ACASI GIRLS SURVEY

Survey Language : English-US

Sq.	NO.	Question	Response	Response Values	SkipThis	Skip TO	
2	**A1_Girl_38**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Cocaine/crack/coke/snow	1			
2	**A1_Girl_225**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Rohypnol/Rochies/Roofies	2			
2	**A1_Girl_54**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Dagga/Zoll/Weed/Ganja/Joint	3			
2	**A1_Girl_134**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Mandrax/buttons/mandies	4			
2	**A1_Girl_105**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Heroin/Dope/Skag	5			
2	**A1_Girl_68**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Ecstasy/E Love Drug	6			
2	**A1_Girl_94**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Glue/petrol/poopers/benzene	7			
2	**A1_Girl_132**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	LSD/acid/caps	8			
2	**A1_Girl_239**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Speed/obies nobies	9			
2	**A1_Girl_64**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Downers	10			
2	**A1_Girl_238**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Special K/KET	11			
2	**A1_Girl_48**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Crystal meth/Tik/Tuk-Tuk	12			
2	**A1_Girl_36**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Cigarettes	13			
2	**A1_Girl_17**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Alcohol	15			
2	**A1_Girl_158**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Nyaope	16			
2	**A1_Girl_180**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	Others	77			
2	**A1_Girl_999**	Have you ever used any of the substances (drugs) listed here (tick all that apply)	SKIPE BY PARTICIPANTS	999			
3	**A2_Girl**	In the past year how often have you used the substance(s) mentioned above	Almost every day Once a week or more Every few weeks About once a month Only once or twice Never SKIPE BY PARTICIPANTS	1 2 3 4 5 6 999			
12	**B1_Girl**	Have you ever experienced any violence (if yes you can initiate referral/distress protocol)	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> B21_Girl**	

13	**B2_Girl_206**	Please specify the violence experienced (Select those that apply to you)	Physical violence (e.g. shoving; hitting)	1			
13	**B2_Girl_217**	Please specify the violence experienced (Select those that apply to you)	Psychological violence (e.g. name-calling)	2			
13	**B2_Girl_232**	Please specify the violence experienced (Select those that apply to you)	Sexual violence (e.g. rape)	3			
13	**B2_Girl_13**	Please specify the violence experienced (Select those that apply to you)	Abuse or negligence (e.g. depriving dependent children)	4			
13	**B2_Girl_67**	Please specify the violence experienced (Select those that apply to you)	Economic abuse (e.g. preventing independent use of money)	5			
13	**B2_Girl_46**	Please specify the violence experienced (Select those that apply to you)	Corporal punishment	6			
13	**B2_Girl_53**	Please specify the violence experienced (Select those that apply to you)	Cyberbullying/online	7			
14	**B3a_Girl**	How many times have you experienced the forms of violence you have selected: Physical violence (e.g. shoving; hitting)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	**B2_Girl <> Physical violence (e.g. shoving; hitting)**		

			SKIPE BY PARTICIPANTS	43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
15	**B3b_Girl**	How many times have you experienced the forms of violence you have selected: Psychological violence (e.g. name-calling)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	**B2_Girl <> Psychological violence (e.g. name-calling)**		

			SKIPE BY PARTICIPANTS	39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
16	**B3c_Girl**	How many times have you experienced the forms of violence you have selected: Sexual violence (e.g. rape)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	**B2_Girl <> Sexual violence (e.g. rape)**		

			SKIPE BY PARTICIPANTS	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
17	**B3d_Girl**	How many times have you experienced the forms of violence you have selected: Abuse or negligence (e.g. depriving dependent children)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	**B2_Girl <> Abuse or negligence (e.g. depriving dependent children)**		

			SKIPE BY PARTICIPANTS	31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
18	**B3e_Girl**	How many times have you experienced the forms of violence you have selected: Economic abuse (e.g. preventing independent use of money)	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	**B2_Girl <> Economic abuse (e.g. preventing independent use of money)**		

