

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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WORK RECORD AND IDENTIFICATION		
	<i>NAME</i>	<i>DATE</i>
Interviewed by		<i>Month</i> <i>Year</i>
Supervised and Field Edited by		<i>Month</i> <i>Year</i>
Office Edited by		<i>Month</i> <i>Year</i>
Coded by		<i>Month</i> <i>Year</i>
Entered by		<i>Month</i> <i>Year</i>
Interviewed by		<i>Month</i> <i>Year</i>

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Fact Sheet FOR INDIVIDUAL ADOLESCENT QUESTIONNAIRE				
SAMPLE IDENTIFICATION				
Household Questionnaire Number		Household ID Number		
District		Sub-District		
Union		Village		
Address (para, _____ road) _____				
INTERVIEW INFORMATION				
Interviewer Visits	1	2	3	4
Date	<i>Day</i> <i>Month</i>	<i>Day</i> <i>Month</i>	<i>Day</i> <i>Month</i>	<i>Day</i> <i>Month</i>
Interviewer's CODE				
Result <i>USE RESULT CODE</i>				
Time Started	■	■	■	■
Time Stopped	■	■	■	■
RESULT CODE:	Completed Not Available Refused/Deferred Interrupted	1 2 3 4		

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Section 0 RESPONDENT DETAILS

#	QUESTION	RESPONSE	SKIP																
01	Enumerator: Enter this adolescent's person ID from the household roster, STEP 1	<i>ID HH Roster STEP 1: _____</i>																	
02	What is your relationship to the head of the household?	<table> <tr> <td>Daughter</td> <td>1</td> </tr> <tr> <td>Sister</td> <td>2</td> </tr> <tr> <td>Cousin</td> <td>4</td> </tr> <tr> <td>Niece</td> <td>5</td> </tr> <tr> <td>Grandchild / Grand niece</td> <td>6</td> </tr> <tr> <td>Servant/employee/Apprentice</td> <td>7</td> </tr> <tr> <td>_____ Other</td> <td></td> </tr> <tr> <td>(specify)</td> <td>97</td> </tr> </table>	Daughter	1	Sister	2	Cousin	4	Niece	5	Grandchild / Grand niece	6	Servant/employee/Apprentice	7	_____ Other		(specify)	97	
Daughter	1																		
Sister	2																		
Cousin	4																		
Niece	5																		
Grandchild / Grand niece	6																		
Servant/employee/Apprentice	7																		
_____ Other																			
(specify)	97																		
03	How old are you?	<i>Years old</i>																	
04	ENUMERATOR CHECK: How old is the respondent?																		
	Under 10 Years old.....1 → TERMINATE INTERVIEW NOW																		
	Between 10 and 19 years old.....2 → NEXT Section I, Question 100																		
	Over 19 years Old.....3 → TERMINATE INTERVIEW NOW																		

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Section I. EDUCATION

#	QUESTION	RESPONSE	SKIP									
ENUMERATOR, PLEASE READ OUT TO THE INTERVIEWEE: I am now going to ask you to complete some math and reading questions You can take as long as you need to answer these questions Your answers are completely confidential No one you know will have access to your answers. Your name will not appear on the questionnaire or in any of the reports I will not share any of the information with your parents or any other adult in this area Do you have any questions? ENUMERATOR, PLEASE WAIT FOR RESPONSE. IF YES ANSWERS THE QUESTIONS. IF NO, GIVE HANDOUT WITH THE QUESTIONS AND BEGIN THE LITERACY TEST												
MARKING LIST												
Question	1	2	3	4	5	6	7	8	9	10	11	12
Marks												
Total Score for Questions 1 to 4					Total Score for Questions 5 to 12							
100	Have you ever attended school?					Yes 1 No 2					2 → 201	
101	What is the highest class that you have passed? USE CODE 110, BELOW					Class Code:						
102	Was this school/college for girls or for both boys and girls?					Girls 1 Boys and girls 2						
103	Are you currently enrolled in school?					Yes 1 No 2					2 → 201	
104	How far is the school from your house?					kilometers						
105	How long does it take to reach school if you walk?					Hours Min						
106	Were you absent from school during last week							Yes 1 No 2		2 → 109		

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#	QUESTION	RESPONSE		SKIP
107	How many days were you absent from school during the last week? (Do not count public holidays)	days		
108	What was the MAIN reason for your absence last week? Circle most relevant option	Working in household business Working in the Household Working to earn money outside household I am not doing well at school Cannot afford school fees, books, etc. School closed / teacher absent Quality of instruction is poor Inadequate facilities at school Menstruation I was sick Someone in my family was sick To attend a festival To attend family event (wedding, funeral, etc.) I don't want to attend school My parents dont want me to attend school Religious reason No one to accompany me to school _____ Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 18 19 97	
109	What is the highest LEVEL of education you would like to complete? USE CODE 102, BELOW	Class Code:		
110	What is the highest LEVEL of education that you EXPECT to complete? USE CODE 102, BELOW	Class Code:		
Enumerator CHECK: Is 110 LESS THAN 109?		Yes No	1 2	2 → 201
111	Why do you expect to stop schooling early? CIRCLE THE MAIN REASON	Parents would not approve Relatives would not approve Others in village (not family) would not approve Husband / In-laws would not approve I Cannot afford the tuition School/college is too far Have to start working to earn money Family responsibilities Doubt my own abilities to study _____ Other (Specify)	1 2 3 4 5 6 7 8 9 97	

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#	QUESTION	RESPONSE	SKIP
CODE 110: Class Codes or Levels of Education Completed			
0=No Class Passed 1=Class one 2=Class two 3=Class three 4=Class four 5=Class five	6=Class six 7=Class seven 8=Class eight 9=Class Nine 10=SSC or equivalent 11=HSC or first year	12=HSC or equivalent 13=Honors (1 st year) 14=Honors (2nd year/Pass) 15=Honors or preliminary 16=BA passed	17= MA passed 50=Hafezi/religious education 51=Other_____ 98=No applicable

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Section II. ACTIVITY LIST – TIME SPENT

