

# Palestinian Youth Health Risk Survey

## Questionnaire for Males Aged 15-24 Years

SECTION 1: INTERVIEW INFORMATION	
NAME OF INTERVIEWER: _____	CODE [ ][ ]
NAME OF SUPERVISOR: _____	[ ]
DATE OF INTERVIEW: _____	
LOCATION OF INTERVIEW HOME _____ DIFFERENT LOCATION _____	[ ]
CONSENT GRANTED : YES / NO _____	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
<b>SECTION 2: RESPONDENT'S BACKGROUND</b>		
1	<b>INDICATE CODE FOR SEX OF RESPONDENT (Do not ask)</b>	MALE .....1 FEMALE .....2
2	How old are you?	AGE IN COMPLETED YEARS
3	Are you are a Refugee? Registered?	REGISTERED REFUGEE .....1 UNREGISTERED REFUGEE .....2 NOT A REFUGEE .....3
4	Have you always lived in this community? IF NO: How old were you when you came to this community?  PUT '0' IF ALWAYS LIVED HERE. IF ALWAYS HERE, → Q .8	AGE IN COMPLETED YEARS
5	Why did you move here? (MAIN REASON)	MOVED WITH FAMILY/PARENTS .....1 TO ATTEND SCHOOL .....2 TO WORK OR FIND WORK .....3 FORCED TO RELOCATE BY ISRAELIS OR OTHERS .....4 OTHER .....5
6	Where did you (or your family) come from?	WEST BANK .....1 JERUSALEM .....2 GAZA .....3 ISRAEL .....4 OTHER COUNTRY (SPECIFY) .....5
7	Was this a ..?	RURAL AREA/VILLAGE .....1 URBAN AREA .....2 REFUGEE CAMP (RURAL) .....3 REFUGEE CAMP (URBAN ) .....4
8	Are you currently attending school (or institute or university?	YES .....1 NO .....2 → Q.11
9	What is the grade you are currently in? <b>SCHOOL LEVEL AND GRADE (SEE CODES)</b>	LEVEL: [ ][ ] GRADE (specify): [ ][ ]  OTHER (specify): .....
10	What is the highest educational level that you want to obtain?  <b>AFTER RECORDING RESPONSE, --&gt; Q.13</b>	FINISH PRIMARY/PREPARATORY LEVEL .....1 FINISH SECONDARY LEVEL .....2 OBTAIN A CERTIFICATE FROM AN INSTITUTE .....3 OBTAIN A UNIVERSITY DEGREE .....4 OBTAIN A DIPLOMA/MASTER'S .....5 OBTAIN A PHD .....6

