)		
39	If a youth client visiting for resupply of contraceptive pills appears to be at high risk of infection by STIs or HIV/AIDS, what advice would you offer?	1 To continue to use only the pill 2 To continue with the pill but also use condoms 3 To change from the pill to condoms 4 To stop using any type of contraceptive method 5 To not have sex 98 Don't know
40	What methods would you NOT recommend for youth clients with an STI? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 None 10 Other: _____
41	Are there any methods you would never recommend under any circumstances?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 43</i></span> 3 Depends on client's health <span style="float: right;"><i>Skip to Q. 43</i></span> 4 Depends on client's preference <span style="float: right;"><i>Skip to Q. 43</i></span> 98 Don't know <span style="float: right;"><i>Skip to Q. 43</i></span>
42	What are those methods? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 Other: _____
43	Are you aware of any institutional policies on providing contraceptives to youth?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 47</i></span>
44	If so, please describe these policies:	
45	Do you agree with the above policies?	1 Yes <span style="float: right;"><i>Skip to Q. 47</i></span> 2 No
46	If not, which policies do you think should be changed?	

## Instrument 8: Interview Guide for Staff Providing RH Services

Page 9 of 11

## Other Reproductive Health Practices

47	How do you determine the pregnancy status of a client who comes to the facility and is not having her menses? <i>(Circle all that apply.)</i>	1 Don't determine pregnancy status 2 Tell her to return at menses 3 Ask if no sex since last menses 4 Ask if less than six weeks since delivery 5 Ask if less than six months since delivery, with no supplemental feeding 6 Perform pregnancy test 7 Perform physical exam 8 Other: _____
48	If you think that a youth client has an STI, what do you do for your client? <i>(Circle all that apply.)</i>	1 Request laboratory test 2 Diagnose STI 3 Treat STI 4 Refer for diagnosis 5 Refer for treatment 6 Provide counseling 7 Refer for counseling 8 Issue a contact or partner notification slip 9 Other: _____
49	Consider the following case: A 16-year-old girl is quite sick when she comes to your clinic. She has a fever (39.5), a genital discharge and lower abdominal pain. It is very difficult to examine her, as her adnexa seem very painful. She had her period two weeks ago and does not use contraception. There is no other health facility in the community. How will you treat her?	1 Admit her 2 Tell her to wait until the lab is open 3 Prescribe or give: <ul style="list-style-type: none"> <li>A Ciprofloxin</li> <li>B Kanamycin</li> <li>C Gentamycin</li> <li>D Spectinomycin</li> <li>E Tetracycline</li> <li>F Erythromycin</li> <li>G Metronidazole</li> <li>H Clotrimazole</li> <li>I Nystatinin</li> <li>J Injections of benzathine penicillin</li> <li>K GV paint</li> <li>L Painkillers</li> <li>M Other medication: _____</li> </ul> 4 Other: _____
50	What advice will you give her? <i>(Circle all that apply.)</i>	1 Abstain from sex 2 Notify and bring her partner 3 Other: _____

## Instrument 8: Interview Guide for Staff Providing RH Services

## Other Reproductive Health Practices (continued)

51	What do you do for a youth client who presents to you with complaints suggesting that he or she may be HIV positive or have AIDS? (Circle all that apply.)	1 Counsel client 2 Refer for counseling 3 Make a diagnosis 4 Treat the condition in clinic 5 Refer for treatment 6 Provide follow-up after treatment 7 Refer for follow-up after treatment 8 Refer for testing 9 Other: _____ 98 Don't know
52	In the past month, have you advised any youth clients to use condoms specifically for preventing STIs or HIV infection?	1 Yes 2 No 98 Don't remember/don't know
53	Would you provide reproductive health services to a client who has HIV or AIDS?	1 Yes 2 No 98 Don't know
54	How comfortable are you discussing sexual behavior related to STIs/HIV with youth clients? Would you say you are very uncomfortable, somewhat uncomfortable, comfortable, or very comfortable?	1 Very uncomfortable 2 Somewhat uncomfortable 3 Comfortable 4 Very comfortable
55	As far as you know, do female youth come to this facility for advice on termination of pregnancies?	1 Yes 2 No 98 Don't know
56	As far as you know, do female youth come to this facility for medical treatment as a consequence of incomplete induced abortion?	1 Yes 2 No 98 Don't know

## Instrument 8: Interview Guide for Staff Providing RH Services

## Socio-Demographic Characteristics

57	To end this interview, I would like to ask you a few questions about yourself. How old are you?	_____ years old 98 Don't know
58	What is your current marital status?	1 Married/monogamous 2 Married/polygamous 3 Cohabiting/living together 4 Single, never married 5 Divorced/separated 6 Widowed
59	How many living children of your own do you have?	_____ children 99 No response
60	Do you take care of anyone else's children?	1 Yes 2 No <i>Skip to Q. 62</i>
61	If yes, how many children?	_____ children
62	What is your religion?	1 Protestant 2 Catholic 3 Moslem 4 Hindu 5 Buddhist 6 Traditional 7 None 8 Other: _____ 98 Don't know
63	Are you and/or your partner currently using contraceptives?	1 Yes 2 No <i>Skip to end</i>
64	What contraceptive methods are you or your partner currently using? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 Male and/or female sterilization 10 Other: _____

Thank you very much for having spent so much time with me.





## Instrument 9: Guide for Client Exit Interview

Page 1 of 9

**METHODOLOGY:** To identify clients, either ask a staff person for contact information for youth (ages 10–24 years) who have used the facility, or simply wait at the facility and ask youth clients for an interview after they have finished seeing a provider. Select a private place away from the facility and explain to clients that their names will not be recorded and that all the information they provide will be completely confidential. You should also explain why you need the information from them (see “Greeting” below for further details). Finally, tell them the interview should only take about 30–45 minutes of their time.

## Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban

Name of interviewer: \_\_\_\_\_

**INSTRUCTIONS TO INTERVIEWER:** When a youth client (i.e., between the ages of 10 and 24) has finished his or her consultation with the clinic staff, ask the client if he or she is willing to answer a few questions about the service the client received. It is essential that you gain the client's informed consent before beginning the interview, so the following introduction should be given.

## GREETING

“Hello, my name is \_\_\_\_\_. I am from \_\_\_\_\_ (name of organization). We are interested in what youth clients think about the reproductive health services provided at this facility and would like to find out your feelings about the service you received. I would like to ask you a few questions about the meeting you just had with the clinic staff and would be very grateful if you would spend a little time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any questions you do not want to answer. Do I have your permission to continue?”

If yes, continue; if no, stop and wait for another client.

If client refuses to be interviewed, please check this box:

## Instrument 9: Guide for Client Exit Interview

## Section 1: Basic Features

1	Sex of client ( <i>do not ask</i> ):	1 Female 2 Male
2	How old were you at your last birthday?	Age in years: _____
3	Are you currently going to school?	1 Yes 2 No
4	What was your last year of completed studies?	1 None/preschool 2 Primary 3 Secondary 4 Higher/university 98 Don't know
5	Are you currently married or living with a boyfriend/girlfriend?	1 Married 2 Living with boyfriend/girlfriend 3 Neither
6	Have you ever had a child?	1 Yes 2 No

## Instrument 9: Guide for Client Exit Interview

## Section 2: Information About Services

20	Why did you come to this health facility today? (Circle all that apply.)	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Counseling about nutrition 6 Pregnancy test 7 STI screening 8 STI treatment 9 HIV/AIDS test 10 Gynecological exam 11 Peer counseling 12 Abortion-related services 13 Infertility consultation 14 General health service (non-RH oriented) 15 Other: _____
21	How did you hear about this facility?	1 Radio 2 Television 3 Newspaper 4 Friend 5 Relative 6 Poster 7 Pamphlet/brochure 8 Other: _____
22	Did the health service provider physically examine you during your visit?	1 Yes 2 No <i>Skip to Q. 25</i>
23	Did the service provider take you to a private examination room?	1 Yes 2 No
24	Did the service provider explain the results of the health exam?	1 Yes 2 No
25	Did you receive or did you take any brochure(s) or educational material to read at home?	1 Yes 2 No <i>Skip to Q. 27</i>
26	What subject(s) is/are covered in this material? (Circle all that apply.)	1 Maternal health 2 Contraception 3 STIs 4 HIV/AIDS 5 Abortion 6 Drugs/alcohol 7 Other: _____

## Instrument 9: Guide for Client Exit Interview

## Section 2: Information About Services (continued)

27	Did any service provider tell you when you should return for another visit?	1 Yes 2 No 98 Don't know	<i>Skip to Q. 29</i> <i>Skip to Q. 29</i>
28	Did the service provider tell you where you should return for another visit?	1 Yes 2 No	
29	Is this your first visit for reproductive health services?	1 Yes 2 No	<i>Skip to Q. 31</i>
30	Are you here today for a follow-up?	1 Yes 2 No	
31	Overall, would you say you were satisfied with your visit to the facility today, or were you dissatisfied with your visit today?	1 Satisfied 2 Dissatisfied 3 Other: _____	<i>Skip to Q. 33</i> <i>Skip to Q. 33</i>
32	Why were you dissatisfied with your visit today?		
33	If you could suggest one improvement to the services provided, what would it be?		
34	Did you receive the information and services that you wanted today?	1 Yes 2 No 3 Partially 98 Don't know	
35	Was your consultation with the health providers too short, too long or about the right amount of time?	1 Too short 2 Too long 3 About right 98 Don't know	
36	During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?	1 Yes 2 No	<i>Skip to Q. 38</i>
37	If yes, did the provider listen to your concerns to your satisfaction?	1 Yes 2 No	
38	During this visit, did you have any questions you wanted to ask?	1 Yes 2 No	<i>Skip to Q. 41</i>
39	If yes, did the provider let you ask the questions?	1 Yes 2 No	<i>Skip to Q. 41</i>
40	If yes, did the provider respond to your questions to your satisfaction?	1 Yes 2 No	
41	In your opinion, did you have enough privacy during your consultation with the service provider?	1 Yes 2 No	
42	Do you believe that the information you shared about yourself with the provider will be kept confidential?	1 Yes 2 No 98 Don't know	

## Instrument 9: Guide for Client Exit Interview

## Section 2: Information About Services (continued)

43	During your visit, how were you treated by the provider?	1 Very well 2 Well 3 Not very well/poorly
44	During your visit, how were you treated by the other staff?	1 Very well 2 Well 3 Not very well/poorly
45	During your visit, was the provider easy to understand when explaining things to you, or was the provider difficult to understand?	1 Easy to understand 2 Difficult to understand 98 Don't know
46	About how long did you wait between the time you first arrived at this facility and the time you saw a staff person for a consultation? ( <i>Record exactly what client says.</i> )	98 Don't know
47	In your opinion, was waiting time reasonable or too long?	1 No waiting time 2 Reasonable/short 3 Too long 98 Don't know
48	Did you attend a group talk(s) at this facility today?	1 Yes 2 No <i>Skip to Q. 50</i>
49	If yes, what topics were covered in the group talk(s)? ( <i>Do not read list, but probe by asking, "Any other topics?" Then, circle all that apply.</i> )	1 Contraception 2 Antenatal care 3 Maternity care/delivery services 4 Postnatal care 5 HIV/AIDS 6 Other STIs 7 Infertility 8 Treatment of incomplete abortions 9 Nutrition counseling 10 Drugs/alcohol 11 Risk reduction 12 Other: _____ 98 Don't know
50	Are the hours this facility is open convenient for you?	1 Yes <i>Skip to Q. 52</i> 2 No 98 Don't know <i>Skip to Q. 52</i>

**Instrument 9: Guide for Client Exit Interview**

Section 2: Information About Services (continued)		
51	If no, what time would be the most convenient for you? <i>(Circle one.)</i>	1 Earlier in the morning 2 Over lunch hour 3 Afternoon 4 Evening/night 5 Weekends 6 Holidays 7 Other: _____ 98 Don't know
52	Have you ever been turned away from this facility during official working hours?	1 Yes 2 No 3 No previous experience with facility 98 Don't know
53	How long did it take you to come here today?	_____ minutes 98 Don't know
54	What was the main means of transport you used to get here? <i>(Circle one.)</i>	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walked 6 Other: _____
55	As far as you know, what types of services are provided at this facility for youth clients? <i>(Circle all that apply.)</i>	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Nutrition counseling 6 Pregnancy testing 7 STI screening 8 STI treatment 9 HIV/AIDS testing 10 Gynecological exams 11 Abortion-related services 12 Peer counseling 13 Infertility consultation 14 Other: _____
56	Apart from this facility, is there any other place in your neighborhood/community where you can go for reproductive health services?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 58</i></span> 98 Don't know <span style="float: right;"><i>Skip to Q. 58</i></span>

## Instrument 9: Guide for Client Exit Interview

## Section 2: Information About Services (continued)

57	If yes, what type of facility is it? (If more than one, choose the one closest to home.)	1 CBD 2 Pharmacy/chemist shop 3 Health post 4 Health center 5 Hospital 6 Private service provider, such as doctor, nurse or midwife 7 Traditional healer 8 Other: _____ 98 Don't know
58	What would you say is the main reason you did not go there today for reproductive health services? (Circle one.)	1 Inconvenient opening times 2 Takes too long to get there 3 Poor-quality services 4 Fewer services available 5 Want to be anonymous 6 Have other reasons to come here (e.g., immunizations, health talks) 7 More expensive there 8 Prefer provider here 9 Other: _____ 98 Don't know
59	Now I would like to ask you about the cost of travel and the services you received from this facility. How much did you pay for your consultation?	_____ (local currency units) 1 No costs 98 Don't know
60	How much did you pay for contraceptives?	_____ (local currency units)/unit of contraceptive 1 Did not buy contraceptives 98 Don't know
61	How much did you pay for registration card/membership?	_____ (local currency units) 1 Did not buy card/membership 98 Don't know
62	How much did you pay for travel?	_____ (local currency units) 1 Did not pay for transport 98 Don't know
63	How much did you pay for any other services or fees?	_____ (local currency units) 1 Did not pay for other fees or services 98 Don't know
64	Overall, do you think that the total cost of obtaining services is much too expensive, a little too expensive or acceptable to you?	1 Much too expensive 2 A little too expensive 3 Acceptable 98 Don't know



## Instrument 9: Guide for Client Exit Interview

## Section 2: Information About Services (continued)

65	To end this interview, I would like to ask you some questions about reproductive health. I would like to remind you that the information you provide will remain strictly confidential, and that you do not have to answer any question you do not want to answer. Do you know people your age who are not married and are sexually active?	1 Yes 2 No 98 Don't know
66	What are the ways you know of to prevent pregnancy? (Circle all that apply.)	1 Contraceptives Which contraceptives?: _____ 2 Withdrawal 3 Rhythm 4 Traditional methods 5 Abstinence 6 Other: _____ 98 Don't know
67	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	1 Yes 2 No <i>Skip to Q. 69</i> 98 Don't know <i>Skip to Q. 69</i>
68	From what you've heard or read, what are some common signs and symptoms of sexually transmitted infections? (Do not read list, but probe by asking, "Any other ways?" Then, check all that apply.)	1 Abnormal vaginal discharge 2 Abnormal vaginal bleeding 3 Genital itching 4 Lesions/sores 5 Lower abdominal pain 6 Pain during intercourse 7 Painful urination 8 Abnormal growth in genital area (i.e., warts) 9 Penile/urethral discharge 10 Loss of weight 11 Diarrhea of long duration 12 Other: _____ 98 Don't know
69	Have you heard of HIV or AIDS?	1 Yes 2 No <i>Skip to Q. 71</i> 98 Don't know <i>Skip to Q. 71</i>
70	As far as you know, what are the ways to get HIV/AIDS? (Do not read list, but probe by asking, "Any other ways?" Then, circle all that apply.)	1 Sexual intercourse 2 Blood transfusion 3 Sharing items like razor blades or needles 4 Mother to baby 5 Other: _____ 98 Don't know

## Instrument 9: Guide for Client Exit Interview

Page 9 of 9

## Section 2: Information About Services (continued)

71	Do you know of any ways you can protect yourself from sexually transmitted infections, including HIV/AIDS?	1 Yes 2 No <i>Skip to end</i>
72	If yes, what are the ways of protecting yourself? ( <i>Do not read list, but probe by asking, "Any other ways?" Then, circle all that apply.</i> )	1 Stay faithful to one partner 2 Encourage partner to remain faithful 3 Use condoms 4 Avoid sharing needles, razors, etc. 5 Other: _____

Thank you very much for your time and help!