#	QUESTION	RESPONSE	SKIP
201	How much time did you spend on each of the following activities yesterday?		
	(201A)	(201B)	(201C)
	Activity	Hours	Minutes
201.1	Colleting water		
201.2	Collecting fuel (firewood, etc.)		
201.3	Cooking		
201.4	Cleaning		
201.5	Caring for family		
201.6	Working on family farm		
201.7	Tending family animals		
201.8	Working in family business		
202	When was the last time you spoke with your parents or adult relatives about a problem or concern you had?	Today 1 Yesterday 2 Less than a week ago 3 Less than a month ago 4 Less than a year ago 5 More than a year ago 6 Never 7	
203	When was the last time you studied (school work, literacy/training program)?	Today 1 Yesterday 2 Less than a week ago 3 Less than a month ago 4 Less than a year ago 5 More than a year ago 6 Never 7	
204	When was the last time you read non-school book or materials, including books, magazines, or newspapers?	Today 1 Yesterday 2 Less than a week ago 3 Less than a month ago 4 Less than a year ago 5 More than a year ago 6 Never 7	
205	When was the last time you played with or talked to friends or siblings?	Today 1 Yesterday 2 Less than a week ago 3 Less than a month ago 4 Less than a year ago 5 More than a year ago 6 Never 7	

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#	QUESTION	RESPONSE	SKIP
206	When was the last time you watched TV or listened to radio?	Today Yesterday Less than a week ago Less than a month ago Less than a year ago More than a year ago Never	1 2 3 4 5 6 7
207	When was the last time you spent time pursuing your hobby (knitting, stitching, drawing, painting, etc)?	Today Yesterday Less than a week ago Less than a month ago Less than a year ago More than a year ago Never	1 2 3 4 5 6 7

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Section III. ECONOMIC OPPORTUNITY

301	Have you received any training (from government, NGO, private trainer, employer, school) for a specific job?	Yes No	1 2	2→304
302	What type of training have you received?	Poultry raising Cattle raising Fish farming Better farming practices Horticulture Cooking/food preparation Tailoring Embroidery Handicrafts Fishnet making Basket making Candle making Beautician Photography Typing Literacy skills (reading, writing) Language skills _____ Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 97	
303	From whom did you receive your training	As part of "practical subjects" at school From government training program/institution From NGO training program/institution From employment agency/recruiter On the job training from employer Apprentice training from a "master" artisan From parents/siblings/relatives _____ OTHER (Specify)	1 2 3 4 5 6 7 97	
304	Were there direct fees charged for your training?	Yes No, training was free of charge Not Sure	1 2 96	
305	Where did the money to pay the training fees come from	Provided indentured labor during and after training Education loan From my parent's earnings I earned it from my work From my siblings's earnings From unrelated private donor From NGO/Govt. program Don't know _____ Other (Specify)	1 2 3 4 5 6 7 96 97	

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306	What type of training would you like receive?	Poultry raising 1 Cattle raising 2 Fish farming 3 Better farming practices 4 Horticulture 5 Cooking/food preparation 6 Tailoring 7 Embroidery 8 Handicrafts 9 Fishnet making 10 Basket making 11 Candle making 12 Beautician 13 Photography 14 Typing 15 Literacy skills (reading, writing) 16 Language skills 17 _____ Other 97 (Specify)	
307	What type of Income generating activities are available in this area for girls your age? Choose up to 5 from the Code 300C, below	<i>First Occupation Code:</i> <i>Second Occupation Code:</i> <i>Third Occupation Code:</i> <i>Fourth Occupation Code:</i> <i>Fifth Occupation Code:</i>	
308	Have you ever worked for pay?	Yes 1 No 2	2 → 401
309	How old were you when you started working for pay?	Years Old	

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310	Have you worked for pay during the last 12 months?					Yes	1	2→401
						No	2	
311	Please tell me about your work activity in the last 12 months							
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
	Activity Description	Employment Type	Occupation	How many months did you do this activity in the past 12 months	During a normal week, how many days did you work per week	During normal week, how many hours did you work per day	How much do you earn on an average per month from this activity	
	<i>Use Code 300A</i>	<i>Use Code 300B</i>	<i>Use Code 300C</i>	<i>Months</i>	<i>Days/week</i>	<i>Hrs/day</i>	<i>Use Code 300G</i>	
1								
2								
3								
Code 300A Activity Description		Code 300B Employment Type	Code 300C Occupation			Code 300G Monthly Earnings in Taka		
1= Home-based employment – part-time 2= Home-based employment – full-time 3= Part-time employment – outside the home 4= Full-time employment– outside the home 95 = Not applicable		1= Wage employment (work for a daily/weekly wage) 2= Self employed (work for oneself / household) 3= Salaried employee	1 = Agricultural work on own farm 2 = Agricultural wage labor (Others' farm) 3 = Share cropper / cultivate plot owned by others 4 = Poultry rearing 5 = Cattle raising 6 = Fish cultivation 7 = Tailoring (to sell) 8 = Embroidery (to sell) 9 = Handicrafts 10= Beautician 11= Giving tuitions			12 = House-hold help 13 = Polli Phone 14 = Photography 15 = Selling cloth 16 = Candle making 17 = Typing 18 = Computer 19 = Electronic repair 20 = Construction work 21 = Factory work 22 = Transport 23 = Basket making 24 = Fishnet making		1= Tk 100–500 2= Tk 500–1000 3= Tk 1000 – 1500 4= Tk 1500 – 2000 5= Tk 2000 – 2500 6= Tk 2500 – 3000 7= Tk 3000 – 4000 8= Tk 4000 – 5000 9= Tk 5000–10,000 10= More than Tk 10,000