			SKIPE BY PARTICIPANTS	27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
19	**B3f_Girl**	How many times have you experienced the forms of violence you have selected: Corporal punishment	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	**B2_Girl <> Corporal punishment**		

			SKIPE BY PARTICIPANTS	23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
20	**B3g_Girl**	How many times have you experienced the forms of violence you have selected: Cyberbullying/online	COUNT (HOW MANY TIMES)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	**B2_Girl <> Cyberbullying/online**		

			SKIPE BY PARTICIPANTS	19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
21	**B4_Girl_22**	Where did the violence happen? (Select those that apply to you)	At school	1			
21	**B4_Girl_159**	Where did the violence happen? (Select those that apply to you)	On the way to and from school	2			
21	**B4_Girl_20**	Where did the violence happen? (Select those that apply to you)	At my home	3			
21	**B4_Girl_90**	Where did the violence happen? (Select those that apply to you)	Friend home	4			
21	**B4_Girl_75**	Where did the violence happen? (Select those that apply to you)	Family home	5			
21	**B4_Girl_190**	Where did the violence happen? (Select those that apply to you)	Park	6			
21	**B4_Girl_133**	Where did the violence happen? (Select those that apply to you)	Mall	7			

21	**B4_Girl_220**	Where did the violence happen? (Select those that apply to you)	Public toilets	8			
21	**B4_Girl_177**	Where did the violence happen? (Select those that apply to you)	Other Public spaces	9			
21	**B4_Girl_125**	Where did the violence happen? (Select those that apply to you)	Internet/ online	10			
21	**B4_Girl_999**	Where did the violence happen? (Select those that apply to you)	SKIPE BY PARTICIPANTS	999			
22	**B5_Girl**	What time did the violence happen?	Morning During the day Evening At Night SKIPE BY PARTICIPANTS	1 2 3 4 999			
23	**B6_Girl**	Do you know the person who hurt you/committed form of violence?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> B8_Girl**	
24	**B7_Girl**	Can you tell me who they are?	Peer (s) Parents /guardian Family member (i.e. aunts, uncles, nieces) Brothers/sister Partner (boyfriend/girlfriend) Teacher Stranger Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 999			
25	**B8_Girl**	Did you tell anyone that the violence happened to you?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> B13_Girl**	
26	**B9_Girl**	Did you tell them who the perpetrator was	Yes No SKIPE BY PARTICIPANTS	1 2 999			
27	**B10_Girl_243**	If yes: who did you tell about the violence (you may select multiple options)	Teacher	1			
27	**B10_Girl_213**	If yes: who did you tell about the violence (you may select multiple options)	Principal	2			
27	**B10_Girl_183**	If yes: who did you tell about the violence (you may select multiple options)	Parent/guardian	3			
27	**B10_Girl_234**	If yes: who did you tell about the violence (you may select multiple options)	Sibling	4			
27	**B10_Girl_87**	If yes: who did you tell about the violence (you may select multiple options)	Friend	5			
27	**B10_Girl_39**	If yes: who did you tell about the violence (you may select multiple options)	Community leader (priest, ward counsellor etc.)	6			
27	**B10_Girl_211**	If yes: who did you tell about the violence (you may select multiple options)	Police officer	7			
27	**B10_Girl_102**	If yes: who did you tell about the violence (you may select multiple options)	Health Care provider	8			
27	**B10_Girl_175**	If yes: who did you tell about the violence (you may select multiple options)	Other	9			
27	**B10_Girl_999**	If yes: who did you tell about the violence (you may select multiple options)	SKIPE BY PARTICIPANTS	999			
28	**B11_Girl**	Who did you formally (file a complaint) report the violence to	Health care Teacher Police	1 2 3			