## Instrument 10: Questionnaire for Debriefing Mystery Clients

Page 1 of 6

Interviewer code: \_\_\_\_\_

Mystery client code: \_\_\_\_\_

Scenario enacted: \_\_\_\_\_

A Unwanted pregnancy

B Information regarding contraceptives

C Information regarding STIs

D Counseling regarding premarital intercourse

E Other (please specify): \_\_\_\_\_

## Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	Date: ____ / ____ / ____
5	Level of facility where mystery client went:	1 Referral hospital 2 Hospital 3 Pharmacy 4 Health center 5 Health post 6 Mobile health clinic 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers, etc.) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
9	Age of mystery client:	_____ years
10	Sex of mystery client:	1 Male 2 Female
11	Name of interviewer:	
12	Time client arrived at clinic:	

## Instrument 10: Questionnaire for Debriefing Mystery Clients

Questions for Mystery Client		
20	Were you able to speak to a counselor?	1 Yes <i>Skip to Q. 23</i> 2 No
21	If no, why not:	1 Clinic was closed 2 Provider was not at clinic 3 Provider had no available appointments 4 Provider refused to see client 5 Other: _____ 98 Don't know
22	If you were not able to see counselor, were you given an appointment for a later date?	1 Yes 2 No 98 Don't know
<i>(If unable to see a counselor, end interview here.)</i>		
23	What formalities did you have to go through before seeing a provider?	
24	A About how long did you wait between the time you first arrived at this facility and the time you saw a provider?	
24	B Do you think that your waiting time was reasonable, or too long?	1 No waiting time 2 Reasonable/short 3 Too long 4 Don't know
25	Time counseling session started (approximately): Time counseling session ended (approximately):	____:____ ____:____
26	Length of counseling session:	_____ hours
27	Sex of provider visited:	1 Woman 2 Man
28	Was the person who counseled you a:	1 Doctor 2 Nurse 3 Midwife 4 Health aide 5 Peer educator 6 Pharmacist 7 Other: _____ 98 Don't know
29	Did the provider greet you in a friendly fashion?	1 Yes 2 No

## Instrument 10: Questionnaire for Debriefing Mystery Clients

## Questions for Mystery Client (continued)

30	Did the provider ask you the reason for your visit?	1 Yes 2 No 98 Don't know			
31	How did the provider react (i.e., what did he or she say) when you told the provider the reason for your visit? ( <i>Probe for more information.</i> )	RESPONSE CODES: (Coded by analyst) 1 Reaction acceptable/appropriate 2 Reaction was unacceptable/inappropriate			
32	What advice did the provider give you?	RESPONSE CODES: (Rated by analyst on following) 1 Provider tells client what to do 2 Provider helps client identify options 3 Provider allows client to determine own course of action			
33	Could anyone overhear the conversation you had with the provider?	1 Yes 2 No 98 Don't know			
34	Did you discuss any of the following topics with the provider? ( <i>Circle all that apply.</i> )	1 Your sexual history 2 Your current sexual status 3 The nature of your relationship with your current partner 4 Your current and/or past contraceptive use			
35	Do you feel like the provider took your concerns seriously?	1 Yes 2 No 3 Not sure			
36	Did anything occur to interrupt your discussion with the provider?	1 Yes 2 No If yes, what?			
37	Did the provider ask you questions about yourself?	1 Yes 2 No If yes, what kinds of questions did the provider ask?			
38	Did the provider give you information about any of the following:	0 None	1 Minimum	2 Moderate	3 Extensive
	A Contraceptive methods				
	B HIV/AIDS				
	C Other STIs				
	D Treatment of unwanted pregnancies				

**Instrument 10: Questionnaire for Debriefing Mystery Clients**

Questions for Mystery Client (continued)				
39	Did the provider ask if you knew about these topics before giving you information?	1 Yes 2 No 98 Don't know		
40	Did the provider:	Yes	No	
	A Require you to get parental consent for any service			
	B Require you to get spousal consent for any service			
	C Inform you that you were too young to receive any of the services			
	D Require you to have a blood test before giving you contraceptives			
	E Require you to have a pelvic exam before giving you contraceptives			
	F Require you to make another appointment before receiving a service			
41	Did the provider use any of the following visual aids during the session?	1 Yes	2 No	3 Don't Know
	A Posters			
	B Drawings			
	C Booklets			
	D Videos			
42	Did the provider give you his or her personal opinion on what you should do?	1 Yes 2 No If yes, what was his or her opinion regarding your situation?		
43	Did you discuss with the provider how your life would be affected by your behaviors?	1 Yes 2 No		
44	Did you discuss how your life would be affected if you were to:	1 Yes	2 No	
	A Become sexually active			
	B Become pregnant			
	C Continue a pregnancy			
	D Become infected with HIV			
	E Become infected with an STI			

## Instrument 10: Questionnaire for Debriefing Mystery Clients

Page 5 of 6

### Questions for Mystery Client (continued)

45	Did the provider ask you if you had any questions?	1 Yes 2 No
46	Did the provider respond to your questions?	1 Yes 2 No 3 Partially
47	Did you feel comfortable asking the provider questions?	1 Yes 2 No If no, why not?
48	Was the information given by the provider clear and simple?	1 Yes 2 No
49	Was anything the provider said confusing or unclear?	1 Yes 2 No 98 Don't know
50	Did the provider check to make sure you understood the information properly?	1 Yes 2 No 98 Don't know
51	When you pretended not to understand, did the provider make an effort to explain the matter in a clearer fashion?	1 Yes 2 No 98 Don't know
52	Do you feel like enough time was spent with the provider?	1 Yes 2 No If no, why not?
53	Did the provider do or say anything that made you feel uncomfortable?	1 Yes 2 No 98 Don't know If yes, what?
54	Did the provider do or say anything during your visit that led you to believe he or she did not approve of something you said?	1 Yes 2 No 98 Don't know
55	Did the provider ask you to return for another visit?	1 Yes 2 No
56	Did you set a date for your next appointment?	1 Yes 2 No



## Instrument 10: Questionnaire for Debriefing Mystery Clients

<b>Questions for Mystery Client (continued)</b>		
57	Overall, were you satisfied with the counseling session?	1 Yes 2 No
58	Would you recommend this provider to a friend?	1 Yes 2 No
59	Is there anything else you would like to add regarding your visit?	

Thank you very much for your time and help!

**Instrument 11: Community Questionnaire**

DIRECTIONS: Complete this questionnaire by using a panel of key informants (e.g., health care providers, managers of health facilities, teachers). Instruct them to guess or approximate the distance of the various types of health facilities to the best of their knowledge.

1	District (name and number):													
2	Location (name and number):													
3	Name of place:													
4	Cluster number:													
5	Urban/rural:	1 Urban 2 Rural 3 Peri-urban												
6	Date of visit:	___ / ___ / ___												
7	Name of interviewer:													
8	Name and job or position of persons interviewed:	<table border="1"> <thead> <tr> <th>Name</th> <th>Job or Position</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Job or Position										
		Name	Job or Position											
9	Beginning time:	___:___												

## Instrument 11: Community Questionnaire

## Section 1: Community Information

1	Type of locality:	1 Large city (500,000 or more people) <i>Skip to Q. 9</i> 2 Small city <i>Skip to Q. 9</i> 3 Town <i>Skip to Q. 6</i> 4 Rural
2	Cluster description:	1 Compact 2 Dispersed
3	What is the name of the closest town?	
4	How far (in minutes) is the nearest town?	_____ minutes
5	Which is the most common type of transportation used to go to the nearest town?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
6	What is the main access route to this community?	1 All-year road 2 Seasonal road 3 Waterway 4 Path 5 Other: (specify) _____
7	What are the main economic activities in this community? (Circle all that apply.)	1 Agriculture 2 Livestock 3 Fishing 4 Commerce 5 Manufacturing 6 Other: (specify) _____
8	Is telephone service available here?	1 Yes 2 No
9	What is the primary source of water for this community?	1 Piped 2 Public tap 3 Well 4 River/stream/lake 5 Rainwater 6 Other: (specify) _____
10	Is this water supply maintained by the community?	1 Yes 2 No

Instrument 11: Community Questionnaire

**Section 1: Community Information (continued)**

11	How long (in minutes) does it take to travel from (name of community) to the closest area listed below? (If not available in the cluster, write 00. If not known, write 98.)		Minutes:	
		A	Elementary/primary school	
		B	Secondary/high school	
		C	University/technical school	
		D	Local market	
		E	Post office	
		F	Recreation center	
		G	Public transportation	
		H	Movie theater/video center	
		I	Health center	
		J	Hospital	
		K	Youth center	
		L	Sports playing field	

**Instrument 11: Community Questionnaire**

Section 2: Reproductive Health Services in the Community			
20	Is there at least one traditional healer in (name of community)?	1 Yes 2 No	
21	How many traditional healers are there in this area?	Number: _____ 98 Don't know	
22	Why do the people in this community go to traditional healers? (Circle all that apply.)	1 Illness 2 Trust 3 They are inexpensive 4 They understand better 5 Acceptable 6 Other: (specify) _____ 98 Don't know	
23	Does this community have a health promoter/outreach worker?	1 Yes 2 No	<i>Skip to Q. 26</i>
24	How often does this health promoter/outreach worker have contact in this community, either through visits to a central point or to households?	1 Weekly 2 Monthly 3 Quarterly 4 Semi-annually 5 Annually 6 Other: (specify) _____ 98 Don't know	
25	Does this health promoter/outreach worker provide:		
	Type of service	Yes	No
	A Basic medications		
	B Vitamins		
	C Counseling		
	D Contraceptives		
	E Pregnancy testing		
	F STI screening		
	G STI treatment		
	H Education classes on reproductive health issues		
26	Does this community have a community-based distributor (CBD)?	1 Yes 2 No	<i>Skip to Q. 31</i>
27	How many CBDs work in this community?	Number: _____ 98 Don't know	

Instrument 11: Community Questionnaire

**Section 2: Reproductive Health Services in the Community (continued)**

28	How often does a CBD visit households in the community?	1 Weekly 2 Monthly 3 Quarterly 4 Semi-annually 5 Annually 6 Other: (specify) _____ 98 Don't know																		
29	What is (are) the name(s) of the CBD(s) that work in this community?	1: _____ 2: _____ 3: _____ 98 Don't know																		
30	Do the CBDs working in this community provide:	<table border="1"> <thead> <tr> <th data-bbox="781 852 906 894">Type of service</th> <th data-bbox="906 852 1027 894">Yes</th> <th data-bbox="1027 852 1524 894">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="781 894 906 936">A Birth control pills</td> <td data-bbox="906 894 1027 936"></td> <td data-bbox="1027 894 1524 936"></td> </tr> <tr> <td data-bbox="781 936 906 978">B Condoms</td> <td data-bbox="906 936 1027 978"></td> <td data-bbox="1027 936 1524 978"></td> </tr> <tr> <td data-bbox="781 978 906 1052">C Other modern contraceptive methods (e.g., foaming tablets, spermicide)</td> <td data-bbox="906 978 1027 1052"></td> <td data-bbox="1027 978 1524 1052"></td> </tr> <tr> <td data-bbox="781 1052 906 1094">D Contraceptive counseling</td> <td data-bbox="906 1052 1027 1094"></td> <td data-bbox="1027 1052 1524 1094"></td> </tr> <tr> <td data-bbox="781 1094 906 1163">E Counseling on other reproductive health issues</td> <td data-bbox="906 1094 1027 1163"></td> <td data-bbox="1027 1094 1524 1163"></td> </tr> </tbody> </table>	Type of service	Yes	No	A Birth control pills			B Condoms			C Other modern contraceptive methods (e.g., foaming tablets, spermicide)			D Contraceptive counseling			E Counseling on other reproductive health issues		
Type of service	Yes	No																		
A Birth control pills																				
B Condoms																				
C Other modern contraceptive methods (e.g., foaming tablets, spermicide)																				
D Contraceptive counseling																				
E Counseling on other reproductive health issues																				

## Instrument 11: Community Questionnaire

## Section 3: Identification of the Facility

31	What is the name of the hospital nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 35</i>
32	What is the distance between here and (name of hospital)?	Kilometers: _____ 98 Don't know
33	What type of transportation is most commonly used to go from here to (name of hospital)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
34	How many minutes does it take to go from here to (name of hospital), using the most common form of transport?	Minutes: _____ 98 Don't know
35	What is the name of the health center nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 39</i>
36	What is the distance between here and (name of health center)?	Kilometers: _____ 98 Don't know
37	What type of transportation is most commonly used to go from here to (name of health center)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
38	How many minutes does it take to go from here to (name of health center), using the most common form of transport?	Minutes: _____ 98 Don't know
39	What is the name of the dispensary nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 43</i>
40	What is the distance from here to (name of dispensary)?	Kilometers: _____ 98 Don't know
41	What type of transportation is most commonly used to go from here to (name of dispensary)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
42	How many minutes does it take to go from here to (name of dispensary), using the most common form of transport?	Minutes: _____ 98 Don't know
43	What is the name of the clinic nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 47</i>

## Instrument 11: Community Questionnaire

## Section 3: Identification of the Facility (continued)

44	What is the distance from here to (name of clinic)?	Kilometers: _____ 98 Don't know
45	What type of transportation is most commonly used to go from here to (name of clinic)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
46	How many minutes does it take to go from here to (name of clinic), using the most common form of transport?	Minutes: _____ 98 Don't know
47	What is the name of the pharmacy nearest to this community?	Name: _____ 98 Don't know <i>Skip to Q. 51</i>
48	What is the distance from here to (name of pharmacy)?	Kilometers: _____ 98 Don't know
49	What type of transportation is most commonly used to go from here to (name of pharmacy)?	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walking 6 Other: (specify) _____
50	How many minutes does it take to go from here to (name of pharmacy), using the most common form of transport?	Minutes: _____ 98 Don't know
For health facilities that were not yet mentioned, ask key informants the following questions about other facilities in the district or community:		
51	Have you ever heard of (Facility 1 in district)?	1 Yes 2 No <i>Skip to Q. 56</i>
52	How have you heard of (Facility 1 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
53	How far is it from here?	Kilometers: _____ 98 Don't know
54	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 56</i>



## Instrument 11: Community Questionnaire

## Section 3: Identification of the Facility (continued)

55	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care OR ANTENATAL? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
56	Have you ever heard of (Facility 2 in district)?	1 Yes 2 No <i>Skip to Q. 61</i>
57	How have you heard of (Facility 2 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
58	How far is it from here?	Kilometers: _____ 98 Don't know
59	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 61</i>
60	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
61	Have you ever heard of (Facility 3 in district)?	1 Yes 2 No <i>Skip to Q. 66</i>

## Instrument 11: Community Questionnaire

## Section 3: Identification of the Facility (continued)

62	How have you heard of (Facility 3 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
63	How far is it from here?	Kilometers: _____ 98 Don't know
64	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 66</i>
65	For what services? (Circle all that apply.)	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: (specify) _____
66	Have you ever heard of (Facility 4 in district)?	1 Yes 2 No <i>Skip to Q. 71</i>
67	How have you heard of (Facility 4 in district)? (Circle all that apply.)	1 Radio 2 Television 3 Newspaper 4 Pamphlet/brochure 5 Poster 6 Friend 7 Relative 8 Other: (specify) _____
68	How far is it from here?	Kilometers: _____ 98 Don't know
69	Do people in this community use this facility?	1 Yes 2 No <i>Skip to Q. 71</i>

**Instrument 11: Community Questionnaire**

**Section 3: Identification of the Facility (continued)**

70	For what services? <i>(Circle all that apply.)</i>	1 Illnesses 2 Vaccination 3 Prenatal care or Antenatal? 4 Delivery 5 Family planning 6 HIV/AIDS testing 7 STI diagnosis 8 STI treatment 9 Abortion-related services 10 Other: <i>(specify)</i> _____
71	How far is it from here to the nearest place that provides:	
	Type of service	Kilometers
	A Prenatal care	Don't know
	B Delivery care	
	C Pregnancy testing	
	D Parenting classes	
	E Child immunizations	
	F Nutrition counseling	
	G Condoms	
	H Birth control pills	
	I IUDs	
	J Injectables	
	K STI screening	
	L STI treatment	
	M HIV/AIDS testing	
	N Contraceptive counseling	
	O Abortion-related services	
72	Register the time:	__ __: __ __

Comments:

## Instrument 12: Comprehensive Youth Survey

Page 1 of 71

### Table of Contents

Module	Title of Module	Page
	Introduction.....	2
1	Background and Related Information.....	3
2	Reproductive Health Knowledge.....	7
3	STI/HIV/AIDS.....	13
4	Attitudes, Beliefs and Values.....	19
5	Social Influences.....	27
6	Sexual Activity, Contraception and Pregnancy.....	36
7	Skills and Self-Efficacy.....	51
8	Leisure Activities and Concerns.....	55
9	Media Influence.....	62
10	Drugs and Alcohol.....	66
11	Health-Seeking Behaviors.....	68
	References.....	71

## Instrument 12: Comprehensive Youth Survey

### Introduction

Good morning/afternoon, my name is \_\_\_\_\_ and I represent (name of organization). We are conducting a survey within (name of geographic area). The purpose of this survey is to learn what young people understand about reproduction, contraception, sexually transmitted infections, HIV and AIDS. This information will help us understand the health needs of youth in (name of geographic area).

Regarding this, I would like to ask you some questions. Some of the questions are personal, but the answers you give will not be shown to anyone. They will only assist us in learning more about the behavior, beliefs and practices of young people. We especially want your answers because if everyone who is selected participates, our information will be more useful.