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Section IV. CREDIT

#	QUESTION	RESPONSE	SKIP
401	Have you ever borrowed money on credit?	Yes No	1 2 2 → 407
402	Have you borrowed money on credit over the last 12 months?	Yes No	1 2 2 → 407
403	How much money did you borrow in the last one year? (SPECIFY AMOUNT)	_____Taka	
404	Who did you borrow it from?	Commercial Bank 1 Government Bank 2 Local MFI 3 Cooperative 4 NGO 5 Money lender 6 Middleman/trader 7 Agro-processors 8 Parents 9 Relatives 10 Neighbors 11 Friends 12 Social welfare 97 _____Other (Specify)	
405	How long ago did you start borrowing?	Months Ago	
406	What was the purpose behind taking the loan?	Income generation activity 1 Agricultural activity 2 Buying Cattle / poultry 3 Buying durable goods 4 Buying Machinery / equipment 5 Buying land 6 Improvements to house 7 Household consumption 8 Household emergency 9 House repair 10 Education (Own) 11 Education (siblings / relatives) 12 Marriage (siblings / relatives) 13 Medicine / hospitalization (Own) 14 Medicine / hospitalization (siblings / relatives) 15 Travel 16 Loan repayment 17 Personal consumption 18 _____Other 97 (Specify)	

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407	Do you currently put money away?	Yes No	1 2	2→501
408	In what form do you put money away	Cash MFI NGO Post Office Co-operatives Own House Give it to mother/father Deposit Box at Home Rural Bank Chit Fund Jewelry _____ (Specify)	1 2 3 4 5 6 7 8 9 10 11 97	
409	How long ago did you start saving?	_____ Months Ago		
410	On an average, how much do you put away per month?	_____ Taka		
411	How would you describe the decision about how to use the money you put away?	I decided without discussing with anyone I decided after discussing with parents/relatives I and my parents/relative decided jointly My parents/relatives decided how to	1 2 3 4	
412	How have you used/are you planning to use the money you put away	Use as personal security Start/expand OWN income generation activity Start/expand RELATIVE's income generation activity Education Pay for future employment Own Marriage Brother / sister's marriage Personal expenses Saving for a close relative (parents, siblings, etc) Household use House repair Emergency use (own) Emergency use (family) Medicine / hospitalization Festival Travel _____ (Specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 97	

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Section V. MOBILITY

#	QUESTION	RESPONSE	SKIP
501	Do you ever use purdah when you go outside the house?	Yes No	1 2 2→505
502	What type of purdah do you use?	Burkha Scarf or Urna Head to covered by Sari Nikab	1 2 3 4
503	Under what circumstances do you use purdah?	Sometimes I use purdah inside the bari Only when leaving bari Only when leaving para Only when leaving village _____ Other (Specify)	1 2 3 4 97
504	Do your parents insist that you wear purdah?	Yes No	1 2
505	What are the benefits of wearing purdah?	I feel more comfortable mentally when I wear it It conveys my religious principals It protects me from verbal harrassment It protect me from physical harrassment It helps me maintain my reputation People treat me with more kindness/respect It helps me gain admittance into certain places Keeps me from drawing attention /being stared at There are no benefits to wearing purdah _____ Other (Specify)	1 2 3 4 5 6 7 8 9 97
506	Are you allowed to go alone to school?	Yes No Don't attend school	1 2 3
507	Tells us about the place you have visited in the last 7 days		
	Place	How many times alone	How many times accompanied by a friend
507.1	Friends/relatives in your para		
507.2	Friends/relatives in your village		
507.3	Friends/relatives outside your village		
508	Have you ever played sports inside bari?	Yes No	1 2 2→512
509	Which sports?	Sport 1: Sport 2: Sport 3:	
Code 509: Sports and Games			

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#	QUESTION	RESPONSE	SKIP						
<table border="0"> <tr> <td style="vertical-align: top;"> Games 1 = Chess Indoor Sports 2 = Skipping 3 = Table Tennis 4 = Kumir Danga </td> <td style="vertical-align: top;"> Outdoor Sports – General 5 = Badminton 6 = Volleyball 7 = Field Hockey 8 = Netball 9 = Basketball 10 = Field Olympics (running, long jump, etc.) </td> <td style="vertical-align: top;"> Outdoor -Traditional 12 = Hadudu/Kabaddi 13 = Lukuchuri 14 = Satchara 15 = Ful tukka 16 = Dariyabandha 17 = Bouchi 18 = Gollachut </td> <td style="vertical-align: top;"> Outdoor -Traditional 19 = Borofpani 20 = Birinchi 21 = Kutkut 22 = Kanamachi 23 = Tillo 24 = Sologuti 25 = Bagh-chago </td> </tr> </table>				Games 1 = Chess Indoor Sports 2 = Skipping 3 = Table Tennis 4 = Kumir Danga	Outdoor Sports – General 5 = Badminton 6 = Volleyball 7 = Field Hockey 8 = Netball 9 = Basketball 10 = Field Olympics (running, long jump, etc.)	Outdoor -Traditional 12 = Hadudu/Kabaddi 13 = Lukuchuri 14 = Satchara 15 = Ful tukka 16 = Dariyabandha 17 = Bouchi 18 = Gollachut	Outdoor -Traditional 19 = Borofpani 20 = Birinchi 21 = Kutkut 22 = Kanamachi 23 = Tillo 24 = Sologuti 25 = Bagh-chago		
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510	Do you still play these sports?	Yes No	1 2 1→512						
511	When you stopped playing these sports, did you want to continue playing	Yes, I wanted to continue playing NO, I no longer wanted to play	1 2						
512	Have you ever played sports outside bari?	Yes No	1 2 2→601						
513	Which sports?	<table border="1"> <tr> <td>Sport 1:</td> <td></td> </tr> <tr> <td>Sport 2:</td> <td></td> </tr> <tr> <td>Sport 3:</td> <td></td> </tr> </table>	Sport 1:		Sport 2:		Sport 3:		
Sport 1:									
Sport 2:									
Sport 3:									
514	Do you still play these sports?	Yes No	1 2 1 →601						
515	When you stopped playing these sports, did you want to continue playing	Yes, I wanted to continue playing NO, I no longer wanted to play	1 2						

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Section VI. ATTITUDES, PERCEPTIONS, FAMILY RELATIONSHIPS AND GENDER ASPECTS