			Social worker SKIPE BY PARTICIPANTS	4 999			
29	**B12_Girl**	Was the offender arrested?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
30	**B13_Girl**	Please tell us why you did not report the violence?	Fear of not being believed or being accused of lying Feelings of shame, guilt, humiliation and embarrassment Fear of upsetting the stability of the family The abuser threatened me not to tell Fear of loss of financial support by the abuser I did not know who to report it to SKIPE BY PARTICIPANTS	1 2 3 4 5 6 999			
31	**B14_Girl**	If sexual violence (in B2), were you referred to the clinic for post exposure prophylaxis (PEP)/treatment? ? (PEP is an ARV drug given to people exposed to HIV risk within 72 hours of exposure for 28 days and tested negative to HIV during the test period)	Yes No SKIPE BY PARTICIPANTS	1 2 999			
32	**B15_Girl**	In the past year, has anyone of the opposite sex touched you inappropriately? (i.e. sensitive or private body parts that make you uncomfortable) if yes, initiate the distress protocol and alert GAP year mentor and social worker for referral	Yes No SKIPE BY PARTICIPANTS	1 2 999			
33	**B16_Girl**	If given the support and opportunity, will you consider reporting the violence (if yes, initiate the distress protocol and alert GAP year mentor and social worker for referral)	Yes No SKIPE BY PARTICIPANTS	1 2 999			
34	**B17_Girl**	If you have experienced cyberbullying	Email Twitter Instagram Whatsapp Phone call Youtube Facebook Snapchat Mxit Not experience cyberbullying Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 9 10 999			
35	**B18_Girl**	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**B17_Girl <> Other**		
36	**B19_Girl**	Did you report the cyber bullying?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
37	**B20_Girl**	Who was the person who cyberbullied you?	Friend Peer (someone you go to school with) Partner Stranger Don't know Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 999			

38	**B21_Girl**	Have you hit your partner when she/he did something wrong?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
40	**C1_Girl**	Have you ever used any prevention (contraceptive method)?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> C9_Girl**	
41	**C2_Girl_43**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Condoms	1			
41	**C2_Girl_122**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Injection	2			
41	**C2_Girl_208**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Pill	3			
41	**C2_Girl_257**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Vaginal ring	4			
41	**C2_Girl_71**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Emergency contraceptives (morning after pill)	5			
41	**C2_Girl_120**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Implant	6			
41	**C2_Girl_127**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Intrauterine Device (IUD)	7			
41	**C2_Girl_11**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Abstinence	8			
41	**C2_Girl_252**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Thigh sex	9			
41	**C2_Girl_263**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	Withdrawal	10			
41	**C2_Girl_999**	If yes, which prevention (contraceptive) method have you used (Tick those that are apply to you)	SKIPE BY PARTICIPANTS	999			
42	**C3_Girl**	Are you currently using any prevention (contraceptive) method to avoid falling pregnant?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
43	**C4_Girl_43**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Condoms	1			
43	**C4_Girl_122**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Injection	2			
43	**C4_Girl_208**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Pill	3			
43	**C4_Girl_257**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Vaginal ring	4			
43	**C4_Girl_71**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Emergency contraceptives (morning after pill)	5			
43	**C4_Girl_120**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Implant	6			
43	**C4_Girl_127**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Intrauterine Device (IUD)	7			
43	**C4_Girl_11**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to	Abstinence	8			

		you)					
43	**C4_Girl_252**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Thigh sex	9			
43	**C4_Girl_263**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	Withdrawal	10			
43	**C4_Girl_999**	If yes, please specify the prevention (contraceptive) method you are currently using (Tick those that apply to you)	SKIPE BY PARTICIPANTS	999			
44	**C5_Girl**	How long have you been using this method?	COUNT (MONTHS)	1-3 months 4-6 months 7-9 Months 10-12 Months More than 12 months 999			