Do I have your permission to continue? *(Circle one.)*

1 = Yes    2 = No *(End the interview)*

*(Interviewer arranges for a private setting to conduct interview)*

Time Start: \_\_\_\_\_

Time End: \_\_\_\_\_

---

## Instrument 12: Comprehensive Youth Survey

## Module 1: Background and Related Information

101	Sex of respondent ( <i>Circle the sex of the respondent. Please do not ask.</i> )	1 Male 2 Female
102	How old were you on your last birthday?	Age: _____ years 98 Don't know
103	When were you born?	Date: ____ / ____ / ____ 98 Don't know
104	What is your religious denomination?	1 None 2 Catholic 3 Protestant 4 Moslem 5 Buddhist 6 Hindu 7 Spiritual 8 Traditional 9 Other ( <i>Specify</i> ): _____
105	Can you read and write in any language?	1 Yes 2 No
106	Have you ever attended formal school?	1 Yes 2 No <i>Skip to Q. 111</i>
107	Are you currently attending school?	1 Yes <i>Skip to Q. 109</i> 2 No
108	Why is that you are not currently attending a school or university?	1 Never went 2 Already completed all studies 3 Got married 4 Quit due to pregnancy 5 Have to provide child care 6 Family problems 88 Other ( <i>specify</i> ): _____
109	What is the highest level of school you have completed?	1 Primary 2 Secondary 3 Technical/vocational school 4 University/college 5 Post-university/graduate school 98 Don't know

## Instrument 12: Comprehensive Youth Survey

## Module 1: Background and Related Information (continued)

110	Do you intend to complete any additional years of school or university at any time in the future?	1 Yes 2 Probably yes 3 Probably not 4 Definitely not
111	What is the highest level of education you hope to complete?	1 Primary 2 Secondary 3 Technical/vocational school 4 University/college 5 Post-university/graduate school 98 Don't know
112	How important is it to you that you get a good education?	1 Not important at all 2 Not very important 3 Somewhat important 4 Quite important 5 Very important
113	Are you involved in any extra-curricular activities at school?	1 Yes 2 No <i>Skip to Q. 115</i>
114	If so, what are they?	1 Sports clubs/teams 2 Drama club 3 Debate club 4 Academic club 5 Religious club 6 Other (specify): _____
115	What have you done in the last month to earn money for yourself? (If more than one activity, ask which is the main activity, and circle that response.)	1 Nothing <i>Skip to Q. 201</i> 2 Employed 3 Selling goods/small-scale business 4 Casual labor 5 Farming 6 Other (specify): _____

## Instrument 12: Comprehensive Youth Survey

## Module 1: Background and Related Information (continued)

116	Who controls the money that you earn?	1 Myself 2 My brother/sister 3 My mother 4 My father 5 My boyfriend/girlfriend 6 My spouse 7 My grandmother 8 My grandfather 9 Other relative (specify): _____ 10 Other (specify): _____
117	Have you ever thought of migrating to an urban area to find work?	1 Yes 2 No
118	If so, have you ever acted on this thought?	1 Never 2 Once 3 Twice 4 Three times or more
119	Have you ever had a boyfriend/girlfriend/partner?	1 Yes 2 No <i>Skip to Q. 125</i>
120	Do you currently have a boyfriend/girlfriend/partner?	1 Yes 2 No <i>Skip to Q. 122</i>
121	How committed are you to your current boyfriend/girlfriend/partner?	1 Very committed/want to get married or live together 2 Somewhat committed/no plans yet to get married or live together 3 Not committed at all/casual relationship
122	How old were you when you first had a boyfriend/girlfriend/partner?	1 Less than 15 years old 2 15 years old 3 16 years old 4 17 years old 5 18 years or older
123	Have you ever lived with a boyfriend/girlfriend/partner?	1 Yes 2 No <i>Skip to Q. 125</i>
124	How old were you when you started living with a boyfriend/girlfriend/partner?	Age: _____ years 98 Don't know/don't remember
125	Have you ever been married?	1 Yes 2 No <i>Skip to Q. 127</i>
126	How old were you when you got married?	Age: _____ years 98 Don't know/don't remember



## Instrument 12: Comprehensive Youth Survey

### Module 1: Background and Related Information (continued)

127	Are you currently:	1 Married, living with spouse 2 Married, spouse lives elsewhere 3 Not married, but living with a partner 4 Not married 5 Divorced/separated 6 Widowed
-----	--------------------	--

## Instrument 12: Comprehensive Youth Survey

## Module 2: Reproductive Health Knowledge

(Read to respondent) Now I'm going to ask you some questions about pregnancy and having children.

201	During which part of the monthly cycle does a woman have the greatest chance of becoming pregnant?	1 During her period 2 In the middle of her cycle 3 Right after her period has ended 4 Just before her period begins 88 Other (specify): _____ 98 Don't know/don't remember
202	Can a girl get pregnant the first time she has sex?	1 Yes 2 No 98 Don't know/don't remember
203	Can a girl get pregnant if she has sex only once?	1 Yes 2 No 98 Don't know/don't remember
204	Can a girl get pregnant if she has sex standing up?	1 Yes 2 No 98 Don't know/don't remember
205	How old does a boy need to be to be able to physically make a girl pregnant?	Age: ____ 1 After puberty 98 Don't know/don't remember
206	How old does a girl need to be to be pregnant?	Age: ____ 1 After puberty 98 Don't know/don't remember
207	Is it possible for a girl to get pregnant if the boy withdraws before ejaculation?	1 Yes 2 No 98 Don't know/don't remember
208	Do you know any ways to avoid getting pregnant?	1 Yes 2 No <i>Skip to Q. 211</i> 98 Don't know/don't remember <i>Skip to Q. 211</i>

**Instrument 12: Comprehensive Youth Survey**

Module 2: Reproductive Health Knowledge (continued)			
209	What are the ways to avoid getting pregnant? <i>(Probe by asking, "Anything else?" and circle all that apply.)</i>		Yes    No
		Pill	1    2
		IUD	1    2
		Injectable/Depo-Provera	1    2
		Diaphragm/foam tablets/jelly/cream	1    2
		Condom	1    2
		Norplant	1    2
		Contraceptive (unspecified)	1    2
		Traditional method ( <i>specify</i> ): _____	1    2
		Non-penetrative sex	1    2
		Herbs	1    2
		Male sterilization	1    2
		Female sterilization	1    2
		Safe days/abstinence	1    2
		Emergency contraception	1    2
		Nat. family planning/billing method	1    2
		Withdrawal	1    2
		Douching	1    2
		Other ( <i>specify</i> ): _____	88
		Don't know/don't remember	98
210	Which contraceptive method is the least effective?	1 A condom with foam	
		2 A diaphragm with jelly	
		3 A condom only	
		4 Withdrawal	
		5 The pill	
		6 Abstinence (not having sex)	
		7 Rhythm	
		98 Don't know/don't remember	

## Instrument 12: Comprehensive Youth Survey

Page 9 of 71

## Module 2: Reproductive Health Knowledge (continued)

211	If you wanted to find out more about ways to avoid pregnancy, whom would you talk to? (Probe by asking, "Anyone else?" and circle all that apply.)	Yes	No
	Brother	1	2
	Sister	1	2
	Aunt	1	2
	Uncle	1	2
	Female adult	1	2
	Male adult	1	2
	Female friend	1	2
	Wife	1	2
	Husband	1	2
	Male friend	1	2
	Female peer educator at clinic	1	2
	Male peer educator at clinic	1	2
	Boyfriend	1	2
	Girlfriend	1	2
	Doctor	1	2
	Religious leader	1	2
	Male adult counselor at clinic	1	2
	Female adult counselor at clinic	1	2
	Male adult counselor	1	2
	Female adult counselor	1	2
	Male peer educator	1	2
	Female peer educator	1	2
	Teacher	1	2
	Grandmother	1	2
	Grandfather	1	2
	Nurse	1	2
	Pharmacist	1	2
	Shopkeeper	1	2
	CBD agent	1	2
	Other (specify): _____		88
212	Are there any good things about having a child while you are a teenager?	1 Yes	
		2 No	<i>Skip to Q. 214</i>
		98 Don't know/don't remember	<i>Skip to Q. 214</i>

**Instrument 12: Comprehensive Youth Survey**

Module 2: Reproductive Health Knowledge (continued)																																										
213	What are the good things about having a child while you are a teenager? (Probe by asking, "Anything else?" and circle all that apply.)	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Having a baby to love</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Having a child's love</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Moving out of parent's house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting married early</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Proving your fertility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Showing your maturity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Enjoying them growing up</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Having a partner to love</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Having security during old age</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Proving you are a man/woman</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td style="text-align: center;">88</td> </tr> <tr> <td>Don't know</td> <td></td> <td style="text-align: center;">98</td> </tr> </table>		Yes	No	Having a baby to love	1	2	Having a child's love	1	2	Moving out of parent's house	1	2	Getting married early	1	2	Proving your fertility	1	2	Showing your maturity	1	2	Enjoying them growing up	1	2	Having a partner to love	1	2	Having security during old age	1	2	Proving you are a man/woman	1	2	Other (specify): _____		88	Don't know		98	
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214	Are there any reasons why pregnancy/ childbirth should be avoided when you are a teenager?	<table border="0" style="width: 100%;"> <tr> <td>1 Yes</td> <td></td> </tr> <tr> <td>2 No</td> <td style="text-align: right;">Skip to Q. 216</td> </tr> <tr> <td>98 Don't know/don't remember</td> <td style="text-align: right;">Skip to Q. 216</td> </tr> </table>	1 Yes		2 No	Skip to Q. 216	98 Don't know/don't remember	Skip to Q. 216																																		
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215	What are the reasons? (Probe by asking, "Anything else?" and circle all that apply.)	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Mother could die</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Baby could be unhealthy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Children are too costly</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Father could be thrown out of family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mother could be thrown out of family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Affects mother's educational chances</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Child could die</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mother alone cannot take care of child</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mother and father together cannot take care of child</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td style="text-align: center;">88</td> </tr> </table>		Yes	No	Mother could die	1	2	Baby could be unhealthy	1	2	Children are too costly	1	2	Father could be thrown out of family	1	2	Mother could be thrown out of family	1	2	Affects mother's educational chances	1	2	Child could die	1	2	Mother alone cannot take care of child	1	2	Mother and father together cannot take care of child	1	2	Other (specify): _____		88							
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Other (specify): _____		88																																								
216	What would be the ideal number of children for you?	<table border="0" style="width: 100%;"> <tr> <td>1 None</td> </tr> <tr> <td>2 One</td> </tr> <tr> <td>3 Two</td> </tr> <tr> <td>4 Three</td> </tr> <tr> <td>5 Four or more</td> </tr> <tr> <td>98 Don't know</td> </tr> </table>	1 None	2 One	3 Two	4 Three	5 Four or more	98 Don't know																																		
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## Instrument 12: Comprehensive Youth Survey

Page 11 of 71

## Module 2: Reproductive Health Knowledge (continued)

		Yes	No
217	What does "safe sex" mean to you? ( <i>Do not read. Probe by asking "Anything else?" and circle all responses.</i> )		
	Abstaining from sex	1	2
	Using condom	1	2
	Avoiding multiple sex partners	1	2
	Avoiding sex with prostitutes	1	2
	Avoiding anal sex	1	2
	Other ( <i>specify</i> ): _____		88
	Don't know		98
218	If you had a reproductive health problem or question, where would you go for help? ( <i>Probe by asking, "Anyplace else?" and circle all that apply.</i> )  ( <i>Note for interviewers: Reproductive health problems are problems associated with the reproductive health organs, such as pregnancy, contraceptive concerns, HIV/AIDS, STIs, abortion, etc.</i> )		
	1 Clinic/hospital		
	2 Health worker		
	3 Peer counselor		
	4 Youth center		
	5 Friend		
	6 Parent		
	7 Relative		
	8 Teacher		
	9 Other ( <i>specify</i> ): _____		
	98 Don't know		
219	If you wanted to buy contraceptives, do you know where you would go? ( <i>Probe by asking, "Anyplace else?" and circle all that apply.</i> )		
	1 Clinic/hospital		
	2 Health worker		
	3 Peer counselor		
	4 Youth center		
	5 Friend		
	6 Health worker		
	7 Relative		
	8 Teacher		
	9 Bar		
	10 Movie theater/video center		
	11 Place where sporting events are held		
	12 Pharmacy		
	13 CBD agent		
	88 Other ( <i>specify</i> ): _____		
	98 Don't know		

(*Read to respondent*) Now I am going to read some statements. After I read each statement, please tell me if you agree or disagree.

220	A woman must use the pill every day for it to be effective.	1 Agree	
		2 Disagree	
		98 Don't know	

## Instrument 12: Comprehensive Youth Survey

## Module 2: Reproductive Health Knowledge (continued)

221	Side effects from the pill, such as nausea, go away a few months after a girl starts using it.	1 Agree 2 Disagree 98 Don't know
222	The pill can cause infertility.	1 Agree 2 Disagree 98 Don't know
223	Taking the pill is riskier than getting pregnant.	1 Agree 2 Disagree 98 Don't know
224	A person can always tell by looking that another person has a sexually transmitted infection.	1 Agree 2 Disagree 98 Don't know
225	If signs of a sexually transmitted infection disappear, it means that the person no longer has the disease.	1 Agree 2 Disagree 98 Don't know
226	A healthy-looking person can be infected with HIV.	1 Agree 2 Disagree 98 Don't know
227	A person can get HIV/AIDS the first time he or she has sex.	1 Agree 2 Disagree 98 Don't know
228	A woman who has HIV can give birth to a child with HIV.	1 Agree 2 Disagree 98 Don't know
229	AIDS is curable in some cases.	1 Agree 2 Disagree 98 Don't know
230	HIV infection could be passed through sharing eating utensils with someone who has AIDS.	1 Agree 2 Disagree 98 Don't know
231	A person can get AIDS through circumcision.	1 Agree 2 Disagree 98 Don't know
232	A person can get AIDS through mosquito, flea or bedbug bites.	1 Agree 2 Disagree 98 Don't know

## Instrument 12: Comprehensive Youth Survey

## Module 3: STI/HIV/AIDS

## I. Sexually Transmitted Infections

301	Do you know of any infections a person can get through sexual intercourse?	1 Yes 2 No	<i>Skip to Q. 316</i>	
302	Which infections do you know about? ( <i>Probe by asking, "Any others?" and circle all that apply.</i> )		Yes	No
		HIV/AIDS	1	2
		Gonorrhea	1	2
		Syphilis	1	2
		Chancroid	1	2
		Chlamydia	1	2
		Genital warts	1	2
		Genital herpes	1	2
		Hepatitis B	1	2
		Vaginitis	1	2
		Cervical cancer	1	2
		Other ( <i>specify</i> ): _____		88
		Don't know/don't remember		98
303	What signs or symptoms suggest that a person has a sexually transmitted infection (STI)? ( <i>Probe by asking, "Any others?" and circle all that apply.</i> )		Yes	No
		Discharge from penis/vagina	1	2
		Burning pain or itching in penis/vagina	1	2
		Abnormal vaginal bleeding	1	2
		Loss of weight	1	2
		Sores or warts on penis/vagina	1	2
		Painful urination	1	2
		Swelling in groin region	1	2
		Other ( <i>specify</i> ): _____		88
		Don't know/don't remember		98 <i>Skip to Q. 305</i>
304	Have you had any of these symptoms in the last 12 months?	1 Yes 2 No 98 Don't know/don't remember		
305	Have you ever had any sexually transmitted infections (STIs)?	1 Yes 2 No 98 Don't know/don't remember	<i>Skip to Q. 315</i> <i>Skip to Q. 315</i>	
306	How did you know you had a sexually transmitted infection (STI)?	1 Was diagnosed 2 Thought by myself 3 Friend/relative told me 88 Other ( <i>specify</i> ): _____ 98 Don't know/don't remember		



## Instrument 12: Comprehensive Youth Survey

Module 3: STI/HIV/AIDS (continued)			
I. Sexually Transmitted Infections (continued)			
307	Did you receive treatment for the STI?	1 Yes 2 No 98 Don't know/don't remember	
308	Have you had another STI since then?	1 Yes 2 No 98 Don't know/don't remember	
309	Have you had any STIs in the past 12 months?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 315</i></span> 98 Don't know/don't remember <span style="float: right;"><i>Skip to Q. 315</i></span>	
310	How many times have you had an STI in the past 12 months?	1 None 2 One 3 Two 4 Three 5 Four or more 98 Don't know/don't remember	
311	Whom did you discuss this problem with? <i>(Probe by asking, "Anyone else?" and circle all that apply.)</i>	Yes	No
	No one	1	2
	Spouse	1	2
	Boyfriend/girlfriend	1	2
	Peer educator/counselor	1	2
	Adult counselor	1	2
	Grandfather	1	2
	Grandmother	1	2
	Traditional healer	1	2
	Friend	1	2
	Mother	1	2
	Father	1	2
	Sister	1	2
	Brother	1	2
	Aunt	1	2
	Uncle	1	2
	Cousin	1	2
	Nurse	1	2
	Doctor	1	2
	Other (specify): _____		88

## Instrument 12: Comprehensive Youth Survey

## Module 3: STI/HIV/AIDS (continued)

## I. Sexually Transmitted Infections (continued)

312	Where did you seek advice or treatment? (Probe by asking, "Anyplace else?" and circle all that apply.)		Yes	No
		Did not go for treatment	1	2
		Treated myself	1	2
		Youth center	1	2
		Drug store	1	2
		Hospital/clinic	1	2
		Traditional healer	1	2
		Friends/relatives	1	2
		Other (specify): _____		88
313	When you had the STI, did you advise your sexual partner to seek treatment?	1 Yes		
		2 No		
		98 Don't know/don't remember		
314	When you had the STI, what did you do to prevent infecting your partner?	1 Did not have sex		
		2 Used condoms		
		3 Got treated		
		4 Nothing		
		88 Other (specify): _____		
315	Is there anything a person can do to avoid getting STIs? (Probe by asking, "Anything else?" and circle all that apply.)		Yes	No
		Non-penetrative sex	1	2
		Use of condom	1	2
		Washing/douching	1	2
		Avoiding casual partners	1	2
		Abstinence	1	2
		Avoiding commercial sex workers	1	2
		Using herbs	1	2
		Other (specify): _____		88