#	QUESTION	RESPONSE	SKIP
601	Do you agree or disagree with the following statement CIRCLE THE APPROPRIATE RESPONSE		
601.1	I feel safe to walk/move in my village/area alone during the day	Yes, I agree.....1 No, I disagree.....2	
601.2	For the most part, it is better to be a man than to be a woman	Yes, I agree.....1 No, I disagree.....2	
601.3	A girl should be allowed to study as much as she wants	Yes, I agree.....1 No, I disagree.....2	
601.4	My parents treat me the same as they treat my brothers MARK 95 If girl has NO BROTHERS	Yes, I agree.....1 No, I disagree.....2 No Brothers.....95	
601.5	Boys should be allowed to get more opportunities and resources for education than girls	Yes, I agree.....1 No, I disagree.....2	
601.6	Girls should be allowed to wear whatever they want without being harassed	Yes, I agree.....1 No, I disagree.....2	
601.7	Boys should be fed first and given more food compared to girls	Yes, I agree.....1 No, I disagree.....2	
601.8	Girls should be allowed to wear makeup	Yes, I agree.....1 No, I disagree.....2	
601.9	A husbands should be more educated than his wife	Yes, I agree.....1 No, I disagree.....2	
602	MENTAL HEALTH ASSESSMENT		
		A <i>How often did you experience the following during the past month?</i>	B <i>How much did this interfere with normal activities?</i>
602.1	Cried more than twice a week	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3
602.2	Felt sad more than I felt happy	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3
602.3	Did not feel like eating	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3

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#	QUESTION	RESPONSE		SKIP
602.4	Did not feel like working	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.5	Did not want to get out of bed in the morning	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.6	Did not want to see my friends	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.7	Woke up twice a night or could not get to sleep or woke up because I was worrying	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.8	Could not concentrate at school or on household work	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.9	Hopeless	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
602.10	Worthless	Never 1 Some of the time 2 → B Most of the time 3 → B	None.....1 A little.....2 A lot.....3	
603	Please tell me if you have ever discussed these topics with your parents or grown up			
	A	B	C	D
	Topic	Have you discussed the topic?	Would you feel comfortable discussing the topic?	Whom are you most comfortable talking about this topic with?
				<i>USE CODE 603</i>
603.1	Education goals	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next Row	
603.2	Changes to the body - puberty	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next Row	
603.3	Marriage – timing	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next Row	
603.4	Marriage – choice of groom	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next Row	
603.5	Marriage – dowry	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next Row	
603.6	Being harassed by someone at school or in town	Yes.....1 → D No.....2 → C	Yes.....1 → D No.....2 → Next 604	
CODE 603: Whom do you feel most comfortable discussing with				

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#	QUESTION	RESPONSE	SKIP
	1 = Father 2 = Mother 3 = Female relative, same age 4 = Male relative, same age 5 = Female relative, adult 6 = Male relative, adult 7 = Friends 8 = Teacher 9 = NGO worker/ Social worker/ Health worker 10 = Guardian		

#	QUESTION	RESPONSE	SKIP
604	How often did you pray in the last week?	More than once a day Daily Several times a week Once a week None	1 2 3 4 5
605	Compared to other families in your village, how religious would you describe your father as	More than most other fathers Same most other fathers Less than most other fathers Don't know	1 2 3 96
606	Compared to other families in your village, how religious would you describe your mother as	More than most other mothers Same most other mothers Less than most other mothers Don't know	1 2 3 96
607	Compared to other girls your age in this village, how religious would you describe yourself as	More than most other girls Same most other girls Less than most other girls Don't know	1 2 3 96
608	Last time your brother was sick, how we he first treated? IF GIRL HAS NO BROTHERS, CIRCLE 95	Home treatment Homeopath Ayurved/Kabiraji/Hekim Traditional/Spiritual/Faith Healer Govt. Doctor (Govt. Facility) Govt. Doctor (Private Facility) NGO health clinic Private doctor Pharmacist I have no brothers Don't know _____ Other (Specify)	1 2 3 4 5 6 7 8 9 95 96 97

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609	Last time you got sick, how were you first treated?	Home treatment 1 Homeopath 2 Ayurved/Kabiraji/Hekim 3 Traditional/Spiritual/Faith Healer 4 Govt. Doctor (Govt. Facility) 5 Govt. Doctor (Private Facility) 6 NGO health clinic 7 Private doctor 8 Pharmacist 9 _____ Other 97 (Specify)	
610	What earnings activity or occupation do you want to pursue?	Housewife 1 Helping out with family farm 2 Cattle rearing 3 Poultry rearing 4 Fish cultivation 5 Tailoring 6 Embroidery 7 Handicrafts 8 Other Home based crafts 9 Beautician 10 Giving tuitions 11 House-hold help 12 Polli Phone 13 Photography 14 Selling cloth 15 Candle making 16 Typing 17 Computer 18 Electronic repair 19 Teacher 20 NGO worker 21 Doctor 22 Engineer 23 Nurse 24 Lawyer 25 _____ Other 97 (Specify)	
611	Do you think that your parents would allow you to pursue this?	Yes 1 No 2	1 → 701
612	Why not?	Have to work at home 1 Others in village (not my family) will not approve 2 Relatives will not approve 3 Will delay marriage 4 Will increase dowry 5 Considered a taboo 6 Not secure to pursue work outside the house 7 _____ Other 97 (Specify)	

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Section VII. EXPECTATIONS ABOUT MARRIAGE