			SKIPE BY PARTICIPANTS				
45	**C6_Girl**	Was it your choice to start using prevention (contraceptive) method?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**Yes--> C9**	
46	**C7_Girl**	If no, who made the decision for you	Parents Aunt /grandmother Partner Other SKIPE BY PARTICIPANTS	1 2 3 4 999		**other--> C8**	
47	**C8_Girl**	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**C7_Girl <> Other**		
48	**C9_Girl**	Have you heard of the term HIV? (use local terms)	Yes No SKIPE BY PARTICIPANTS	1 2 999			
49	**C10_Girl**	Have you ever been tested for HIV?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> C19**	
50	**C11_Girl**	How many HIV tests have you had in the last 12 months?	Once Twice More than three times SKIPE BY PARTICIPANTS	1 2 3 999			
51	**C12_Girl**	Were you told the results of your last HIV test?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> C19**	
52	**C13_Girl**	Have you told anyone the results of your HIV test?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
53	**C14_Girl**	If yes, who did you tell?	Parent Partner (boyfriend/girlfriend) Friend Other SKIPE BY PARTICIPANTS	1 2 3 4 999			
53a	**C19_Girl**	Are you able to talk to your parents about dating and what's going on with your body?	Yes No Skip by participants	1 2 999			
53b	**C20_Girl**	If no tell of us why you can't speak to your parents					
55	**D1_Girl**	Are you dating or in a relationship?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D5_Girl**	
56	**D2_Girl**	Which age category does your partner belong to?	Younger than me Same age as me 1-2 years older	1 2 3			

			3-5 years older 5-10 years older More than 10 years older I don't know SKIPE BY PARTICIPANTS	4 5 6 7 999			
57	**D3_Girl**	Are you also dating someone else?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
58	**D4_Girl**	How would you describe your relationship with your partner(s)?	Casual Serious SKIPE BY PARTICIPANTS	1 2 999			
59	**D5_Girl**	How many partners have you had in your life?	COUNT (HOW MANY PARTNERS) SKIPE BY PARTICIPANTS	 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 999			
60	**D6_Girl**	Have you ever had sex?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D34_Girl**	
61	**D7_Girl**	If yes, how old were you when you first time you had sex?	COUNT (AGE)	7 8 10 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27			

			SKIPE BY PARTICIPANTS	28 29 30 999			
62	**D8_Girl**	Did you initiate the sex?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**Yes --> D10_Girl**	
63	**D9_Girl**	If No, what happened	I was convinced by my partner I was forced I don't remember SKIPE BY PARTICIPANTS	1 2 3 999			
64	**D10_Girl**	How did you feel about it?	I regretted it I did not regret it Not sure SKIPE BY PARTICIPANTS	1 2 3 999			
65	**D11_Girl**	On that first time, did you or partner use a condom?	Yes No I can't remember SKIPE BY PARTICIPANTS	1 2 3 999			
66	**D12_Girl**	Did you have a few drinks before having sex?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D14_Girl**	
67	**D13_Girl**	If yes, how many drinks did you have?	One 1-3 Greater than 3 SKIPE BY PARTICIPANTS	1 2 3 999			
68	**D14_Girl**	Did you take drugs before having sex?	Yes No Can't remember SKIPE BY PARTICIPANTS	1 2 3 999		**No --> D18_Girl**	
69	**D15_Girl**	If yes, what did you take?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
70	**D16_Girl**	If no, please tell us why?	Wait for the right moment Don't feel ready Sex before marriage is wrong Afraid of getting pregnant Afraid of getting HIV Wait until marriage Wait until I find someone suitable Other reasons SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 999			
71	**D17_Girl**	Others, Specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**D16_Girl <> Other reason**		
72	**D18_Girl**	Have you ever discussed contraception with your partner?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D24_Girl**	
73	**D19_Girl**	If yes, did you discuss contraception or having safe sex before or after you first had sex?	Before first sex After first sex SKIPE BY PARTICIPANTS	1 2 999			
74	**D20_Girl**	What method did you use, you may select more than one	Condom Pill Injection Withdrawal (i.e. pulling out of penis) IUD	1 2 3 4 5 6			