## II. HIV/AIDS

316	Have you heard of an illness called AIDS?	1 Yes		
		2 No		Skip to Q. 401
317	Do you believe that AIDS exists?	1 Yes		
		2 No		Skip to Q. 401

**Instrument 12: Comprehensive Youth Survey**

Module 3: STI/HIV/AIDS (continued)			
II. HIV/AIDS (continued)			
318	Please mention all the ways in which you believe a person can get AIDS. (Probe by asking, "Anything else?" and circle all that apply.)	Yes	No
	Sexual intercourse	1	2
	Sharing needles/unclean medical equipment	1	2
	Blood transfusions	1	2
	During pregnancy	1	2
	Mother to child during birth	1	2
	Mosquito or other insect bites	1	2
	Through breast milk	1	2
	Casual contact with infected person (e.g., sharing food, shaving equipment, cup or glass; handshake, cough or sneeze)	1	2
	Other (specify): _____		88
	Don't know		98
319	Is there anything a person can do to avoid getting AIDS?	1 Yes	
		2 No	Skip to Q. 321
		98 Don't know	Skip to Q. 321
320	What can a person do? (Probe by asking, "Anything else?" and circle all that apply.)	Yes	No
	Avoid sex completely/abstinence	1	2
	Stay faithful to partner	1	2
	Encourage partner to stay faithful	1	2
	Avoid contaminated blood	1	2
	Use condoms for every act of sexual intercourse	1	2
	Avoid sharing needles	1	2
	Avoid commercial sex workers	1	2
	Avoid casual sex	1	2
	Avoid circumcision at unauthorized places	1	2
	Other (specify): _____		88
321	Does the use of a condom during sexual intercourse reduce the risk of HIV/AIDS?	1 Yes	Skip to Q. 323
		2 No	
		98 Don't know/don't remember	

## Instrument 12: Comprehensive Youth Survey

## Module 3: STI/HIV/AIDS (continued)

## II. HIV/AIDS (continued)

		Yes	No
322	If no, why not? (Probe by asking, "Anything else?" and circle all that apply.)		
		Might be holes in condom	1 2
		It can burst	1 2
		It can come off inside the woman	1 2
		It can leak	1 2
		Other (specify): _____	88
		Don't know	98
323	How long does it usually take somebody to get sick with AIDS after being infected with HIV (the virus that causes AIDS)?	1 A few weeks	
		2 A few months	
		3 One or two years	
		4 Several years	
		88 Other (specify): _____	
		98 Don't know/don't remember	
324	Do you think you are at risk of getting the AIDS virus in the next 12 months	1 Yes	
		2 No	
		98 Don't know	
325	Do you worry about getting infected with the virus that causes AIDS?	1 Yes	
		2 No	
326	Do you think you have done anything that may have put you at risk of getting the AIDS virus?	1 Yes (specify): _____	
		2 No	
		98 Don't know/don't remember	
327	Do you think most of your friends are at risk of getting the AIDS virus?	1 Yes	
		2 No	
		98 Don't know	
328	Have you ever known anyone who has had AIDS?	1 Yes	
		2 No	Skip to Q. 401
329	How many people do you know who have had AIDS?	No. of people with AIDS: _____	

## Instrument 12: Comprehensive Youth Survey

## Module 3: STI/HIV/AIDS (continued)

## II. HIV/AIDS (continued)

		Yes	No
330	What were your relationships to these people? (Circle all that apply.)		
	Mother	1	2
	Father	1	2
	Brother	1	2
	Sister	1	2
	Aunt	1	2
	Uncle	1	2
	Female friend	1	2
	Male friend	1	2
	Girlfriend	1	2
	Boyfriend	1	2
	Teacher	1	2
	Grandmother	1	2
	Grandfather	1	2
	Husband	1	2
	Wife	1	2
	Other (specify): _____		88
331	How many people do you know who have died of AIDS?	No. of people who have died of AIDS: _____	
332	What were your relationships to these people? (Circle all that apply.)	Yes	No
	Mother	1	2
	Father	1	2
	Brother	1	2
	Sister	1	2
	Aunt	1	2
	Uncle	1	2
	Female friend	1	2
	Male friend	1	2
	Girlfriend	1	2
	Boyfriend	1	2
	Teacher	1	2
	Grandmother	1	2
	Grandfather	1	2
	Husband	1	2
	Wife	1	2
	Other (specify): _____		88

## Instrument 12: Comprehensive Youth Survey

## Module 4: Attitudes, Beliefs and Values

401	During the next year, how likely or unlikely do you think it is that someone will force you to have sexual intercourse?	1 I'm sure this won't happen 2 This probably won't happen 3 I'm not sure whether this will happen or not 4 This probably will happen 5 I'm sure this will happen																																	
402	If someone did try to force you to have sexual intercourse during the next year, what would you do?	1 I definitely would not do it 2 I probably would not do it 3 I'm not sure whether I would do it or not 4 I probably would do it 5 I definitely would do it																																	
403	What are the advantages to using condoms? (Probe by asking, "Anything else?" and circle all that apply.)	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>No advantages</td> <td>1</td> <td>2</td> </tr> <tr> <td>Pregnancy prevention only</td> <td>1</td> <td>2</td> </tr> <tr> <td>Less worry</td> <td>1</td> <td>2</td> </tr> <tr> <td>STI and pregnancy prevention</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIDS and pregnancy prevention</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIDS prevention only</td> <td>1</td> <td>2</td> </tr> <tr> <td>Less mess/clean/neat</td> <td>1</td> <td>2</td> </tr> <tr> <td>Feel safer/protected</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td>88</td> </tr> <tr> <td>Don't know</td> <td></td> <td>98</td> </tr> </tbody> </table>		Yes	No	No advantages	1	2	Pregnancy prevention only	1	2	Less worry	1	2	STI and pregnancy prevention	1	2	AIDS and pregnancy prevention	1	2	AIDS prevention only	1	2	Less mess/clean/neat	1	2	Feel safer/protected	1	2	Other (specify): _____		88	Don't know		98
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404	What are the disadvantages of using condoms? (Probe by asking, "Anything else?" and circle all that apply.)	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>There are no disadvantages</td> <td>1</td> <td>2</td> </tr> <tr> <td>Reduces pleasure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Can come off inside the woman</td> <td>1</td> <td>2</td> </tr> <tr> <td>Can burst</td> <td>1</td> <td>2</td> </tr> <tr> <td>Shows lack of trust in your partner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Unsafe/not 100 percent effective</td> <td>1</td> <td>2</td> </tr> <tr> <td>Causes itchiness/discomfort</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ruins mood</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td>88</td> </tr> <tr> <td>Don't know/don't remember</td> <td></td> <td>98</td> </tr> </tbody> </table>		Yes	No	There are no disadvantages	1	2	Reduces pleasure	1	2	Can come off inside the woman	1	2	Can burst	1	2	Shows lack of trust in your partner	1	2	Unsafe/not 100 percent effective	1	2	Causes itchiness/discomfort	1	2	Ruins mood	1	2	Other (specify): _____		88	Don't know/don't remember		98
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**Instrument 12: Comprehensive Youth Survey**

Module 4: Attitudes, Beliefs and Values (continued)			
405	What important steps do you know on how to use a condom? (Probe by asking, "Anything else?" and circle all that apply)	Yes	No
	Use new one every time	1	2
	Check expiration date	1	2
	Open wrapper carefully	1	2
	Hold base of condom when withdrawing after ejaculation	1	2
	Squeeze end	1	2
	Unroll on erect penis	1	2
	Other (specify): _____		88
	Don't know/don't remember		98
406	When do you think you would use a condom? (Probe by asking, "Any other time?" and circle all that apply.)	Yes	No
	Never	1	2
	For casual sex	1	2
	In a stable boy-girl relationship	1	2
	When having sex with prostitutes	1	2
	For protection against STIs	1	2
	To avoid pregnancy	1	2
	In a husband-wife relationship	1	2
	When one has multiple sexual partners	1	2
	If partner has STI	1	2
	Other (specify): _____		88
	Don't know		98
407	When do you think most boys your age would use condoms? (Probe by asking, "Any other time?" and circle all that apply.)	Yes	No
	Never	1	2
	For casual sex	1	2
	In a stable boy-girl relationship	1	2
	When having sex with prostitutes	1	2
	For protection against STIs	1	2
	To avoid pregnancy	1	2
	In a husband-wife relationship	1	2
	When one has multiple sexual partners	1	2
	If partner has STI	1	2
	Other (specify): _____		88
	Don't know		98

## Instrument 12: Comprehensive Youth Survey

Page 21 of 71

## Module 4: Attitudes, Beliefs and Values (continued)

		Yes	No
408	When do you think most girls your age would use condoms? (Probe by asking, "Any other time?" and circle all that apply.)		
	Never	1	2
	For casual sex	1	2
	In a stable boy-girl relationship	1	2
	When having sex with prostitutes	1	2
	For protection against STIs	1	2
	To avoid pregnancy	1	2
	In a husband-wife relationship	1	2
	When one has multiple sexual partners	1	2
	If partner has STI	1	2
	Other (specify): _____		88
	Don't know		98
409	In your opinion, what is the ideal age for a girl to have sex for the first time?		
	Age: ____ years		
	1 After marriage		
	2 Other (specify): _____		
	98 Don't know		
410	In your opinion, what is the ideal age for a boy to have sex for the first time?		
	Age: ____ years		
	1 After marriage		
	2 Other (specify): _____		
	98 Don't know		
411	In your opinion, what is the ideal age for a girl to marry?		
	Age: ____ years		
	98 Don't know		
412	In your opinion, what is the ideal age for a boy to marry?		
	Age: ____ years		
	98 Don't know		
413	Do you feel like you are ready to cause a pregnancy (be pregnant) right now?	1 Yes	Skip to Q. 415
		2 No	
414	If not, why not?		
	1 Still young		
	2 Want to study further		
	3 Want to build a career		
	4 Cannot afford to have children		
	5 Not mentally ready yet		
	6 Still want to be free		
	7 Still live with parents/family		
	8 Other (specify): _____		
415	How many years after marriage do you want to have the first baby?		
	____ years		
416	When you get married, how many children do you want to have?		
	____ children		



## Instrument 12: Comprehensive Youth Survey

Module 4: Attitudes, Beliefs and Values (continued)																							
417	At what intervals would you like to have these children?	____ (# of) years between children																					
418	What do you think is the best age, if any, for you to have your first child?	____ years																					
419	After you get married, do you want (or want your wife) to conceive immediately?	1 Yes 2 No <span style="float: right;"><i>Skip to Q. 421</i></span>																					
420	Why do you want (or want your wife) to conceive immediately after you get married?	1 Family demand 2 To have a baby as soon as possible 3 Feel old enough 4 To have children while still young 5 In order to have many children 6 To ensure an everlasting marriage 7 Other (specify): _____																					
421	Do you think that it is easy or difficult for unmarried boys to obtain contraceptive methods?	1 Easy <span style="float: right;"><i>Skip to Q. 423</i></span> 2 Difficult 98 Don't know <span style="float: right;"><i>Skip to Q. 423</i></span>																					
422	Why is it difficult for unmarried boys to obtain contraceptive methods? (Circle all that apply.)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Money</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Difficult to find</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Provider/seller disapproves</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Parents/elders disapprove</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td style="text-align: center;">88</td> </tr> <tr> <td>Don't know</td> <td></td> <td style="text-align: center;">98</td> </tr> </tbody> </table>		Yes	No	Money	1	2	Difficult to find	1	2	Provider/seller disapproves	1	2	Parents/elders disapprove	1	2	Other (specify): _____		88	Don't know		98
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423	Do you think that it is easy or difficult for unmarried girls to obtain contraceptive methods?	1 Easy 2 Difficult <span style="float: right;"><i>Skip to Q. 425</i></span> 98 Don't know <span style="float: right;"><i>Skip to Q. 425</i></span>																					
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## Instrument 12: Comprehensive Youth Survey

## Module 4: Attitudes, Beliefs and Values (continued)

425	Can anything be done to make it less difficult for unmarried boys and girls to obtain contraceptive methods other than condoms?	For boys:  For girls:
426	Do you believe that discussing contraceptives with young people promotes promiscuity?	1 Yes 2 No 98 Don't know
427	Which of the following attitudes best describes your expectations about sexual partners during the rest of your adolescent years? ( <i>Read out loud.</i> )	1 I don't expect to have any sexual partners. 2 I expect to have only one partner. 3 I expect to have two or three sexual partners, but only one at a time. 4 I expect to have several sexual partners at the same time.
428	Which of the following attitudes best describes your plans about having sexual intercourse in the future? ( <i>Read out loud.</i> )	1 I plan to wait until marriage before having sex. 2 I plan to wait until I am engaged before having sex. 3 I plan to wait until I find someone I love before having sex. 4 I plan to wait until I'm at least 19 before having sex. 5 I plan to wait until I'm at least 17 before having sex. 6 I plan to have sex as soon as possible. 7 I plan to have sex whenever an opportunity comes along. 8 Having sex isn't something you can plan; it just happens. 9 I plan to have sex whenever my partner wants to have sex.
429	Which of the following attitudes best describes your plans about using a contraceptive the first/next time you have sexual intercourse? ( <i>Read out loud.</i> )	1 I plan to use a contraceptive and will not have sex without using one. 2 I plan to use a contraceptive, as long as it's convenient. 3 I plan to use a contraceptive, as long as my partner doesn't object. 4 I plan to use a contraceptive only if my partner insists on it. 5 I do not plan to use a contraceptive.
430	Which of the following attitudes best describes your plans about going to see a reproductive health provider for information, advice and/or services? ( <i>Read out loud.</i> )	1 I do not plan to see a provider at all. 2 I may see a provider for some information. 3 I may see a provider for services. 4 I definitely plan to see a provider for information. 5 I definitely plan to see a provider for services. 6 I definitely plan to see a provider for services and information.

## Instrument 12: Comprehensive Youth Survey

## Module 4: Attitudes, Beliefs and Values (continued)

431	I am going to read you a list of many contraceptive methods that people use to avoid pregnancy or sexually transmitted infections. Which of these methods do you intend to use in the next year? ( <i>Read out loud and circle all that apply.</i> )	1 None, I don't intend to be sexually active 2 None, even though I expect to be sexually active 3 Pills 4 Injections (Depo-Provera) 5 IUD/loop 6 Condom 7 Diaphragm/sponge/foam 8 Rhythm 9 Withdrawal 10 Traditional methods 88 Other ( <i>specify</i> ): _____ 98 Don't know
<i>(Read to respondent)</i> Now I would like to read some statements to you, and I would like you to tell me whether you agree or disagree with each statement.		
432	A girl should have sex before she gets married.	1 Agree 2 Disagree 98 Don't know
433	A boy should have sex before he gets married.	1 Agree 2 Disagree 98 Don't know
434	It is necessary for a girl to get pregnant shortly before marriage.	1 Agree 2 Disagree 98 Don't know
435	Unmarried young people who are having sex should use a contraceptive method to avoid pregnancy.	1 Agree 2 Disagree 98 Don't know
436	If a young person is desperate for school fees or to learn a trade, it is OK to have an adult pay for the education in exchange for sex from the young person (i.e., a "sugar daddy" or "sugar mommy").	1 Agree 2 Disagree 98 Don't know
437	Young people's knowledge of contraception encourages them to have sex with many people.	1 Agree 2 Disagree 98 Don't know
438	When a girl uses contraceptives, it will probably be more difficult for her to have children later on.	1 Agree 2 Disagree 98 Don't know

## Instrument 12: Comprehensive Youth Survey

## Module 4: Attitudes, Beliefs and Values (continued)

439	A girl who carries condoms in her purse cares about herself.	1 Agree 2 Disagree 98 Don't know
440	Carrying condoms is difficult because it makes it look as if a person plans to have sex.	1 Agree 2 Disagree 98 Don't know
441	You can easily afford to buy condoms anytime you want to.	1 Agree 2 Disagree 98 Don't know
442	When a relationship moves from casual to serious, it is no longer necessary to use a condom.	1 Agree 2 Disagree 98 Don't know
443	A woman would lose a man's respect if she requested that he use a condom.	1 Agree 2 Disagree 98 Don't know
444	It is embarrassing to purchase a condom.	1 Agree 2 Disagree 98 Don't know
445	Using condoms is a sign of not trusting your partner.	1 Agree 2 Disagree 98 Don't know
446	Using condoms is a sign of mutual respect.	1 Agree 2 Disagree 98 Don't know
447	Condoms are easy to use.	1 Agree 2 Disagree 98 Don't know
448	It is sometimes okay to pressure my partner to have sex with me in certain circumstances.	1 Agree 2 Disagree 98 Don't know
449	I believe that I am responsible for my own welfare and well-being.	1 Agree 2 Disagree 98 Don't know
450	I feel responsible for all of my actions to others.	1 Agree 2 Disagree 98 Don't know

**Instrument 12: Comprehensive Youth Survey**

**Module 4: Attitudes, Beliefs and Values (continued)**

*(Read to respondent)* Now 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 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 it.