#	QUESTION	RESPONSE	SKIP
701	What do you think is the earliest age a girl should get married?	<p><i>Years old</i></p> <p>Any age is fine (no age too young) 95 Don't know 96 Not sure 99</p>	<p>96→ 703 99→ 703</p>
702	Why do you think that she should not be married before that? Circle 2 main reasons PLEASE ASK "WHAT ELSE?" UNTIL YOU GET 2 RESPONSES	<p>If she marries BEFORE that, she</p> <p>Won't be prepared mentally 1 Won't be prepared physically 2 Won't be ready to be mother 3 Will be below legal age of marriage 4 Will go against social custom 5 Won't be ready to run a family 6 Won't be able to finish her education 7 Won't be able to do housework 8 Her in-laws will treat her badly 9 Don't know 96</p> <p>_____ Other 97 (Specify)</p>	
703	What do you think is the latest age a girl should get married?	<p><i>Years old</i></p> <p>Any age is fine (no age too old) 95 Don't know 96 Not sure 99</p>	<p>96→ 705 99→ 705</p>
704	Why do you think that she should not be married after that? Circle 2 main reasons PLEASE ASK "WHAT ELSE?" UNTIL YOU GET 2 RESPONSES	<p>If she marries AFTER that, she</p> <p>Will have a dowry that's too high 1 Will have fewer choices of husband 2 Her reputation will suffer 3 Will have to work to help her parents support her 4 Will be a burden to her parents 5 She will have fewer children 6 Don't know 96</p> <p>_____ Other 97 (Specify)</p>	
705	At what age would you like to get married?	<p>I Don't know 96</p> <p>_____ Years Old</p>	
706	Do you think that you will be allowed to say no to a marriage proposal?	<p>Yes 1 No 2</p>	

ADOLESCENT QUESTIONNAIRE

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707	How much dowry do you think your family will need to pay?	No dowry Don't Know _____Taka	1 96	
708	How much <i>denmeher</i> do you think will be agreed to?	No <i>denmeher</i> Don't know _____Taka	1 96	
709	Would you get your marriage registered?	Yes No Don't know	1 2 96	
710	What are the advantages of marriage registration according to you?	To get a refund of the <i>denmeher</i> To get living cost for three months To get living cost of children Don't know _____Other (Specify)	1 2 3 96 97	
711	Do your marriage plans (time, choice of groom, dowry, etc.) depend on the marriage plans of your siblings?	Yes No	1 2	2→713
712	What specific aspects of your marriage depend on your siblings?	Time of marriage Choice of groom Location of marriage Amount of dowry _____Other (Specify)	1 2 3 4 97	
713	Would you want to pursue your education after marriage?	Yes No Don't Know	1 2 96	
714	Do you think you will be allowed to pursue your education after you get married?	Yes No Don't Know	1 2 96	1→716
715	What do you think is the MAIN REASON why you won't be allowed to pursue education after marriage?	Married girls not allowed to study after they get married Girl should not be more educated than her husband Girl should focus on housework not education after she gets married In-laws don't approve of education Husband does not approve of education Too much hassle in transferring school _____Other (Specify)	1 2 3 4 5 6 97	
716	Would you want to pursue an occupation after you get married?	Yes No Don't Know	1 2 96	
717	Do you think you will be allowed to pursue your occupation after you get married?	Yes No Don't Know	1 2 96	

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718	What according to you are some valid reasons for a woman to work outside home for money? Circle the most 3 preferred answers	There is no good reason Only temporarily in cases of emergency Permanently to increase family income TO be able to pay her own expenses To improve her social status For her mental satisfaction	1 2 3 4 5 6	
		_____ Other (specify) (Specify)	97	

ADOLESCENT QUESTIONNAIRE

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Section VIII. HEALTH

#	QUESTION	RESPONSE	SKIP						
801	How do you feel today?	<div style="text-align: right;"> Fine Tired / Weak Sick Extremely sick </div>	<div style="text-align: right;"> 1 2 3 4 </div>						
802	On most days of the last week, how did you feel?	<div style="text-align: right;"> Fine Tired / Weak Sick Extremely sick </div>	<div style="text-align: right;"> 1 2 3 4 </div>						
803	FOR THE NEXT 7 QUESTIONS PLEASE ASK ABOUT MOST SEVERE / PERSISTENT DISEASE IN THE LAST 30 DAYS								
803.1	Have you suffered from any symptoms of illness/injury in the past 30 days? USE CODE 1 BELOW	<div style="text-align: right;"> Yes No </div>	<div style="text-align: right;"> 1 2 2→804 </div>						
803.2	What symptoms did you suffer from? USE CODE 1 BELOW List UP TO 3	<table border="1"> <tr> <td>Symptom A Code:</td> <td></td> </tr> <tr> <td>Symptom B Code:</td> <td></td> </tr> <tr> <td>Symptom C Code:</td> <td></td> </tr> </table>	Symptom A Code:		Symptom B Code:		Symptom C Code:		
Symptom A Code:									
Symptom B Code:									
Symptom C Code:									
803.3	Have you sought any type of medical treatment related to your above mentioned health problems?	<div style="text-align: right;"> Yes No </div>	<div style="text-align: right;"> 1 2 1→803.5 </div>						
803.4	If not, why not? USE CODE 2 BELOW								
803.5	Did this illness/injury prevent you from attending school?	<div style="text-align: right;"> Yes No I am not in school </div>	<div style="text-align: right;"> 1 2 3 </div>						
803.6	Which of the following did you consult for this illness/ injury? USE CODE 3 BELOW LIST UPTO 3 in the order in which they were consulted	<table border="1"> <tr> <td>Illness/Injury A Code:</td> <td></td> </tr> <tr> <td>Illness/Injury B Code:</td> <td></td> </tr> <tr> <td>Illness/Injury C Code:</td> <td></td> </tr> </table>	Illness/Injury A Code:		Illness/Injury B Code:		Illness/Injury C Code:		
Illness/Injury A Code:									
Illness/Injury B Code:									
Illness/Injury C Code:									
803.7	How many days after the symptoms began did you first visit the provider?	_____ DAYS							
804	TELL US ABOUT YOUR LAST VISIT TO A HEALTH CARE PROVIDER								
804.1	When was the last time that you visited a healthcare provider?	Day:_____Month:_____Year:_____							
804.2	Who accompanied you to the provider? USE CODE 4 BELOW	CODE:_____							
804.3	What was the distance in kilometers to the provider?	_____Kms							
804.4	How much time did it take to reach the provider?	Hours:_____Minutes:_____							
804.5	How long did you have to wait to be examined?	Hours:_____Minutes:_____							
804.6	Why did you choose this provider? USE CODE 5 BELOW	Provider Code: _____							
804.7	Was the provider a man or a woman?	<div style="text-align: right;"> Man Woman </div>	<div style="text-align: right;"> 1 2 </div>						
804.8	Did you receive any medicines?	<div style="text-align: right;"> Yes No </div>	<div style="text-align: right;"> 1 2 2→ 901 </div>						