			Thigh sex Morning after pill Other SKIPE BY PARTICIPANTS	7 8 999			
75	**D21_Girl**	Whose decision was it to use this method?	My decision His/her decision Joint decision SKIPE BY PARTICIPANTS	1 2 3 999			
76	**D22_Girl_44**	Think about the last time you used contraception, where did you get it from? (circle only one)	Corner Shop	1			
76	**D22_Girl_203**	Think about the last time you used contraception, where did you get it from? (circle only one)	Pharmacy	2			
76	**D22_Girl_93**	Think about the last time you used contraception, where did you get it from? (circle only one)	Garage	3			
76	**D22_Girl_221**	Think about the last time you used contraception, where did you get it from? (circle only one)	Public/government clinic	4			
76	**D22_Girl_215**	Think about the last time you used contraception, where did you get it from? (circle only one)	Private Clinic	5			
76	**D22_Girl_88**	Think about the last time you used contraception, where did you get it from? (circle only one)	Friend	6			
76	**D22_Girl_63**	Think about the last time you used contraception, where did you get it from? (circle only one)	Don't know	7			
76	**D22_Girl_174**	Think about the last time you used contraception, where did you get it from? (circle only one)	Other	8			
76	**D22_Girl_999**	Think about the last time you used contraception, where did you get it from? (circle only one)	SKIPE BY PARTICIPANTS	999			
77	**D23_Girl**	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**D22_Girl <> Other**		
78	**D24_Girl**	In the last 3 month, have you had sex?	Yes No Do not want to answer SKIPE BY PARTICIPANTS	1 2 3 999			
79	**D25_Girl**	If yes, at your last sex act, did you use a condom?	Yes No Can't remember SKIPE BY PARTICIPANTS	1 2 3 999			
80	**CHECK_D26**	Only if yes in D6; If no, skip to D35	YES NO	1 2			
81	**D26_Girl**	Have you ever been pregnant?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D34_Girl**	
82	**D27_Girl**	How old were you when you found out you were pregnant?	COUNT (AGE)	9 10 11 12 13 14 15 16 17 18 19 20 21 22			

			SKIPE BY PARTICIPANTS	23 24 25 26 27 28 29 30 999			
83	**D28_Girl**	What happened to the pregnancy?	Currently pregnant Terminated Miscarriage Live-birth SKIPE BY PARTICIPANTS	1 2 3 4 999		Currently pregnant & miscarriage **->D33** **Terminated --> D29_Girl** **Live-birth --> D32_Girl**	
84	**D29_Girl**	If you terminated the pregnancy, where did you have this done?	Public clinic Private Clinic Other Back door SKIPE BY PARTICIPANTS	1 2 3 4 999			
85	**D30_Girl**	If others, please specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**D29_Girl <> Other**		
86	**D31_Girl**	Whose decision was it to terminate the pregnancy?	Mine Partner Parent SKIPE BY PARTICIPANTS	1 2 3 999			
87	**D32_Girl**	If live birth, where is the baby now?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
88	**D33_Girl**	In the last 3 months have you had a pregnancy test?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
89	**D34_Girl**	Some people pay money or give gifts in exchange for sex. Has this ever happened to you?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D43_Girl**	
90	**D35_Girl**	If yes, would you call this person your blesser?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> D43_Girl**	
91	**D36_Girl**	If yes, how long have you had a blesser?	COUNT (MONTHS)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14			

			SKIPE BY PARTICIPANTS	15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 999			
92	**D37_Girl**	How old is the blesser?	DON'T KNOW COUNT (AGE)	8888 15 16 17 18 19 20 21 22 23			