		Yes	No
451	In the last six months, have you discussed <i>(read each topic):</i>		
	Body changes during puberty	1	2
	Whether you can have fun in a relationship without having sexual intercourse	1	2
	Sexual urges	1	2
	How to avoid getting pregnant	1	2
	Relationships with the opposite sex	1	2
	Whether or not to have sex	1	2
	Unwanted pregnancy	1	2
	Abortion	1	2
	Job availability	1	2
	STIs or HIV/AIDS	1	2
	How to use condoms	1	2
	Where to get condoms	1	2
	Drugs and alcohol	1	2
	Sexual abuse/coercion	1	2
	Negotiating sex	1	2
452	(If yes) With whom did you discuss this topic? (Probe by asking, "Anyone else?" Use codes below and circle all that apply.)	CODES: 1 = Mother                      16 = Religious leader 2 = Father                      17 = Male adult counselor at clinic 3 = Brother                      18 = Female adult counselor at clinic 4 = Sister                      19 = Male adult counselor at other site 5 = Aunt                      20 = Female adult counselor at other site 6 = Uncle                      21 = Male peer educator at clinic 7 = Female friend              22 = Female peer educator at clinic 8 = Male friend              23 = Male peer educator at other site 9 = Husband                  24 = Female peer educator at other site 10 = Wife                      25 = Grandmother 11 = Boyfriend              26 = Grandfather 12 = Girlfriend              27 = Respected adult 13 = Teacher                  28 = Pharmacist 14 = Nurse                      29 = Other (specify): _____ 15 = Doctor	
453	With whom do you most prefer to discuss sexual matters? (Use code list above.)	_____	

## Instrument 12: Comprehensive Youth Survey

Page 27 of 71

## Module 5: Social Influences

501	Do you think that any of your friends have drunk alcohol?	1 Yes 2 No 98 Don't know
502	About how many of your friends have drunk alcohol?	1 None of them 2 A few of them 3 About half of them 4 Most of them 5 All of them
503	Do you think that any of your friends have taken drugs?	1 Yes 2 No 98 Don't know
504	About how many of your friends have taken drugs?	1 None of them 2 A few of them 3 About half of them 4 Most of them 5 All of them
505	Do you think that any of your friends have smoked?	1 Yes 2 No 98 Don't know
506	About how many of your friends have smoked?	1 None of them 2 A few of them 3 About half of them 4 Most of them 5 All of them
507	Do unmarried girls in this community encourage other girls to have sex with boys or older men?	1 Yes 2 No 98 Don't know
508	Do unmarried boys in this community encourage other boys to have sex with girls or older women?	1 Yes 2 No 98 Don't know
509	Have you ever been encouraged to do this?	1 Yes 2 No 3 Respondent is male 98 Don't know
510	Do you think that any of your friends have frequented a commercial sex worker?	1 Yes 2 No <i>Skip to Q. 512</i> 98 Don't know <i>Skip to Q. 512</i>

## Instrument 12: Comprehensive Youth Survey

## Module 5: Social Influences (continued)

511	If yes, about how many of your friends have frequented a commercial sex worker?	1 None of them 2 A few of them 3 About half of them 4 Most of them 5 All of them
512	Is there support among your friends for you to wait until marriage before having sexual intercourse?	1 No support at all 2 A little support 3 A moderate amount of support 4 A lot of support
513	Is there pressure from your friends for you to have sexual intercourse?	1 No pressure at all 2 A little pressure 3 A moderate amount of pressure 4 A lot of pressure
514	About how many of your friends have had sexual intercourse?	1 None of them 2 A few of them 3 About half of them 4 Most of them 5 All of them
515	Among friends your age, is it common to use condoms?	1 Yes 2 No 98 Don't know
516	Is it common among your friends who have sex to use a contraceptive method?	1 Yes 2 No 98 Don't know
517	Which contraceptive methods are most commonly used? ( <i>Circle all that apply.</i> )	1 Pill 2 IUD 3 Condom (male) 4 Diaphragm 5 Natural family planning 6 Sterilization 7 Injection (Depo-Provera) 8 Norplant 9 Condom (female) 10 Spermicide/foaming tablets 11 Abortion 12 Abstinence 13 Other ( <i>specify</i> ): _____
518	Do you think most people in your age group have a boyfriend or girlfriend?	1 Yes 2 No 98 Don't know
519	Do you think most couples in your age group have sexual relations before marriage?	1 Yes 2 No 98 Don't know

## Instrument 12: Comprehensive Youth Survey

## Module 5: Social Influences (continued)

## Family Dynamics

520	With whom do you live with most of the time?	1 Both parents 2 Mother only 3 Father only 4 Guardian/non-relative 5 Brother or sister 6 Friends 7 On my own 8 Girlfriend/boyfriend 9 Uncle 10 Aunt 11 Grandmother 12 Grandfather 13 Boarding school 14 Mother and stepfather 15 Father and stepmother 16 Wife/husband 88 Other (specify): _____
521	Is your father alive?	1 Yes <i>Skip to Q. 523</i> 2 No
522	How old were you when your father died?	____ years <i>Skip to Q. 524</i>
523	Does your father usually live here with you?	1 Always 2 Usually 3 Sometimes 4 Not usually 5 Never
524	What is (was) the highest level of education your father completed?	0 No education 1 Less than primary 2 Primary 3 Secondary 4 Vocational/technical college 5 University/college 98 Don't know
525	Is your mother alive?	1 Yes <i>Skip to Q. 527</i> 2 No
526	How old were you when your mother died?	____ years <i>Skip to Q. 528</i>



**Instrument 12: Comprehensive Youth Survey**

<b>Module 5: Social Influences (continued)</b>						
<i>Family Dynamics (continued)</i>						
527	Does your mother usually live here with you?	1 Always 2 Usually 3 Sometimes 4 Not usually 5 Never				
528	What is (was) the highest level of education your mother completed?	0 No education 1 Less than primary 2 Primary 3 Secondary 4 Vocational/technical college 5 University/college 98 Don't know				
	If you asked your father, mother or other adult family member sex-related questions (e.g., nocturnal emission, menstruation, contraception, masturbation, sexual intercourse), what would be his or her response? ( <i>Check one.</i> )	1 Would answer helpfully	2 Would turn me away without giving an answer	3 Would scold me	4 Response would vary with type of question	5 Not competent enough to give an answer
529	Father/male adult family member					
530	Mother/female adult family member					
531	How often have you talked about each of the topic listed below with a parent or adult family member in the last three months? ( <i>Read each topic and fill in the appropriate response code.</i> )	<p><i>RESPONSE CODES:</i></p> <p>1 Once a week 2 2–3 times/month 3 Once a month 4 Haven't talked</p> <p>A Birth control ____ B What is right and wrong in sexual behavior ____ C What my parents think about unmarried youth having sex ____ D What my friends think about sex ____ E My questions about sex ____ F Reasons why I shouldn't have sex at my age ____ G How my life would change if I became a father or a mother while I'm a teenager ____ H Sexually transmitted infections ____</p>				

## Instrument 12: Comprehensive Youth Survey

Page 31 of 71

## Module 5: Social Influences (continued)

## Family Dynamics (continued)

532	Have you ever talked with one or both of your parents or an adult family member about:	1 Yes	2 No	
	A The female menstrual cycle?			
	B How pregnancy occurs?			
	C Sexually transmitted infections?			
	D How to say no to sex?			
	E Contraceptives?			
	F How to prevent AIDS?			
	G Using safe sex practices?			
533	Who started these conversations?	1 I always started them 2 I usually started them 3 My parent/adult family member and I each started them 4 My parent/adult family member usually started them 5 My parent/adult family member always started them 6 We had no conversations		
534	How did you feel about your talks with a parent or adult family member on these topics? (Read each topic and fill in the appropriate response code. If no discussion on the topic occurred in the last three months, put 0.)	<b>RESPONSE CODE:</b> 1 Very good 2 Good 3 Neutral 4 Bad 5 Very bad 0 Have not talked  A. Birth control ____ B. What is right and wrong in sexual behavior ____ C. What my parents think about unmarried youth having sex ____ D. What my friends think about sex ____ E. My questions about sex ____ F. Reasons why I shouldn't have sex at my age ____ G. How my life would change if I became a father or a mother while I'm a teenager ____ H. Sexually transmitted infections ____		

## Instrument 12: Comprehensive Youth Survey

Module 5: Social Influences (continued)							
Family Dynamics (continued)							
535	There are different types of families. I would like you to tell me, in your opinion, to which category your family belongs.						
	A Religious	1	2	3	4	5	Not religious
	B Traditional	1	2	3	4	5	Modern
	C Liberal	1	2	3	4	5	Conservative
	D Peaceful	1	2	3	4	5	Violent
	E Open/lots of communication	1	2	3	4	5	Closed/no communication
	F Without problems	1	2	3	4	5	With problems
	G Trustful	1	2	3	4	5	Distrustful
536	Would you seek approval from/notify your parents or another adult family member beforehand if you were going to do the following?						
	<p>A Go to a disco</p> <p>1 Yes, notify</p> <p>2 No</p> <p>3 Yes, seek approval</p> <p>98 Don't know</p> <p>B Have a late-night outing with friends</p> <p>1 Yes, notify</p> <p>2 No</p> <p>3 Yes, seek approval</p> <p>98 Don't know</p> <p>C Choose a religion</p> <p>1 Yes, notify</p> <p>2 No</p> <p>3 Yes, seek approval</p> <p>98 Don't know</p> <p>D Get married</p> <p>1 Yes, notify</p> <p>2 No</p> <p>3 Yes, seek approval</p> <p>98 Don't know</p> <p>E Go to a health facility</p> <p>1 Yes, notify</p> <p>2 No</p> <p>3 Yes, seek approval</p> <p>98 Don't know</p>						

Instrument 12: Comprehensive Youth Survey

**Module 5: Social Influences (continued)**

*Family Dynamics (continued)*

How does your father or other male adult family members feel about you doing the following?

*(Ask entire list of possibilities, then ask:)*

How does your mother or other female adult family members feel about you doing the following?

		Father (or other adult male family member)				Mother (or other adult female member)			
		1 Approve	2 Disapprove	88 No adult male in family	98 Don't know	1 Approve	2 Disapprove	88 No adult female in family	98 Don't know
537 / 545	Premarital sex								
538 / 546	Buying contraceptives								
539 / 547	Drinking beer and other alcoholic beverages								
540 / 548	Smoking								
541 / 549	Joining clubs or organizations, either in school or in the community								
542 / 550	Living with someone of the opposite sex								
543 / 551	Watching violent films/videos								
544 / 552	Watching pornographic films/videos or reading pornographic magazines								
553	How would you describe your family in general?	1 Sweet and warm 2 Good 3 Fair 4 Not very good, but tolerable 5 Intolerable and would like to leave 98 Don't know							
554	Are your parents supportive of your decisions?	1 Not at all 2 No 3 Yes 4 Yes, very much 98 Don't know							

## Instrument 12: Comprehensive Youth Survey

### Module 5: Social Influences (continued)

#### Family Dynamics (continued)

For the next four questions, indicate whether you agree or disagree with the statement and the extent to which you agree or disagree.

555	It is against my parents'(guardians') values for me to have sexual intercourse while I am an unmarried teenager.	1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree
556	I have a lot of respect for my parents'(guardians') ideals and opinions about sex.	1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree
557	My values and beliefs about sex match those of my parents (guardians).	1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree
558	I feel like I can go to my parents (guardians) with questions about sex.	1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree

How does your father or other male adult family members feel about you doing the following?

*(Ask entire list of possibilities, then ask.)*

How does your mother or other female adult family members feel about you doing the following?

		Father (or other adult male family member)				Mother (or other adult female member)			
		1 Yes	2 No	88 No adult male in family	98 Don't know	1 Yes	2 No	88 No adult female in family	98 Don't know
559 / 565	Too traditional/ conservative								
560 / 566	Too ignorant/stupid								
561 / 567	Reasonable								
562 / 568	Doesn't understand me								
563 / 569	Spends too little time with me								

## Instrument 12: Comprehensive Youth Survey

Page 35 of 71

## Module 5: Social Influences (continued)

## Family Dynamics (continued)

Right now, what kind of terms are you on with your father? with your mother?

		1 Very good	2 Good	3 Fair	4 Bad	5 Very bad	98 Don't know
571	Father						
572	Mother						

How often do you quarrel with your father? with your mother?

		1 A lot	2 Occasionally	3 Rarely	4 Never	98 Don't know
573	Father					
574	Mother					

575 How important is it to your family that you continue your education after high school?

- 1 Not important at all  
 2 Not too important  
 3 Somewhat important  
 4 Quite important  
 5 Very important

## Siblings

576	How many brothers and sisters do you have?	No. of brothers: _____ No. of sisters: _____ 0 None <span style="float: right;"><i>Skip to Q. 601</i></span>
577	What number child are you (e.g., first born, second born)?	No. child: _____
578	Do you get along well with your brothers and/or sisters?	1 All the time 2 Usually 3 Sometimes 4 Not usually 5 Never
579	Have you ever confided in your brothers and/or sisters when in trouble?	1 Yes 2 No

## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy

(Read to respondent) Now I would like to ask you about your sexual experiences. Please answer truthfully, as your answers will not be revealed to anyone.

		A Have you ever heard of:	B Do you know anyone who has practiced:	C Have you practiced:
601	Holding hands?	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know
602	Kissing?	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know
603	Hugging?	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know
604	Fondling (i.e., caressing a woman's breast or a man's penis)?	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know
605	Sexual intercourse (i.e., putting the penis inside the vagina)?	1 Yes 2 No 98 Don't know	1 Yes 2 No 98 Don't know	1 Yes 2 No <i>Skip to Q. 641</i> 98 Don't know
606	During the past 30 days, have you had sexual intercourse?	1 Yes 2 No 98 Don't know/don't remember	<i>Skip to Q. 608</i>	
607	During the past 30 days, how often have you had sexual intercourse?	1 3–5 days per week 2 1–2 days per week 3 Less than once per week 4 Only once per week 98 Don't know/don't remember		
608	During the past three months, have you had sexual intercourse?	1 Yes 2 No 98 Don't know/don't remember		
609	During the past 12 months, have you had sexual intercourse?	1 Yes 2 No 98 Don't know/don't remember	<i>Skip to Q. 613</i>	

## Instrument 12: Comprehensive Youth Survey

Page 37 of 71

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

610	During the past 12 months, how often have you had sexual intercourse?	1 None 2 Once 3 Two to three 4 Four to five 5 Six to eight 6 Nine or more 98 Don't know/don't remember
611	How many partners have you had sexual intercourse with in the last three months?	No. sexual partners: _____ 98 Don't know/don't remember
612	How many partners have you had sexual intercourse with in the last 12 months?	No. sexual partners: _____ 98 Don't know/don't remember
613	How many different partners have you ever had sexual intercourse with in your lifetime?	No. sexual partners: _____ 98 Don't know/don't remember
614	How old were you when you first had sexual intercourse?	Age: _____ years 98 Don't know/don't remember
615	What was your relationship with your partner the first time you had sexual intercourse?	1 Husband/wife 2 Fiancé/engaged 3 Boyfriend/girlfriend 4 Friend 5 School friend/classmate 6 Teacher 7 Acquaintance 8 Just met 9 Cousin 10 Brother 11 Sister 12 Other relative (specify): _____ 13 Commercial sex worker 14 Forced intercourse/rape 88 Other (specify): _____ 98 Don't remember
616	How long did you know your partner before having sex?	1 Did not know him/her ____ days ____ months ____ weeks ____ years 98 Don't know/don't remember



**Instrument 12: Comprehensive Youth Survey**

**Module 6: Sexual Activity, Contraception and Pregnancy (continued)**

617	About how old was the person you had intercourse with the first time?	Age: _____ years 98 Don't know/don't remember																																							
618	Why did you decide to have sex the first time?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>To get a boyfriend/girlfriend</td> <td>1</td> <td>2</td> </tr> <tr> <td>Aroused</td> <td>1</td> <td>2</td> </tr> <tr> <td>Curious</td> <td>1</td> <td>2</td> </tr> <tr> <td>Needed food/money/school fees</td> <td>1</td> <td>2</td> </tr> <tr> <td>In love</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fun/enjoyment/pleasure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Encouraged by parent</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wanted to get married</td> <td>1</td> <td>2</td> </tr> <tr> <td>Forced</td> <td>1</td> <td>2</td> </tr> <tr> <td>Friends doing it</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>Don't know/don't remember</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	To get a boyfriend/girlfriend	1	2	Aroused	1	2	Curious	1	2	Needed food/money/school fees	1	2	In love	1	2	Fun/enjoyment/pleasure	1	2	Encouraged by parent	1	2	Wanted to get married	1	2	Forced	1	2	Friends doing it	1	2	Other (specify): _____	1	2	Don't know/don't remember	1	2
	Yes	No																																							
To get a boyfriend/girlfriend	1	2																																							
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Forced	1	2																																							
Friends doing it	1	2																																							
Other (specify): _____	1	2																																							
Don't know/don't remember	1	2																																							
619	Did you talk about contraceptive methods the first time you had sex?	1 Yes 2 No 98 Don't know/don't remember																																							
620	Did you or your partner use a method to prevent pregnancy the first time you had sex?	1 Yes 2 No 98 Don't know/don't remember																																							

Skip to Q. 623

Instrument 12: Comprehensive Youth Survey

Module 6: Sexual Activity, Contraception and Pregnancy (continued)