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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#	QUESTION	RESPONSE	SKIP
804.8	Where did you get the medicines from? USE CODE 6 BELOW	Code: _____	

Questionnaire serial number:

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Code 1: Symptoms of illness or injury					Code 2	
RESPIRATORY TRACT		GENERAL		PARASITIC		1 = Problem was not serious
Cold symptoms	1	Weakness/fatigue	18	Worms in stool	38	2 = Treatment cost too much
Dry cough	2	Headache	19	Fever with chills (Malaria)	39	3 = Distance is long
Cough with blood	3	Back ache	20	GENITO-URETHRA		4 = Afraid to find having a serious case
Blood in spit	4	Body ache	21	Bladder/Urinary Tract Infection		
Trouble breathing	5	Unexplained weight loss	22	Painful urination	40	5 = Afraid to take action
Chest pain	6	Unexplained Fever	23	Genital Ulcers	41	6 = Nobody at home paid any attention
Pneumonia	7	Night sweats	24	Acidity	42	7 = Nobody at home to take care of
Influenza	8	Swelling ankles	25	STIs		
Asthma	9	Eye problems	27	IMMUNIZABLE		8 = No one was there to accompany
GASTROINTESTINAL		Ear problems	28	Chicken pox	43	
Cholera		Skin problems	29	Measles	44	9 = It is a hassle to go outside
Typhoid	10	Dental problems	30	Mumps	45	10 = Didn't know where to go
Upper abdomen Pain	11	MUSCULOSKELTAL		Tetanus	46	11 = Other
Lower abdomen Pain	12	Physically Disabled	31	Yellow fever	47	
Vomiting	13	Broken bones	32	Micronutrient Lack		
Diarrhea	14	Convulsion	33	Anemia (iron)	48	
Blood in stool	15	Epilepsy	34	Goiter (iodine)	49	
Gastric ulcer	16	Memory loss	35	ARI	50	
	17	Full paralysis	36			
		Partial paralysis	37			

Code 3		Code 4	Code 5		Code 6
1 = Govt. Health Worker	8 = Doctor from	1 = Went Alone	1 = Short distance	6 = Quality of	1 = Govt. health
2 = NGO Health Worker	NGO Facility	2 = Father	2 = Acceptable	treatment	facilities
3 = Homeopath	9 = Doctor from	3 = Brother	cost	7 = Referred by	2 = NGO health
4 = Ayurved/Kabiraji	Private	4 = Husband	3 = Availability of	other	facilities
/Hekim	Facility	5 = Friend	doctor	provider	3 = Private health
5 = Traditional / Spiritual	10 = Salesman of	6 = Mother	4 = Availability of	8 = Referred by	facilities
/ Faith Healer	Pharmacy/Dis	7= Sister	female doctor	relatives /	4 = Other facility
6 = Govt. Doctor (Govt.	pensary	8 = Male relative	5 = Availability of	friends	staff
Facility)	11 = Village	9= Female Relative	equipment	9 = Reputation	5 = Pharmacy
7 = Govt. Doctor (Private	doctor			10 = Other	/dispensary
Facility)	12 = Other				6 = Other shop
					7 = Other

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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Section IX. NUTRITION

#	QUESTION	RESPONSE		SKIP
901	In your household, do you eat?	First Last With the women With all the household members	1 2 3 4	
902	Were there any days last week that you did not have enough to eat?	Yes No	1 2	2→1001
903	How often did you not have enough to eat in the last week?	_____ Days		
904	When you did not have enough to eat do you ask your parents / guardians for more food?	Yes No	1 2	2→906
905	What was their response when you asked for more food?	Always gave you more food Gave you more food if it was available Did not give you more food, but there was some Did not give me more food; there wasn't any Told me I should not ask for / eat more food _____ Other (Specify)	1 2 3 4 5 97	
906	Why didn't you ask them?	Afraid to ask There is not enough food in the house Prefer to remain hungry Was sick and didn't feel like eating _____ Other (Specify)	1 2 3 4 97	

Questionnaire serial number:

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Section X. MENSTRUATION

#	QUESTION	RESPONSE	SKIP
1001	Have you heard about menstruation?	Yes No	1 2 2→1201
1002	Have you started menstruating?	Yes No	1 2 2→1101
1003	At what age did you have your first menstrual period?	Years old	
1004	How long before you started menstruating did you first hear about it?	Years:_____Months:_____	
1005	From whom / where did you first hear about menstruation? CIRCLE 3 MOST IMPORTANT SOURCES	Mother Sister Other female relative Father Friends/peers School teacher Govt. health worker delivers RH information (FWA) NGO worker who conducts RH sessions Government Clinic Qualified Doctor / private clinic Village doctor, Kabiraj Book/newspaper/magazine/leaflets Radio TV Community events(drama/rally) _____ (Specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 97
1006	Do you not do any of these activities WHILE you are menstruating? CIRCLE ALL RELEVANT OPTIONS	Go to school / college Play outdoor sports Go outside my para unaccompanied Go outside my village unaccompanied Go to the market alone Visit relatives / friends' houses alone Go to the temple / mosque Do household work Do economic activity Not applicable _____ (Specify)	1 2 4 5 6 7 8 9 10 95 97 95→1010