				24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81			

			SKIPE BY PARTICIPANTS	82 83 84 85 86 87 88 89 90 999			
93	**D38_Girl**	Where did you meet him/her? (name the place)	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
94	**D39_Girl**	What has he/she 'given' you with?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
95	**D40_Girl**	What did they expect from you?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
96	**D41_Girl**	~~Since you have been 'blessed',~~ what have you actually given in return?	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
97	**D42_Girl**	Do you feel you can control the decisions made in this relationship?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
98	**D43_Girl**	Do you feel any pressure from others to have sex?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> S_F_Girl**	
99	**D44_Girl_92**	If yes, from whom do you feel pressure (TICK all that apply)	Friends	1			
99	**D44_Girl_222**	If yes, from whom do you feel pressure (TICK all that apply)	Relatives	2			
99	**D44_Girl_185**	If yes, from whom do you feel pressure (TICK all that apply)	Parents	3			
99	**D44_Girl_193**	If yes, from whom do you feel pressure (TICK all that apply)	Partner	4			
99	**D44_Girl_171**	If yes, from whom do you feel pressure (TICK all that apply)	Other	5			
99	**D44_Girl_999**	If yes, from whom do you feel pressure (TICK all that apply)	SKIPE BY PARTICIPANTS	999			
100	**D45_Girl**	Others, Specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
102	**F1_Girl**	I think it is okay to beat up a partner if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999			
103	**F2_Girl**	I think it is okay to punch or hit my partner with something that hurts them if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999			
104	**F3_Girl**	I think it is okay to use a knife or another weapon against my partner if they do something wrong	Agree Disagree Don't know SKIPE BY PARTICIPANTS	1 2 7 999			
105	**F4_Girl**	I think is okay to force someone to have sex if they don't	Agree	1			

		want to	Disagree Don't know SKIPE BY PARTICIPANTS	2 7 999			
108	**E1_Girl**	Do you know what menstruation is/means?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
109	**E2_Girl**	Has anyone spoken to you about menstruation?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> E5_Girl**	
110	**E3_Girl**	If someone has spoken to you about menstruation, who was it?	Mother Father Grandmother Brother Sister Aunt Teacher Health care worker Friend No one Other SKIPE BY PARTICIPANTS	1 2 3 4 5 6 7 8 9 10 11 999			
111	**E4_Girl**	If other, please specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**E3_Girl <> Other**		
112	**E5_Girl**	Have you started menstruating (bleeding every month)	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> EndSurvey**	
113	**E6_Girl**	Which products do you use when you have your period?	Disposable pads Washable or reusable pads Tampons Menstrual cup Other SKIPE BY PARTICIPANTS	1 2 3 4 5 999			
114	**E7_Girl**	Please specify if other	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**E6_Girl <> Other**		
115	**E8_Girl**	Do you ever stay away from school when you are having your period?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> E15_Girl**	
116	**E9_Girl**	If yes, how many days a month do you stay away from school because of your period?	One day 2-5 days 5 -15 days >15 days or more SKIPE BY PARTICIPANTS	1 2 3 4 999			
117	**E10_Girl**	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999			
118	**E11_Girl**	Did you tell someone why you were staying away?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
119	**E12_Girl**	Who did you tell? (Please specify)	TextIN (free Text) SKIPE BY PARTICIPANTS	 999			
120	**E13_Girl**	Why did you stay away from school during your period?	Period pain Depression Anxiety Shame/embarrassed Scared	1 2 3 4 5			

			Fatigue Heavy flow Nausea/vomiting No sanitary products Don't know Other SKIPE BY PARTICIPANTS	6 7 8 9 10 11 999			
121	**E14_Girl**	If other, specify	TextIN (free Text) SKIPE BY PARTICIPANTS	TextIN (free Text) 999	**E13_Girl <> Other**		
122	**E15_Girl**	When you are having your period, do you still take part in playing sport and/or extra mural activities	Yes No SKIPE BY PARTICIPANTS	1 2 999			
123	**E16_Girl**	Do you fall behind with your school work?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
124	**E17_Girl**	Do you think having a period makes school more difficult for you?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
125	**E18_Girl**	Do you think you are dirty when you are having your period?	Yes No SKIPE BY PARTICIPANTS	1 2 999			
126	**E19_Girl**	Have you ever missed school because you were on your period and did not have sanitary items?	Yes No SKIPE BY PARTICIPANTS	1 2 999		**No --> EndSurvey**	
127	**E20_Girl**	If yes, how many days have you missed school in the past 3 months because of no sanitary items?	One day 2-5 days 5 -15 days >15 days or more SKIPE BY PARTICIPANTS	1 2 3 4 999			