621	Which method did you or your partner use?	Yes	No
	Pill	1	2
	IUD	1	2
	Injectable/Depo-Provera	1	2
	Diaphragm/foam tablets/jelly/cream	1	2
	Condom	1	2
	Norplant	1	2
	Contraceptive (unspecified)	1	2
	Traditional method (specify): _____	1	2
	Non-penetrative sex	1	2
	Herbs	1	2
	Male sterilization	1	2
	Female sterilization	1	2
	Safe days/abstinence	1	2
	Emergency contraception	1	2
	Nat. contraceptive/billing method	1	2
	Withdrawal	1	2
	Don't know/don't remember		98
622	Where did you go to get the contraceptive(s)?		
	1 Hospital		
	2 Clinic/dispensary		
	3 Health post		
	4 Traditional healer		
	5 CBD		
	6 Pharmacy		
	7 Private doctor		
	88 Other (specify): _____		
	98 Don't know/don't remember		
623	The last time you had sexual intercourse, did you or your partner use any contraceptive method?		
	1 Yes		
	2 No		Skip to Q. 626
	98 Don't know/don't remember		Skip to Q. 626

**Instrument 12: Comprehensive Youth Survey**

Module 6: Sexual Activity, Contraception and Pregnancy (continued)			
624	Which method did you or your partner use?	Yes	No
	Pill	1	2
	IUD	1	2
	Injectable/Depo-Provera	1	2
	Diaphragm/foam tablets/ jelly/cream	1	2
	Condom	1	2
	Norplant	1	2
	Contraceptive (unspecified)	1	2
	Traditional method (specify): _____	1	2
	Non-penetrative sex	1	2
	Herbs	1	2
	Male sterilization	1	2
	Female sterilization	1	2
	Safe days/abstinence	1	2
	Emergency contraception	1	2
	Nat. contraceptive/ billing method	1	2
	Withdrawal	1	2
	Don't know/don't remember		98
625	Where did you go to get the contraceptive(s)?		
	1 Hospital		
	2 Clinic/dispensary		
	3 Health post		
	4 Traditional healer		
	5 CBD		
	6 Pharmacy		
	7 Private doctor		
	88 Other (specify): _____		
	98 Don't know/don't remember		
626	How did you feel about the first time you had sexual intercourse? (Read the entire list first and then circle one response.)		
	1 Very unhappy		
	2 Unhappy		
	3 Neutral		
	4 Very happy		
	5 Happy		
	98 Don't know/don't remember		

## Instrument 12: Comprehensive Youth Survey

Page 41 of 71

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

627	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?	1 Wanted 2 Just happened 3 Tricked 4 Threatened 5 Forced <i>Skip to Q. 629</i> 6 Other (specify): _____ 98 Don't know/don't remember																														
628	Have you ever been forced against your will to have sexual intercourse?	1 Yes 2 No 98 Don't know/don't remember																														
629	Have you ever received anything in exchange for sex?	1 Yes 2 No <i>Skip to Q. 632</i> 98 Don't know/don't remember <i>Skip to Q. 632</i>																														
630	What did you receive? (Probe by asking, "Anything else?" and circle all that apply.)	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Money</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gifts (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>Food</td> <td>1</td> <td>2</td> </tr> <tr> <td>School fees</td> <td>1</td> <td>2</td> </tr> <tr> <td>Drugs</td> <td>1</td> <td>2</td> </tr> <tr> <td>Alcohol</td> <td>1</td> <td>2</td> </tr> <tr> <td>Shelter/rent</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td>88</td> </tr> </tbody> </table>		Yes	No	Money	1	2	Gifts (specify): _____	1	2	Food	1	2	School fees	1	2	Drugs	1	2	Alcohol	1	2	Shelter/rent	1	2	Clothes	1	2	Other (specify): _____		88
	Yes	No																														
Money	1	2																														
Gifts (specify): _____	1	2																														
Food	1	2																														
School fees	1	2																														
Drugs	1	2																														
Alcohol	1	2																														
Shelter/rent	1	2																														
Clothes	1	2																														
Other (specify): _____		88																														
631	(Ask only if response in 630 is "money") What did you use the money for?																															
632	Have you ever given anything to someone to get that person to have sex with you?	1 Yes 2 No <i>Skip to Q. 634</i> 98 Don't know/don't remember <i>Skip to Q. 634</i>																														

**Instrument 12: Comprehensive Youth Survey**

**Module 6: Sexual Activity, Contraception and Pregnancy (continued)**

633	What did you give? (Probe by asking, "Anything else?" and circle all that apply.)		Yes	No
		Money	1	2
		Food	1	2
		School fees	1	2
		Drugs	1	2
		Alcohol	1	2
		Shelter/rent	1	2
		Clothes	1	2
		Other gifts (specify): _____		88
634	Have you or your partner ever used a condom?	1 Yes		
		2 No		
		98 Don't know/don't remember		
635	Do you currently have a condom with you?	1 Yes		
		2 No		
		00 No response		
636	Are you currently using any contraceptive methods?	1 Yes		
		2 No	Skip to Q. 638	
		00 No response	Skip to Q. 638	
637	If yes, which method are you using?		Yes	No
		Pill	1	2
		IUD	1	2
		Injectable/Depo-Provera	1	2
		Diaphragm/foam tablets/ jelly/cream	1	2
		Condom	1	2
		Norplant	1	2
		Contraceptive (unspecified)	1	2
		Traditional method (specify): _____	1	2
		Non-penetrative sex	1	2
		Herbs	1	2
		Male sterilization	1	2
		Female sterilization	1	2
		Safe days/abstinence	1	2
		Emergency contraception	1	2
		Nat. contraceptive/ billing method	1	2
Withdrawal	1	2		
Don't know/don't remember		98		

## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

638	In the last 30 days, did you and your partner ever use a type of contraception?	1 Yes 2 No 98 Don't know/don't remember
639	In the last 30 days, did you or your partner use a contraceptive method every time you had sexual intercourse?	1 Yes 2 No 98 Don't know/don't remember
640	Have any of your female friends ever been pregnant?	1 Yes 2 No <i>Skip to Q. 642</i> 98 Don't know/ don't remember <i>Skip to Q. 642</i>
641	About how many?	No. friends pregnant: _____ 98 Don't know/don't remember
<i>(QUESTIONS 642–660 ARE TO BE ASKED OF GIRLS ONLY)</i>		
642	Do you think you are physically able to get pregnant at the present time?	1 Yes <i>Skip to Q. 644</i> 2 No 98 Don't know <i>Skip to Q. 644</i>
643	What is the main reason you think you cannot get pregnant?	1 Too young 2 Ovarian cysts 3 Currently breastfeeding/postpartum 4 Sexually transmitted infection/PID 5 Partner had a medical operation 6 Partner is infertile 7 (Respondent) Had a medical operation that makes pregnancy impossible 8 Uses birth control 9 Is not sexually active 10 Has tried to get pregnant in the past two years and did not succeed 88 Other ( <i>specify</i> ): _____ 98 Don't know
644	Have you ever been pregnant?	1 Yes 2 No <i>Skip to Q. 660</i> 98 Don't know/don't remember <i>Skip to Q. 660</i>
645	How many times have you been pregnant?	1 One 2 Two 3 Three 4 Four 5 Five 6 Six or more

## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

646	Are you currently pregnant?	1 Yes 2 No 98 Don't know
647	Have you ever had any live-born children?	1 Yes 2 No <i>Skip to Q. 649</i>
648	How many living children do you have, including those who do not live with you?	No: _____ children
649	How old were you when you first became pregnant?	Age: _____ years 98 Don't know/don't remember
650	How old was the boy or man who made you pregnant? <i>(If more than one pregnancy, probe for the first one.)</i>	Age: _____ years 98 Don't know/don't remember
651	At the time you became pregnant, did you want to be pregnant?	1 Yes 2 No 98 Don't know/don't remember
652	Did you have one or more prenatal care visits?	1 Yes 2 No 98 Don't know/don't remember
653	At the time you became pregnant, were you using any contraceptives to avoid or delay getting pregnant?	1 Yes 2 No <i>Skip to Q. 655</i> 98 Don't know/don't remember <i>Skip to Q. 655</i>

## Instrument 12: Comprehensive Youth Survey

Page 45 of 71

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

		Yes	No
654	What were you or your partner using? (Probe by asking, "Anything else?" and circle all that apply.)		
	Pill	1	2
	IUD	1	2
	Injectable/Depo-Provera	1	2
	Diaphragm/foam tablets/jelly/cream	1	2
	Condom	1	2
	Norplant	1	2
	Contraceptive (unspecified)	1	2
	Traditional method (specify): _____	1	2
	Non-penetrative sex	1	2
	Herbs	1	2
	Male sterilization	1	2
	Female sterilization	1	2
	Safe days/abstinence	1	2
	Emergency contraception	1	2
	Nat. contraceptive/billing method	1	2
	Withdrawal	1	2
	Don't know/don't remember		98
655	Have you ever tried to abort a pregnancy?	1 Yes	
	2 No		Skip to Q. 660
	98 Don't know/don't remember		Skip to Q. 660
656	Was the abortion successful?	1 Yes	
	2 No		
	98 Don't know/don't remember		
657	How did you abort the pregnancy?	Yes	No
	At health center/hospital	1	2
	Herbal drink	1	2
	Chloroquine tablets	1	2
	Washing powder solution	1	2
	Ash solution	1	2
	Soaked blue gum leaf	1	2
	Red and black capsules	1	2
	Other (specify): _____		88
658	Did either of your parents or an adult family member know about the abortion?	1 Yes	
	2 No		
	98 Don't know/don't remember		



## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

659	How many times have you tried to abort a pregnancy?	No. _____
660	Has anyone you know ever tried to abort a pregnancy?	1 Yes 2 No <i>Skip to Q. 664</i> 98 Don't know/don't remember <i>Skip to Q. 664</i>
661	How did she try to abort her last pregnancy? (Write in.)	_____
662	Has anyone you know died trying to abort a pregnancy?	1 Yes 2 No <i>Skip to Q. 664</i> 98 Don't know/don't remember <i>Skip to Q. 664</i>
663	How many?	Number died: _____
664	In your opinion, how common is abortion in your area among teenage girls that get pregnant?	1 Not common 2 Somewhat common 3 Very common 98 Don't know
<i>(Read to respondent)</i> Now I would like to ask you some questions about your last sexual partner. By partner, I mean someone whom you consider a boyfriend or girlfriend, or husband or wife, or someone with whom you had sexual intercourse, even if only once. I do not need to know this person's name, but please tell me the person's initials, or you can make up some initials if you like.		
665	What are the initials of your last partner?	Most recent partner's initials: __ __
666	When did you start your relationship with __?	Month/year: __ __ / __ __
667	Is __ __ still your partner?	1 Yes <i>Skip to Q. 669</i> 2 No
668	When did the relationship end?	Month/year: __ __ / __ __
669	Where did you meet __ __? (Write in.)	_____
670	What is/was your relationship to __ __?	1 Fiancé 2 Boyfriend/girlfriend 3 Family member 4 Teacher 5 Friend 6 Employer 7 Stranger 8 Other (specify): _____

## Instrument 12: Comprehensive Youth Survey

Page 47 of 71

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

		Yes	No
671	Why are/were you with ____? (Probe by asking, "Anything else?" and circle all that apply.)		
	Companionship	1	2
	Love	1	2
	Sex/pleasure	1	2
	Money	1	2
	Gifts/food	1	2
	Security	1	2
	Children	1	2
	Hope to marry/married	1	2
	Other (specify): _____		88
672	Why do you think ____ is/was with you? (Probe by asking, "Anything else?" and circle all that apply.)	Yes	No
	Companionship	1	2
	Love	1	2
	Sex/pleasure	1	2
	Money	1	2
	Gifts/food	1	2
	Security	1	2
	Children	1	2
	Hope to marry/married	1	2
	Other (specify): _____		88
673	Have you had sexual intercourse with ____?		
	1 Yes		
	2 No	<i>Skip to Q. 683</i>	
674	How long had you known ____ before you two had sexual intercourse?		
	No: _____ days		
	or _____ months		
	or _____ years		
	98 Don't know/don't remember		
675	How confident are you that you could convince ____ to use or let you use a condom?		
	1 Very confident		
	2 Fairly confident		
	3 Not confident		
	98 Don't know		
676	The last time you had sexual intercourse with ____, did either of you use a contraceptive method?		
	1 Yes		
	2 No	<i>Skip to Q. 679</i>	
	98 Don't know/don't remember	<i>Skip to Q. 679</i>	

**Instrument 12: Comprehensive Youth Survey**

Module 6: Sexual Activity, Contraception and Pregnancy (continued)			
677	What method(s) did you or your partner use?	Yes	No
	Pill	1	2
	IUD	1	2
	Injectable/Depo-Provera	1	2
	Diaphragm/foam tablets/ jelly/cream	1	2
	Condom	1	2
	Norplant	1	2
	Contraceptive (unspecified)	1	2
	Traditional method (specify): _____	1	2
	Non-penetrative sex	1	2
	Herbs	1	2
	Male sterilization	1	2
	Female sterilization	1	2
	Safe days/abstinence	1	2
	Emergency contraception	1	2
	Nat. contraceptive/ billing method	1	2
	Withdrawal	1	2
	Don't know/don't remember		98
678	<i>(If a condom was used) What are the reasons you used a condom? (Circle all that apply.)</i>	Yes	No
	HIV/AIDS prevention	1	2
	STI prevention	1	2
	Partner wanted to use it	1	2
	Prevent pregnancy	1	2
	Don't know/don't remember		98
	Other (specify): _____		88
679	Have you ever used a condom with ___ ___ ?		
	1 Yes		
	2 No	<i>Skip to Q. 681</i>	
680	How frequently do/did you use a condom with ___ ___ ?		
	1 Never		
	2 Once/twice		
	3 Sometimes		
	4 Almost every time		
	5 Every time		

## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

681	The last time you had sex, who made the decision to use a contraceptive, you or ____	1 Self 2 Partner 3 Both 4 Other (specify): _____ 98 Don't know/don't remember																		
682	The first time you had sex with ____ did you want to have sex, did it just happen, or were you forced?	1 Wanted 2 Just happened 3 Forced 88 Other (specify): _____ 98 Don't know/don't remember																		
683	What are/were your future intentions with ____?	0 None 1 Marriage 2 Cohabitation without marriage 98 Don't know 4 Other (specify): _____																		
684	How confident are/were you that you could ask ____ about his/her other sexual partners?	1 Very confident 2 Fairly confident 3 Not confident 98 Don't know																		
685	How confident are/were you that you could ask ____ if he/she is/was faithful to you?	1 Very confident 2 Fairly confident 3 Not confident 98 Don't know																		
686	Have/had you ever talked to ____ about (read list):	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Avoiding/delaying sex</td> <td>1</td> <td>2</td> </tr> <tr> <td>Being faithful</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ways to avoid pregnancy</td> <td>1</td> <td>2</td> </tr> <tr> <td>Use of condoms to avoid AIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>Use of condoms to avoid other STIs</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Avoiding/delaying sex	1	2	Being faithful	1	2	Ways to avoid pregnancy	1	2	Use of condoms to avoid AIDS	1	2	Use of condoms to avoid other STIs	1	2
	Yes	No																		
Avoiding/delaying sex	1	2																		
Being faithful	1	2																		
Ways to avoid pregnancy	1	2																		
Use of condoms to avoid AIDS	1	2																		
Use of condoms to avoid other STIs	1	2																		
687	Have you ever encountered any resistance from your partner in negotiating contraceptive/condom use?	1 Yes 2 No 98 Don't know																		

## Instrument 12: Comprehensive Youth Survey

## Module 6: Sexual Activity, Contraception and Pregnancy (continued)

## Same-Sex Partners (QUESTIONS 688–694 ARE TO BE ASKED OF MALES ONLY)

688	Have you ever had sexual contact with another male?	1 Yes 2 No <i>Skip to Q. 701</i> 98 Don't know/don't remember
689	Have you ever had anal intercourse with another male?	1 Yes 2 No <i>Skip to Q. 693</i> 98 Don't know/don't remember
690	If so, did you or your partner use a condom?	1 Yes 2 No 98 Don't know/don't remember
691	Have you had anal intercourse with another male within the last month?	1 Yes 2 No <i>Skip to Q. 693</i> 98 Don't know/don't remember <i>Skip to Q. 693</i>
692	If so, did you or your partner use a condom?	1 Yes 2 No 98 Don't know/don't remember
693	Are you currently in a same-sex relationship?	1 Yes 2 No <i>Skip to Q. 701</i> 98 Don't know <i>Skip to Q. 701</i>
694	If so, how often do you or your partner use a condom?	1 Always 2 Almost always 3 Not very often 4 Almost never 5 Never

## Instrument 12: Comprehensive Youth Survey

## Module 7: Skills and Self-Efficacy

*(Read to respondent)* Now I want to ask you how confident you are that you could do certain things. As I read each question, tell me if you think you definitely could, probably could, probably could not or definitely could not do each of the things listed below.