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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#	QUESTION	RESPONSE	SKIP
1007	Why do you stop doing these activities?	Parents / guardians told me to stop 1 Relatives told me to stop 2 Friends told me to stop 3 I felt physically uncomfortable (felt weak or sick) 4 I felt shy / uncomfortable 5 Religious reason 6 Social reason 7 _____ Other 97 (Specify)	
1008	Did you go to school/college/university during your most recent period?	Yes 1 No 2	
1009	What was the MOST relevant reason for not going to school while you were menstruating?	Pain 1 Weakness 2 Clothes get dirty 3 Parents don't allow 4 Not the right thing to do 5 _____ Other 97 (Specify)	
1010	Have you had any problem during menstruation?	Yes 1 No 2	2→1101
1011	If yes, please specify type of problem?	Pain in the lower abdomen 1 Weakness 2 Excessive bleeding 3	
1012	Did you discuss this problem with anyone?	Yes 1 No 2	2→1101
1013	Who did you discuss your problem with	Mother 1 Sister 2 Grandmother 3 Aunt 4 Other female relative 5 Father 6 Brother 7 Other male relative 8 Friend 9 Doctor 10 Other health worker 11 School teacher 12 _____ Other 97 (Specify)	

ADOLESCENT QUESTIONNAIRE

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Section XI. KNOWLEDGE AND PERCEPTIONS ABOUT HEALTH

#	QUESTION	RESPONSE		SKIP
1101	In your opinion, what is the ideal age for a female and a male to have their first child?	<div>Man</div> <div>Woman</div>		
1102	In your opinion should a couple have children immediately after marriage?	<div>Yes</div> <div>No</div> <div>Don't know</div>	<div>1</div> <div>2</div> <div>96</div>	<div>1→1104</div> <div>96→1104</div>
1103	How many years should they wait before having children?	<div>years</div>		
1104	Are you aware of any special health risks to a young pregnant girl and her child?	<div>Yes</div> <div>No</div>	<div>1</div> <div>2</div>	2→ 1106
1105	What are the potential health risks to a young pregnant girl and her child? CIRCLE UP TO 3 HEALTH RISKS	<div>Pain during labor or prolonged labor</div> <div>Risk to life of mother</div> <div>Risk to life of baby</div> <div>Risk of health problems for mother</div> <div>Risk of health problems for baby</div> <div>Other</div> <div>(Specify)</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>97</div>	
1106	If you could choose exactly the number of children to have in your whole life, how many would that be?	<div>Children</div> <div>Don't want to have children</div> <div>Don't know</div>	<div>94</div> <div>96</div>	<div>94→1108</div> <div>96→1108</div>
1107	Of those children, how many girls and how many boys would you like to have?	<div>BOYS:_____ GIRLS:_____ ANY:_____</div>		
1108	Have you ever heard/know about contraceptive methods?	<div>Yes</div> <div>No</div>	<div>1</div> <div>2</div>	2→1201

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1109	Could you tell me what methods you have heard about?	<div>Pills 1</div> <div>Intrauterine Device (IUD) 2</div> <div>Injection 3</div> <div>Norplant 4</div> <div>Condom 5</div> <div>Female sterilization 6</div> <div>Male sterilization 7</div> <div>Rhythm/Safe period 8</div> <div>Withdrawal 9</div> <div>_____ Other 96</div> <div>(Specify) 7</div>	
1110	From whom / where?	<div>Mother 1</div> <div>Sister 2</div> <div>Other female relative 3</div> <div>Father 4</div> <div>Friends/ peers 5</div> <div>School teacher 6</div> <div>Govt. health worker (FWA) 7</div> <div>NGO worker 8</div> <div>Government Clinic 9</div> <div>Qualified Doctor 10</div> <div>Book/newspaper/magazine/leaflets 11</div> <div>Radio 12</div> <div>TV 13</div> <div>Community events(drama/rally) 14</div> <div>_____ Other 97</div> <div>(Specify)</div>	

ADOLESCENT QUESTIONNAIRE

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Section XII. DOMESTIC VIOLENCE AND SEXUAL HARRASMENT

#	QUESTION	RESPONSE	SKIP
1201	When you stay at home or go outside e.g. to school, work, do any boys / men tease you, annoy you, call you, say offensive words, whistle, or try to get your attention in any other way?	Yes 1 No 2 No response 3	2→1203 3→1203
1202	If yes, what did you do about it? CIRCLE ALL THAT APPLY	I did nothing 1 Scolded him 2 Walked away 3 Got angry 4 Did not go that way again 5 Complained to my parents 6 Complained to a trusted adult 7 Became friends with the boy 8 Got depressed 9 _____ Other 97 (Specify)	
1203	Have you been physically abused in the last one month?	Yes 1 No 2 No response 3	
1204	What according to you are the steps that should be taken in case of rape? CIRCLE ALL THAT APPLY	Inform parents/guardians immediately 1 Tell a friend / trusted adult 2 Keep the clothes unwashed 3 Before bathing go to a doctor 4 Consult a Lawyer 5 File a report to the police 6 Keep every details in writing 7 Keep it secret 8 Don't Know 96 _____ Other 97 (Specify)	

ADOLESCENT QUESTIONNAIRE

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Section XIII. SEXUALLY TRANSMITTED DISEASES

#	QUESTION	RESPONSE	SKIP
1301.	Have you ever heard about HIV or AIDS?	Yes No	1 2 2→1401
1302.	From whom / where you have heard about HIV/AIDS for the first time?	Mother Sister Other female relative Husband Father Friends/peers School teacher Government health worker (FWA) NGO worker who conducts RH sessions Government Clinic Qualified Doctor / private clinic Village doctor, Kabiraj Book/newspaper/magazine/leaflets Radio TV Community events(drama/rally) _____ Other (Specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 97
1303.	In your opinion, how does a person become infected with HIV (the virus that causes AIDS)?	Unprotected sex with HIV-infected person Contaminated blood transfusion Using contaminated needles, razors, etc. Mother to child transmission Shaking hands with someone Mosquito bites Using the same toilet as someone with HIV Don't know _____ Other (Specify)	1 2 3 4 5 6 7 96 97
1304.	What can a person do to avoid getting HIV/AIDS?	Use condom Have only one sexual partner Limit sex within marriage Abstinence Avoid unscreened blood transfusion Avoid using non-sterile needles/ syringes Don't know _____ Other (Specify)	1 2 3 4 5 6 96 97

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Section XIV. OTHER NGO PROGRAMS

#	QUESTION	RESPONSE	SKIP
1401.	Do you know about any NGO that is disseminating health, education, or income generating training in your area?	Yes No	1 2 2→1403
1402.	Have you received any information / training in any of the following?	Health Education Income generating activities	1 2 3
1403.	Have you ever been involved in any of the activities organized by any NGO or Community organization?	Yes No	1 2 2→1601
1404.	In which activities did you participate?	Rally Cultural program Games Essay competition Street Drama _____ (Specify) Other	1 2 3 4 5 97
1405.	In your opinion, was it useful or not useful to participate in that (those) activity (ies)?	Useful Not useful Did not participate	1 2 3

ENUMERATOR: PLEASE RECORD TIME THE INTERVIEW ENDED on page 2 and then PROCEED TO TAKE CONTACT INFORMATION

ADOLESCENT QUESTIONNAIRE

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Section XV. CONTACT INFORMATION
PART I:
ENUMERATOR: Please read out the following:

"Thank you for your time. We are almost done. We would like to interview you again a few years from now. Please answer a few questions that will help us locate you in the future.

#	QUESTION	RESPONSE	SKIP
1601.	Does your ENTIRE household currently have plans to move away in the near future?	Yes, the HH plans to move 1 No 2 Don't Know 96	2→1701
1602.	Tell us about where your household plans to move		
1602.1	Country		
1602.2	District		
1602.3	Town/City/Thana		
1602.4	Village		
1602.5	Postal Address		
1603.	Is there someone your household knows that's already living there	Yes 1 No 2 Don't Know 96	2→1606 96→1606
1604.	What is this person's name		
1605.	How is the head of your household related to this person	Mother 1 Father 2 Grandparent 3 Uncle 4 Aunt 5 Cousin 6 Brother 7 Sister 8 Employer 9 Spouse 10 In-laws 11 _____ Other 97 (specify)	
1606.	Can you give directions to this home or other information useful in finding you in the new location:		

Questionnaire serial number:

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PART II: IF ONLY RESPONDENT IS MOVING

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ADOLESCENT QUESTIONNAIRE

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#	QUESTION	RESPONSE	SKIP
1705.	How are is the head of your household related to this person	Mother 1 Father 2 Grandparent 3 Uncle 4 Aunt 5 Cousin 6 Brother 7 Sister 8 Employer 9 Spouse 10 In-laws 11 _____ Other 97 (specify)	
1706.	Can you give directions to this home or other information useful in finding you in the new location:		
1707.	Why is the reason for moving?		
1708.	If for WORK or SCHOOL: Can you specify the location of this workplace / employer / school?		

PART III: CONTACT INFORMATION OF OTHER PERSONS (HAS TO BE FILLED OUT)

ENUMERATOR NOTE: Contacts should NOT be members of the CURRENT household, since these contacts often move along with the respondent. We want contacts that are likely to stay here in the same place when the respondent moves.

#	QUESTION	RESPONSE	SKIP
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ADOLESCENT QUESTIONNAIRE

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#	QUESTION	RESPONSE	SKIP
1801.	Please tell us the name of one friend or family member who is sure to know where you are at most times, and know how to contact you. This should be a friend or family that would remain where they are currently living if you or your household moved away."		
1802.	Name of contact		
1803.	What is this person's relationship to you?	Neighbor 1 Relative 2 Friend 3 Village Head 4 Employer/Colleague 5 _____ Other 97 (specify)	
1804.	Please tell us his/her address and contact information:		
1803.1	Country	Bangladesh.....1 Another Country.....2	
1803.2	District		
1803.3	Town/City/Thana		
1803.4	Village		
1803.5	Postal Address		
1805.	Description of the location of the home (Please provide a detailed description including landmarks, distance from roads, etc):		
1806.	Contact Phone Numbers		
ENUMERATOR: If the person does not have a phone, please take down the phone numbers of his/her neighbor or Polli phone lady who will be able to reach this individual two years from now			
	NAME of Contact	Phone number	
1			
2			
ENUMERATOR: IF THE PERSON MENTIONED ABOVE LIVES IN THE SAME UNION AS THE RESPONDENT, PLEASE ASK THE RESPONDENT FOR THE CONTACT INFORMATION OF A PERSON LIVING IN ANOTHER UNION.			
1807.			
1808.	Name of contact		

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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#	QUESTION	RESPONSE	SKIP
1809.	What is this person's relationship to you?	Neighbor 1 Relative 2 Friend 3 Village Head 4 Employer/Colleague 5 _____ Other 97 (specify)	
1810.	Please tell us his/her address and contact information:		
1809.1	Country	Bangladesh.....1 Another Country.....2	
1809.2	District		
1809.3	Town/City/Thana		
1809.4	Village		
1809.5	Postal Address		
1811.	Description of the location of the home (Please provide a detailed description including landmarks, distance from roads, etc):		
1812.	Contact Phone Numbers		
ENUMERATOR: If the person does not have a phone, please take down the phone numbers of his/her neighbor or Polli phone lady who will be able to reach this individual two years from now			
	NAME of Contact	Phone number	
1			
2			

PART IV:

ENUMERATOR: This is particularly applicable if the respondent is a household help or a visiting relative. Please note down the address of the village where her family lives.

#	QUESTION	RESPONSE	SKIP
1901.	Is the village where we are now your home village?	Yes.....1→ END THE INTERVIEW No.....2→ 1902	
1902.			
1903.	Please tell us about your village		

ADOLESCENT QUESTIONNAIRE

Questionnaire serial number:

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#	QUESTION	RESPONSE	SKIP
1903.1	Country	Bangladesh.....1 Another Country.....2	
1903.2	District		
1903.3	Town/City/Thana		
1903.4	Village		
1903.5	Postal Address		
1801.	Contact Phone Numbers		
ENUMERATOR: If the person does not have a phone, please take down the phone numbers of his/her neighbor or Polli phone lady who will be able to reach this individual two years from now			
	NAME of Contact	Phone number	
1			
2			