If you did not want to have sex, how confident are you that you would be able to refuse sexual intercourse:

701	With a person you have known for a few days?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
702	With a person you have known for more than three months?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
703	With a person who offers you gifts?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
704	With a person you care about deeply?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
705	With a person who has paid for your school or training fees and who demands sex?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
706	With someone who has power over you, like a teacher or employer?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know

## Instrument 12: Comprehensive Youth Survey

## Module 7: Skills and Self-Efficacy (continued)

How confident are you that you would be able to:

707	Have a sexual relationship with only one person for six months?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	---	--

How confident are you that you would be able to:

708	Choose with whom to have sex?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	-------------------------------	--

709	Avoid sex any time you didn't want it?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	--	--

How confident are you that you can:

710	Use a condom correctly?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	-------------------------	--

711	Use a condom every time you had sexual intercourse?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	---	--

712	Use a condom during sex after you had been drinking/taking drugs?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
-----	---	--

## Instrument 12: Comprehensive Youth Survey

## Module 7: Skills and Self-Efficacy (continued)

713	Insist on condom use during sex even if your boyfriend or girlfriend does not want to use one?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
714	Refuse to have sex if your boyfriend or girlfriend will not use a condom?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
How confident are you that you can:		
715	Get the money to buy condoms any time you want?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
716	Buy condoms in a store?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
717	Discuss contraceptives with a reproductive health provider?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
718	Discuss STIs/HIV/AIDS with a reproductive health provider?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
719	Discuss pregnancy and related problems with a reproductive health provider?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know



## Instrument 12: Comprehensive Youth Survey

Module 7: Skills and Self-Efficacy (continued)		
720	Discuss abortion with a reproductive health provider?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
721	Discuss menstruation/wet dreams with a reproductive health provider?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
How confident are you that you can:		
722	Visit a reproductive health clinic?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know
723	Attend a sex education class?	0 Definitely could not 1 Probably could not 2 Probably could 3 Definitely could 98 Unsure/don't know

## Instrument 12: Comprehensive Youth Survey

Page 55 of 71

## Module 8: Leisure Activities and Concerns

801	Do you attend a church, temple, mosque or other religious site?	1 Yes 2 No		
802	How often do you attend a church, temple, mosque or other religious site?	1 More than once per week 2 Once per week 3 Once per month 4 Other (specify): _____ 98 Don't know/don't remember		
803	Do you consider yourself a religious person?	1 Yes 2 No 98 Don't know		
804	Have you ever been to a youth event or program at a church, temple, mosque or other religious site?	1 Yes 2 No 98 Don't know/don't remember	Skip to Q. 806 Skip to Q. 806	
805	What was the name of the event and the religious site?	Event/program: _____ Name of religious site: _____		
806	During the past six months, did you and a friend(s) talk about (read each topic):		Yes No Don't know	
	Nutrition	1	2	98
	Ways to prevent pregnancy	1	2	98
	Condoms	1	2	98
	Not having sex	1	2	98
	HIV/AIDS	1	2	98
	STIs	1	2	98
807	Has a peer educator ever talked to you?	1 Yes 2 No 98 Don't know/don't remember	Skip to Q. 815 Skip to Q. 815	
808	Where did the peer educator talk to you? (Circle all that apply.)		Yes No	
	Market	1	2	
	Bus stop	1	2	
	School	1	2	
	College/university	1	2	
	Club	1	2	
	Clinic	1	2	
	Neighborhood	1	2	
	Home	1	2	
	Friend's home	1	2	
	Shop	1	2	
	Other (specify): _____			88

**Instrument 12: Comprehensive Youth Survey**

**Module 8: Leisure Activities and Concerns (continued)**

809	What topics did you discuss? (Probe by asking, "Anything else?" and circle all that apply.)		Yes	No	
		Contraception	1	2	
		Body changes/anatomy	1	2	
		HIV/AIDS	1	2	
		Sexually transmitted infections	1	2	
		Health center/clinic services	1	2	
		Relationship with boyfriend/girlfriend	1	2	
		Other (specify): _____			88
810	Was the peer educator (read each topic):		Yes	No	Don't know
		Knowledgeable	1	2	98
		Polite	1	2	98
		Patient	1	2	98
		Someone who can keep secrets	1	2	98
		Respectful	1	2	98
		Friendly	1	2	98
		A good listener	1	2	98
		Understanding	1	2	98
		Able to give advice	1	2	98
		Able to solve problems	1	2	98
811	Did the peer educator refer you to any other services?	1 Yes			
		2 No			Skip to Q. 813
		98 Don't know/don't remember			Skip to Q. 813
812	Where were you referred to?				
813	Would you talk with a peer educator again?	1 Yes			Skip to Q. 815
		2 No			
		98 Don't know/don't remember			Skip to Q. 815
814	Why not? (Circle all that apply.)		Yes	No	
		Made me feel unwelcome	1	2	
		Scolded me	1	2	
		Made me feel ashamed	1	2	
		Did not provide me with necessary treatment	1	2	
		Did not seem knowledgeable	1	2	
		Did not seem interested in working with me	1	2	
		Did not provide me with needed information	1	2	
		Other (specify): _____			88

Instrument 12: Comprehensive Youth Survey

Module 8: Leisure Activities and Concerns (continued)

815	What services or information do peer educators provide that you think are most useful? (Probe by asking, "Anything else?" and circle all that apply.)			Yes	No		
				Contraceptive information	1	2	
				Counseling	1	2	
				Pregnancy/prenatal care information	1	2	
				STI/HIV prevention information	1	2	
				Supply condoms (specify brand): _____	1	2	
				Supply local newspaper	1	2	
				Other (specify): _____		88	
				Don't know		98	
816	Now I am going to read a list of activities. Please tell me which of these you have ever done. Who did you do each activity with?			Female friends	Male friends	Fiancée/ girlfriend/ boyfriend	Family members
	A Go to the beach	Y	N				
	B Go to the gardens	Y	N				
	C Go to the disco	Y	N				
	D Go shopping	Y	N				
	E Go to the bungalows	Y	N				
	F Rent a hotel room	Y	N				
	G Go to restaurants	Y	N				
	H Go to snack bars	Y	N				
	I Attend parties	Y	N				
	J Attend religious ceremonies	Y	N				
	K Go to the cinema	Y	N				
	L Go to community centers/clubs/ youth centers	Y	N				
	M Go to video centers	Y	N				
	N Go to massage parlors	Y	N				
	O Spend the night out with your friends	Y	N				
	P Go to strip shows/night clubs	Y	N				
	Q Go to beer houses/bars	Y	N				
	R Attend sports events	Y	N				
	S Spend time with family	Y	N				
	T Help with household chores	Y	N				
	U Go to live drama/concert parties	Y	N				

**Instrument 12: Comprehensive Youth Survey**

**Module 8: Leisure Activities and Concerns (continued)**

817	Which person in your immediate environment would you consider to be a role model?	1 Parent/parent figure 2 Other adult relative 3 Sibling 4 Teacher 5 Same-sex friend 6 Opposite-sex friend 7 Older friend/senior 8 Other: _____
818	Do you believe that religion shapes your attitudes about sexuality?	1 Definitely 2 Very much 3 Pretty much 4 Not very much 5 Definitely not
	In the past three months, how often have the following been true for you?	<i>RESPONSE CODES:</i> 1 Never 2 One to three times 3 Four to six times 4 More than six times
		Response code
819	Feeling lonely, depressed	_____
820	Feeling worried, not sleeping well or at all	_____
821	Feeling mentally incoherent and over-stressed	_____
822	Being bored with life and the world around you	_____
823	Feeling befuddled; having a headache with no obvious cause	_____
824	Being absent-minded	_____
825	Wanting to run away from home	_____

## Instrument 12: Comprehensive Youth Survey

Page 59 of 71

## Module 8: Leisure Activities and Concerns (continued)

How well do each of the following statements describe your feeling about yourself?

		1 Not well at all	2 Somewhat well	3 Fairly well	4 Extremely well
826	You feel like you have a number of good things				
827	You feel like you are as important to your family as other members				
828	You ever feel like you are capable of doing as many things as other people				
829	You hardly ever feel proud of yourself				
830	Whatever you do and wherever you are, you can make yourself happy				
831	You are not satisfied with the relationships you have with the people surrounding you				
832	You always know your own strengths and weaknesses				
833	You feel like many things you do are not very personally meaningful				
834	You feel like you are valuable to your friends				

How important is each of the following to you right now?

		1 Not at all important	2 Somewhat important	3 Fairly important	4 Extremely important
835	Freedom to do things the way you like				
836	Being honest to oneself and others				
837	Enjoyment and fun				
838	Religion and morality				
839	Righteousness and justice				
840	Friends and friendship				
841	Equality of men and women				
842	Family needs come first; individual needs come later				
843	Marriage and having children as a family				
844	Caring for nature and the environment				
845	People's participation in the country's administration				

## Instrument 12: Comprehensive Youth Survey

### Module 8: Leisure Activities and Concerns (continued)

The next five questions are about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide (taking some action to end their own lives).

846	During the past 12 months, did you ever feel sad or hopeless almost every day for two weeks in a row and stop doing some of your usual activities?	1 Yes 2 No	<i>Skip to Q. 850</i>		
847	During the past 12 months, did you ever seriously consider attempting suicide?	1 Yes 2 No	<i>Skip to Q. 850</i>		
848	During the past 12 months, did you make a plan about how you would attempt suicide?	1 Yes 2 No			
849	During the past 12 months, how many times did you actually attempt suicide?	1 None 2 Once 3 Two or three times 4 Four or five times 5 Six or more			
850	I worry about ( <i>read each item</i> ):				
			Not at all	Somewhat	A lot
	A My own drinking and drug use				
	B My mother and father's drinking or drug use				
	C Being physically abused				
	D Being sexually abused				
	E All the fighting and violence I see in my home				
	F The violence in my community				
	G The drinking and drug use in my community				
	H Getting or making someone pregnant				
	I Getting AIDS				
	J Being treated unfairly because of my ethnicity/tribe or religion				
	K My parents leaving me				
	L Getting a job when I'm older				

## Instrument 12: Comprehensive Youth Survey

Page 61 of 71

## Module 8: Leisure Activities and Concerns (continued)

851	I am going to read a list of issues, and I would like you to tell me which are the most important concerns in your life at the moment, in order of importance ( <i>read entire list first, then rank each item</i> ):	<p style="text-align: right;">Rank</p> A School _____ B Job _____ C Money _____ D Religion _____ E Crime _____ F Rape _____ G Drugs _____ H Pregnancy _____ I AIDS _____ J Other ( <i>specify</i> ): _____ _____	
852	Have you ever run away from home for an extended period of time?	1 Yes 2 No	<i>Skip to Q. 901</i>
853	If so, how long were you gone?	1 Three years or longer 2 Two years 3 One year 4 Six months to one year 5 Less than six months	



**Instrument 12: Comprehensive Youth Survey**

Module 9: Media Influence		
901	How often do you listen to the radio? Would you say ( <i>read list and circle only one answer</i> ):	1 Every day or almost every day 2 At least once per week 3 At least once per month 4 Less than once per month 5 Never <span style="float: right;"><i>Skip to Q. 903</i></span> 88 Other ( <i>specify</i> ): _____
902	What radio stations do you listen to?	1 BBC 2 VOA 3 Channel Africa 4 Local station name: _____ 5 Local station name: _____
903	How often do you watch television? Would you say ( <i>read list and circle only one answer</i> ):	1 Every day or almost every day 2 At least once per week 3 At least once per month 4 Less than once per month 5 Never 88 Other ( <i>specify</i> ): _____
904	How often do you read a newspaper? Would you say ( <i>read list and circle only one answer</i> ):	1 Every day or almost every day 2 At least once per week 3 At least once per month 4 Less than once per month 5 Never <span style="float: right;"><i>Skip to Q. 906</i></span> 88 Other ( <i>specify</i> ): _____
905	What newspapers do you usually read? ( <i>Write down titles of all mentioned.</i> )	A _____ B _____ C _____ D _____ E _____
906	How often do you read a magazine? Would you say ( <i>read list and circle only one answer</i> ):	1 Every day or almost every day 2 At least once per week 3 At least once per month 4 Less than once per month 5 Never <span style="float: right;"><i>Skip to Q. 908</i></span> 88 Other ( <i>specify</i> ): _____

Instrument 12: Comprehensive Youth Survey

Module 9: Media Influence (continued)

907	What magazines do you usually read? ( <i>Write down titles of all mentioned.</i> )	A _____ B _____ C _____ D _____ E _____																																				
908	Is it acceptable to you for radio, television, newspapers or magazines to provide information on ( <i>read each topic</i> ):	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>A Nutrition</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B Ways to prevent pregnancy/contraception</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C Condoms</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>D Delaying having sex or not having sex</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>E HIV/AIDS</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>F STIs</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>G Unsafe abortion</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>H Boyfriend/girlfriend relationships</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>		Yes	No	Don't know	A Nutrition	1	2	98	B Ways to prevent pregnancy/contraception	1	2	98	C Condoms	1	2	98	D Delaying having sex or not having sex	1	2	98	E HIV/AIDS	1	2	98	F STIs	1	2	98	G Unsafe abortion	1	2	98	H Boyfriend/girlfriend relationships	1	2	98
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F STIs	1	2	98																																			
G Unsafe abortion	1	2	98																																			
H Boyfriend/girlfriend relationships	1	2	98																																			
909	Within the past six months, did you hear or see anything on the radio or television, or in a newspaper or magazine, about ( <i>read each topic</i> ):	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>A Nutrition</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>B Ways to prevent pregnancy/contraception</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>C Condoms</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>D Delaying having sex or not having sex</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>E HIV/AIDS</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>F STIs</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>G Unsafe abortion</td> <td>1</td> <td>2</td> <td>98</td> </tr> <tr> <td>H Opposite-sex relationships</td> <td>1</td> <td>2</td> <td>98</td> </tr> </tbody> </table>		Yes	No	Don't know	A Nutrition	1	2	98	B Ways to prevent pregnancy/contraception	1	2	98	C Condoms	1	2	98	D Delaying having sex or not having sex	1	2	98	E HIV/AIDS	1	2	98	F STIs	1	2	98	G Unsafe abortion	1	2	98	H Opposite-sex relationships	1	2	98
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F STIs	1	2	98																																			
G Unsafe abortion	1	2	98																																			
H Opposite-sex relationships	1	2	98																																			
910	From the topics you said "yes" to, do you remember the message on the radio or television, or in the newspaper or magazine?	1 Yes 2 No <i>Skip to Q. 914</i> 98 Don't know <i>Skip to Q. 914</i>																																				
911	What was the message for each topic you remember hearing or seeing something about?	_____ _____ _____ _____																																				
912	Did you understand the message?	1 Yes 2 No <i>Skip to Q. 914</i> 98 Don't know																																				

## Instrument 12: Comprehensive Youth Survey

## Module 9: Media Influence (continued)

913	Did you like the message?	1 Yes 2 No 98 Don't know
914	Have you ever called a telephone counseling line?	1 Yes ( <i>specify</i> ): _____ 2 No 98 Don't know/don't remember
915	Would you recommend that a friend call a telephone counseling line?	1 Yes 2 No 98 Don't know

**Pornographic Material**

The term "pornographic material" refers to newspapers, magazines, books, photographs, videotapes, films, live shows, etc. containing sexual subjects in pictures or writing in a way that is meant to cause sexual excitement. Everybody has his or her own standard for pornographic materials. The following questions refer to your own standard.

916	Have you ever viewed pornographic material?	1 Yes 2 No <i>Skip to Q. 920</i>
917	How old were you when you first viewed pornographic materials?	_____ years
918	Have you viewed pornographic materials in the last six months?	1 No 2 Occasionally 3 Regularly, 2–4 times per month on average 4 Regularly, 5 times per month or more on average
919	What type of pornographic materials did you view the last time?	1 Newspaper 2 Magazine 3 Book 4 Movie 5 Photograph 6 Videotape 7 Live show 8 Other ( <i>specify</i> ): _____
920	Have you ever seen or read any violent films, videos, comics or books?	1 Yes 2 No <i>Skip to Q. 1001</i>
921	Have you seen or read any violent films, videos, comics or books in the last six months?	1 No <i>Skip to Q. 1001</i> 2 Occasionally 3 Regularly, 2–4 times per month on average 4 Regularly, 5 times per month or more on average

## Instrument 12: Comprehensive Youth Survey

Page 65 of 71

## Module 9: Media Influence (continued)

922	What type of violent materials did you view the last time?	1 Newspaper 2 Magazine 3 Book 4 Movie 5 Photograph 6 Videotape 7 Live show 8 Other (specify): _____
-----	--	--

## Instrument 12: Comprehensive Youth Survey

## Module 10: Drugs and Alcohol

(Read to respondent) Now I would like to ask you some questions about cigarettes, alcohol and drugs.

1001	Have you ever smoked a cigarette?	1 Yes 2 No <i>Skip to Q. 1004</i>																														
1002	How old were you when you first tried a cigarette?	Age: _____ 98 Don't know/don't remember																														
1003	During the past month, about how many cigarettes have you smoked?	1 None 2 1–20 cigarettes 3 20–60 cigarettes 4 More than 60 cigarettes 98 Don't know/don't remember																														
1004	Have you ever used any drug to make you feel high?	1 Yes 2 No <i>Skip to Q. 1010</i>																														
1005	How old were you when you first tried drugs?	Age: _____ 98 Don't know/don't remember																														
1006	What drugs have you used? (Circle all that apply.)	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Glue</td> <td>1</td> <td>2</td> </tr> <tr> <td>Herbs</td> <td>1</td> <td>2</td> </tr> <tr> <td>Marijuana</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mandrax tablets</td> <td>1</td> <td>2</td> </tr> <tr> <td>Petrol</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cocaine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Heroin</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (specify): _____</td> <td></td> <td>88</td> </tr> <tr> <td>Don't know/don't remember</td> <td></td> <td>98</td> </tr> </tbody> </table>		Yes	No	Glue	1	2	Herbs	1	2	Marijuana	1	2	Mandrax tablets	1	2	Petrol	1	2	Cocaine	1	2	Heroin	1	2	Other (specify): _____		88	Don't know/don't remember		98
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Cocaine	1	2																														
Heroin	1	2																														
Other (specify): _____		88																														
Don't know/don't remember		98																														
1007	During the past month, how often did you take this/these drugs?	1 Never 2 Daily 3 Several times per week 4 Once a week 5 Once in two weeks 6 Once a month 7 Other (specify): _____																														
1008	Have you ever used a drug to enhance a sexual experience?	1 Yes 2 No <i>Skip to Q. 1010</i>																														

## Instrument 12: Comprehensive Youth Survey

Page 67 of 71

## Module 10: Drugs and Alcohol (continued)

		Yes	No
1009	What drugs have you used to enhance a sexual experience? (Circle all that apply.)		
	Glue	1	2
	Herbs	1	2
	Marijuana	1	2
	Mandrax tablets	1	2
	Petrol	1	2
	Cocaine	1	2
	Heroin	1	2
	Other (specify): _____		88
	Don't know/don't remember		98
1010	Have you ever drunk beer or spirits?	1 Yes	
		2 No	Skip to Q. 1101
1011	How old were you when you first drank beer or spirits without your parents' knowledge?	Age: _____	
		98 Don't know/don't remember	
1012	About how many times did you drink beer or spirits in the last month?	1 1-4 times	
		2 5-10 times	
		3 11-20 times	
		88 Other (specify): _____	
		98 Don't know/don't remember	
1013	About how many alcoholic drinks do you drink at one time, usually?	1 1-2 drinks	
		2 3-5 drinks	
		3 6 or more drinks	
		98 Don't know/don't remember	
1014	Were you ever drunk in the past month?	1 Yes	
		2 No	
		98 Don't know/don't remember	

**Instrument 12: Comprehensive Youth Survey**

Module 11: Health-Seeking Behaviors																							
1101	Have you visited a clinic in the past six months to obtain contraceptives or other RH services?	1 Yes 2 No <span style="float: right;"><i>Skip to end</i></span> 98 Don't know/don't remember																					
1102	How many times have you visited a clinic in the last six months?	Number of times: _____ 98 Don't know/don't remember																					
1103	What was the name of the clinic you visited the last time?	Name of clinic: _____ 98 Don't know/don't remember																					
1104	How did you hear about the clinic?	1 Radio 2 TV 3 Newspaper 4 Relative 5 Friend 6 Teacher 7 Pharmacist 8 Poster 9 Pamphlet/brochure 88 Other ( <i>specify</i> ): _____ 98 Don't know/don't remember																					
1105	What was your reason for visiting the clinic the last time? ( <i>Circle all that apply.</i> )	<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>Medical check-up</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STI treatment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS testing/counseling</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Curative treatment/services</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>To get contraceptives</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other (<i>specify</i>): _____</td> <td></td> <td style="text-align: center;">88</td> </tr> </tbody> </table>		Yes	No	Medical check-up	1	2	STI treatment	1	2	HIV/AIDS testing/counseling	1	2	Curative treatment/services	1	2	To get contraceptives	1	2	Other ( <i>specify</i> ): _____		88
	Yes	No																					
Medical check-up	1	2																					
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HIV/AIDS testing/counseling	1	2																					
Curative treatment/services	1	2																					
To get contraceptives	1	2																					
Other ( <i>specify</i> ): _____		88																					
1106	Who did you talk to or see at the clinic the last time? ( <i>Probe by asking, "What type of service provider?" and circle all that apply.</i> )	1 Doctor 2 Nurse 3 Health aide 4 Peer educator/counselor 88 Other ( <i>specify</i> ): _____ 98 Don't know/don't remember																					

## Instrument 12: Comprehensive Youth Survey

## Module 11: Health-Seeking Behaviors (continued)

1107	Was the [service provider] ( <i>read each item</i> ):		Yes	No	Don't know
		Knowledgeable	1	2	98
		Friendly	1	2	98
		Interested in you	1	2	98
		Well-qualified	1	2	98
		A good communicator	1	2	98
		Respectful	1	2	98
		Polite	1	2	98
		Caring about your privacy/ confidentiality	1	2	98
		Honest and direct	1	2	98
		A good listener	1	2	98
		Able to help you	1	2	98
1108	Would you return again to seek advice/treatment from this person?	1 Yes	<i>Skip to Q. 1110</i>		
		2 No			
		98 Don't know	<i>Skip to Q. 1110</i>		
1109	Why wouldn't you return? ( <i>Circle all that apply.</i> )		Yes	No	
		Needed parent's permission	1	2	
		Needed spouse's permission	1	2	
		Made me feel unwelcome	1	2	
		Scolded me	1	2	
		Made me feel ashamed	1	2	
		Did not provide me with the necessary treatment/drugs	1	2	
		Did not seem knowledgeable	1	2	
		Did not seem interested in working with me	1	2	
		Was rude	1	2	
		Did not provide me with the information I needed	1	2	
		Other ( <i>specify</i> ): _____			88
1110	Would you return to the clinic again?	1 Yes			
		2 No	<i>Skip to Q. 1112</i>		
		98 Don't know	<i>Skip to end</i>		



**Instrument 12: Comprehensive Youth Survey**

**Module 11: Health-Seeking Behaviors (continued)**

		Yes	No
1111	Why would you return to the clinic? <i>(Circle all that apply.)</i>		
	Friendly/caring staff	1	2
	Short waiting time	1	2
	Youth corner	1	2
	Place to talk with peer educators	1	2
	Convenient	1	2
	Had a nice experience	1	2
	For any other health problem	1	2
	For pregnancy care	1	2
	For STI treatment	1	2
	Other <i>(specify):</i> _____		88
1112	Why would you not return to the clinic? <i>(Circle all that apply.)</i>	Yes	No
	Needed parent's permission	1	2
	Needed spouse's permission	1	2
	Unfriendly/rude staff	1	2
	Staff does not welcome/ approve of young people	1	2
	Lack of privacy	1	2
	Embarrassed to go there	1	2
	Long waiting time	1	2
	Too expensive	1	2
	Might be asked to bring partner	1	2
	No drugs dispensed at clinic	1	2
	Prefer to go to the traditional healer	1	2
	No health problems	1	2
	Too far	1	2
	Prefer another clinic	1	2
	Other <i>(specify):</i> _____		88

Thank you very much for your time and help!

Comments:

**Instrument 12: Comprehensive Youth Survey**

Page 71 of 71

**References**

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- FOCUS on Young Adults. 1998. "Adolescent Reproductive Health Questionnaire: Lusaka Baseline Survey." (Unpublished survey.)
- Frontiers and Horizons. 1999. "Youth Survey Question Bank." (Unpublished survey.)
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- Morris L. and F. Serbanescu. 1996. "Young Adults Reproductive Health Survey, Romania." (Unpublished survey.)
- Program Archive on Sexuality, Health, and Adolescence/Sociometrics. 1997. *Prevention Minimum Evaluation Data Set: A Minimum Data Set for Evaluating Programs Aimed at Preventing Adolescent Pregnancy and STD/HIV/AIDS*. Los Altos, CA: Sociometrics Corporation.
- SEATS. 1998. "Adolescent Reproductive Health Questionnaire: Gweru Baseline Survey." (Unpublished survey.)
-



Instrument 13: Focus Group Discussion Guide for In-School Adolescents<sup>1</sup>

Page 1 of 1

Note: For each group, write down the age range, sex and educational level (i.e., which classes they are in) of the participants.

### Perspectives on Their Life Circumstances

1	What is it that you like most (and least) about your school?
2	What do you do when you are not at school? (Probe for information on whether they have to work, either within their homes or outside the home. Also probe for information on what they define as "free time," whom they spend it with and what they do.)
3	Whom do you live with? (Probe regarding typical family structure and household composition.)
4	What things do you like most and least about the community and the town/city you live in? (Probe for information on their sense of belonging and security.)

### Perspectives on the Future

1	What are your hopes and dreams for the future? (Probe for information on their hopes and aspirations for the short and long term and on factors that could prevent them from attaining their goals.)
---	--

### Perspectives on Health Problems that Affect Them, and on Ongoing Preventive and Curative Health Initiatives

1	What are the five main health problems that affect boys/young men or girls/young women of your age in this area? (If problems resulting from too-early unprotected and/or unwanted sexual activity are not mentioned spontaneously, raise them yourself in the following way: "Are you aware of what health problems can arise from . . . ?")
2	What are the causes of the health problems you just mentioned? (Try to go beyond biological causes to draw out the environmental factors that cause these problems.)
3	Are there any organizations, within or outside your school, that are working to help you avoid the health problems you mentioned? (Try to find out if there are ongoing initiatives within and outside the school setting, and what the participants think of these initiatives. Also, find out what is actually being done as part of the initiatives.)
4	<p>What do young people like yourselves do when affected by the health problems you mentioned? (If health problems resulting from too-early unprotected and/or unwanted sexual activity are mentioned in response to Question 1 [such as unwanted pregnancy or STIs], pose the questions below to find out if young people are able to obtain appropriate preventive health products/services [such as condoms and other contraceptives and STI diagnosis and treatment].)</p> <ul style="list-style-type: none"> <li>• If a young man wanted to get some condoms for his own use, where could he get them?</li> <li>• What would young people like yourselves do if they got an STI?</li> <li>• What would a girl/young woman do if she discovered that she was pregnant?</li> </ul> <p>If the responses suggest that the young person would approach a health facility in the area, try to get answers to the following questions, using your own words:</p> <ul style="list-style-type: none"> <li>• Who are the providers of such services?</li> <li>• Are the services within or outside the school setting?</li> </ul> <p>If young people do experience problems in trying to reach and use the clinics, what are the problems, and what, in their opinion, could be done to improve the situation?</p>
5	Whom would young people like yourselves like to get help from when affected by the health problems you mentioned? (Probe further to get a good description of what they perceive as the ideal situation.)

<sup>1</sup> Source: WHO/Adolescent Health and Development Programme. "Rapid Assessment Tool: Improving the Accessibility of Health Services that Meet the Sexual and Reproductive Needs of Adolescents in School, Instrument III." (Unpublished survey instrument.)



Instrument 14: Assessing Coalition Effectiveness Worksheet

**1. Collaborative Structure and Community Context**

1	To what extent has a functioning community-wide coalition for coordinating youth reproductive health project activities been established?	1 Neither planned nor established 2 Planned, but not yet established 3 Being implemented, but not fully functioning yet 4 Fully functioning				
2	How do each of the community representatives listed below participate in the coalition activities? <i>(Please score each item using the following response codes.)</i>	RESPONSE CODES: 1 Not at all 2 As recipients of information only 3 As providers of information and advice 4 As implementors of decisions 5 As participants in decision making				
	A Older adolescents (17–24)	1	2	3	4	5
	B Younger adolescents (10–16)	1	2	3	4	5
	C Parents	1	2	3	4	5
	D Extended family	1	2	3	4	5
	E School teachers and administrators	1	2	3	4	5
	F Religious leaders	1	2	3	4	5
	G Business leaders	1	2	3	4	5
	H Representatives of youth organizations	1	2	3	4	5
	I Health care providers	1	2	3	4	5
	J Police	1	2	3	4	5
	K Representatives of juvenile justice	1	2	3	4	5
	L Social service providers	1	2	3	4	5
	M Representatives of cultural organizations	1	2	3	4	5
	N Representatives of the news media	1	2	3	4	5
	O Local and district government officials	1	2	3	4	5
	For the questions below, please rate the items on a scale of 1–5:	SCALE: 1 Poor 2 Fair 3 Good 4 Very good 5 Excellent				
3	How would you rate the coalition's ability to achieve political support at the community level?	1	2	3	4	5
4	How would your rate the coalition's ability to offset opposition to ARH project activities?	1	2	3	4	5

**Instrument 14: Assessing Coalition Effectiveness Worksheet**

**1. Collaborative Structure and Community Context (continued)**

5	How would you rate the coalition's commitment to the following:					
	A Providing youth with the education and skills needed to be sexually responsible	1	2	3	4	5
	B Assisting parents and other family members in their roles as primary caregivers	1	2	3	4	5
	C Providing an opportunity for different points of view to be heard and accepted within the same community	1	2	3	4	5
6	How would you rate the coalition's credibility within the community?	1	2	3	4	5
7	How would you rate the coalition's ability to achieve political support for its ARH project mission statement at the community level?	1	2	3	4	5

**11. Collaboration Staffing and Functioning**

	Please score each question below on the following scale:	SCALE: 1 Not at all 2 To a limited extent 3 To a good extent 4 To a very good extent 5 To an outstanding extent				
8	To what extent is there a specifically designated individual who serves as the coordinator of the coalition?	1	2	3	4	5
9	To what extent does the coordinator work with youth and their families in shaping ARH strategies?	1	2	3	4	5
10	Does funding for the coalition include in-kind contributions from its members and the broader community?	1	2	3	4	5
11	To what extent does the coalition engage the community (especially youth and their family members) as partners with decision-making power?	1	2	3	4	5
12	To what extent are community partners involved in the following aspects of the coalition's work:					
	A The creation of a clear mission statement	1	2	3	4	5
	B The development of goals, objectives and activities that are clear and logically linked	1	2	3	4	5
	C Development of the coalition infrastructure	1	2	3	4	5
	D Development of a data collection system to gather project design indicators, system development indicators, implementation indicators and outcome indicators	1	2	3	4	5

## Instrument 14: Assessing Coalition Effectiveness Worksheet

Page 3 of 3

## 11. Collaboration Staffing and Functioning (continued)

12	To what extent are community partners involved in the following aspects of the coalition's work (continued):					
E	Assurance of alignment and consistency between stated goals, objectives and activities	1	2	3	4	5
F	Implementation of specific coalition strategies	1	2	3	4	5
13	To what extent does the coalition conduct a needs assessment to establish areas of need?	1	2	3	4	5
14	To what extent does the coalition establish a formal workplan?	1	2	3	4	5
15	To what extent do the following statements describe the coalition:					
A	The coalition identifies different funding streams that it combines to allow organizations greater flexibility in using existing resources.	1	2	3	4	5
B	The coalition provides a forum for joint planning and encourages negotiations for using existing and/or new resources in a more effective manner.	1	2	3	4	5

Comments:





Instrument 15: Parents of Youth Questionnaire<sup>1</sup>

Page 1 of 2

<sup>1</sup>Parents can include birthparents, stepparents, relatives or any other type of guardian.

NOTE TO INTERVIEWER: You may read the following introduction to each parent(s): "Thank you for agreeing to meet with me today. The purpose of this questionnaire is to collect information from parents about their attitudes and values on youth-related issues. The information you share with me will greatly help us to think of ways to better design youth programs and to understand how to better incorporate parents into these programs. If you do not feel comfortable answering one of the questions, please tell me and I can skip the question. This should only take 30 minutes of your time, and all the information you give me will be strictly confidential. Do you have any questions before I begin?"

1	How many children do you have between the ages of 10 and 24 years?	
2	How many are boys?	
	How many are girls?	
3	How often do you get a chance to discuss issues related to your adolescent children's lives with them?	
4	What types of issues do you think are important to discuss with them? Explain:	
Now I'm going to ask you a series of short-answer questions.		
5	How important is it to you that your children complete secondary school?	1 Not important at all 2 Not very important 3 Somewhat important 4 Very important 5 Definitely important
6	Do you set rules over what your children can read or watch?	1 Yes 2 No <i>Skip to Q. 8</i>
7	If so, what are some of these rules?	
8	Do you believe you have quality interaction with your adolescent children?	1 Yes 2 No <i>Skip to Q. 10</i>
9	If so, what makes it a quality interaction?	
10	Have you ever discussed sexual matters with any of your adolescent children?	1 Yes 2 No <i>Skip to Q. 12</i>
11	If so, did you feel comfortable discussing sexual matters with them?	1 Yes 2 No
12	Do you believe you have enough knowledge to discuss sexual matters with your children?	1 Yes <i>Skip to Q. 14</i> 2 No
13	If not, what topics would you like to receive more information on?	
14	Have you ever discussed your values on premarital sex with your adolescent children?	1 Yes <i>Skip to Q.16</i> 2 No
15	If not, what are some of your reasons?	
16	Do you think that married couples should conceive immediately after marriage?	1 Yes 2 No

Instrument 15: Parents of Youth Questionnaire<sup>1</sup>

17	How many children do you think each of your children should have?	1 None 2 One 3 Two 4 Three 5 Four or more	
18	Are you aware of any youth organizations in your community?	1 Yes 2 No	<i>Skip to Q. 20</i>
19	If so, could you list as many as you can think of?		
20	Are you aware of any youth organizations that provide reproductive health information to youth?	1 Yes 2 No	<i>Skip to Q. 22</i>
21	If so, could you list as many as you can think of?		
22	Would you allow your adolescent children to receive reproductive health information from such an organization?	1 Yes 2 No	<i>Skip to Q. 24</i>
23	If not, what are some of your reasons?		
24	Do you think reproductive health information should be provided in schools?	1 Yes 2 No	
25	Are you aware of any health facilities that provide reproductive health services to youth?	1 Yes 2 No	<i>Skip to Q. 27</i>
26	If so, could you list as many as you can think of?		
27	Would you allow your adolescent children to seek reproductive health services from a health facility?	1 Yes 2 No	<i>Skip to Q. 29</i>
28	If not, what are some of your reasons?		
29	Do you think contraceptives should be available to youth in the community?	1 Yes 2 No	<i>Skip to Q. 31</i>
30	If not, what are some of your reasons?		
31	Do you think condoms should be available to youth in the community?	1 Yes 2 No	<i>Skip to end</i>
32	If not, what are your some of your reasons?		

Thank you very much for your time and help!