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
11	What is the highest grade you have completed? <b>SCHOOL LEVEL AND GRADE (SEE CODES)</b>	LEVEL: [ ] GRADE (specify): [ ]  OTHER (specify): _____	
42	What is the highest degree you have obtained?	ILLITERATE ..... 0 READ AND WRITE ..... 1 PRIMARY ..... 2 PREPRATORY ..... 3 SECONDARY ..... 4 INSTITUTE CERTIFICATE ..... 5 BACHELOR'S ..... 6 MASTER'S ..... 7 PhD ..... 8 OTHER (specify): _____	+
12	You said that you aren't currently attending a school or institute or university. Why? (MAIN REASON)	Felt that they have reached the desired level ..... 1 Family felt he/she have reached the desired level ..... 2 Family no longer able to pay school expenses ..... 3 Health problems prevented school enrollment ..... 4 To help in household chores ..... 5 To prepare for marriage ..... 6 School is very far ..... 7 Family doesn't support continuing education of females ..... 8 Family doesn't support continuing education ..... 9 Family forbids attendance of mixed-gender schools ..... 10 Committed to work to help the family ..... 11 Family wanted him/her to assist in ..... Trade or work on the family's farm ..... 12 Didn't want to continue his/her education ..... 13 Didn't succeed academically ..... 14 Expelled from school ..... 15 Education is difficult ..... 16 Mistreatment from teachers ..... 17 Bullying at school ..... 18 Other (specify): _____	
13	Do you use the internet (at home or elsewhere, eg internet café)? How many hours per week typically?	YES FIVE HOURS AND MORE WEEKLY ..... 1 YES LESS THAN 5 HOURS WEEKLY ..... 2 I DON'T USE THE INTERNET ..... 3	
14	What is your current marital status?	SINGLE ..... 1 → Q.16 ENGAGED ..... 2 → Q16 Married ..... 3 SEPARATED ..... 4 DIVORCED ..... 5 WIDOWED ..... 6 OTHER (SPECIFY) _____	
15	Do you have any children?	YES ..... 1 NO ..... 2	
16	What is your current living situation?	LIVE WITH MY PARENT(S)/GUARDIAN ..... 1 LIVE WITH MY SPOUSES' PARENT(S) ..... 2 LIVE WITH OTHER RELATIVES ..... 3 LIVE WITH MY SPOUSE IN OUR OWN HOUSEHOLD ..... 4 LIVE WITH FRIENDS ..... 5 OTHER ..... 6	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
17	Is your father:  IF DIED, RECORD YEAR OF DEATH AND - -> Q 20	LIVING IN SAME HOUSEHOLD ..... 1 LIVING SOMEWHERE ELSE ..... 2 DEAD ..... 3  RECORD YEAR DIED	
18	Is your father currently working? IF NO, RECORD REASON	YES ..... 1 → Q 20 NO-RETIRED ..... 2 NO-UNEMPLOYED ..... 3 NO-DISABLED OR ILL	
19	How long has it been since your father stopped working?	YEARS SINCE STOPPED	
20	Is your mother  IF DIED, RECORD YEAR OF DEATH AND - -> Q 22	LIVING IN SAME HOUSEHOLD ..... 1 LIVING SOMEWHERE ELSE ..... 2 DEAD ..... 3  RECORD YEAR DIED	
21	Is your mother currently working? IF NO, RECORD REASON	YES ..... 1 NO-RETIRED ..... 2 NO-UNEMPLOYED ..... 3 NO-HOMEMAKER ..... 4 NO-DISABLED/ILL ..... 5	
22	What is the highest education degree your father obtained?	ILLITERATE ..... 0 READ AND WRITE ..... 1 PRIMARY ..... 2 PREPRATORY ..... 3 SECONDARY ..... 4 INSTITUTE CERTIFICATE ..... 5 BACHELOR'S ..... 6 MASTERS ..... 7 PhD ..... 8	
23	What is the highest education degree your mother obtained?	ILLITERATE ..... 0 READ AND WRITE ..... 1 PRIMARY ..... 2 PREPRATORY ..... 3 SECONDARY ..... 4 INSTITUTE CERTIFICATE ..... 5 BACHELOR'S ..... 6 MASTERS ..... 7 PhD ..... 8	
24	Are you currently working or looking for work?	YES ..... 1 NO, BUT LOOKING FOR WORK ..... 2 → Q27 NO, NOT LOOKING ..... 3 → Q-26	
25	How many hours are you working per week normally?  <b>AFTER RECORDING RESPONSE, --&gt; Q.27</b>	WORKING 1-14 HOURS ..... 1 WORKING 15 -34 HOURS ..... 2 WORKING 35 HOURS OR MORE ..... 3	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
26	Why aren't you looking for work?	NO WORK AVAILABLE.....1 DEVOTED TO STUDYING/TRAINING.....2 DEVOTED TO HOUSEWORK.....3 POOR HEALTH.....4 OTHER (SPECIFY).....5	_
27	Do you consider yourself religious?  READ THE RESPONSES	YES, VERY.....1 YES, SOMEWHAT.....2 NO.....3	_
28	Do you consider culturally traditional?  READ THE RESPONSES	YES, VERY.....1 YES, SOMEWHAT.....2 NO.....3	_
29	Do you believe in arranged marriage?  READ THE RESPONSES	YES, VERY.....1 YES, SOMEWHAT.....2 NO.....3	_
34	How do you rate your own health condition?	EXCELLENT.....1 Very Good.....2 GOOD.....3 Fair.....4 Poor.....5 Don't know.....6	++
30	According to your knowledge and experiences around you, what are the most important health issues faced by young people in Palestine, including both physical and mental health?  [UP TO THREE]  <b>PROBE:</b> IS THERE ANYTHING ELSE?	CHRONIC DISEASES (SUCH AS DIABETES AND HIGH BLOOD PRESSURE ETC).....1  PHSYCHOLOGICAL PROBLEMS.....2 SMOKING TOBACCO.....3 USE OF DRUGS/DRUG ADDICTION.....4 ALCOHOL USE.....5 SKIN DISEASE.....6 REPRODUCTIVE AND SEXUAL HEALTH ISSUES.....7 NUTRITION AND OBESITY.....8 OTHER (SPECIFY):.....9 DON'T KNOW.....10	_ _   _ _   _ _
31	What concerns you the most these days about your own life?  [UP TO THREE]  <b>PROBE:</b> IS THERE ANYTHING ELSE?	EDUCATION.....1 WORK.....2 FAMILY.....3 FINANCIAL MATTERS.....4 SECURITY SITUATIONS.....5 HEALTH SITUATION.....6 ROMANTIC RELATIONSHIP.....7 MARRIAGE.....8 IMMIGRATION.....9 POLITICS.....10 OTHER (SPECIFY):.....11	_ _   _ _   _ _
32	If you need help or have a problem or question about anything, is there a specific person that you can go to for help or support or an answer for the question?	YES.....1 NO.....2 DON'T KNOW.....3	_

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
	IF NO OR DON'T KNOW, --> NEXT SECTION		
33	<p>Who is the person (persons) that you can go to?</p> <p>[UP TO THREE]</p> <p><b>Probe:</b> Is there anyone else?</p>	<p>FATHER.....1</p> <p>MOTHER.....2</p> <p>GRANDFATHER.....3</p> <p>GRANDMOTHER.....4</p> <p>OLDER BROTHERS.....5</p> <p>OLDER SISTERS.....6</p> <p>UNCLE.....7</p> <p>AUNT.....8</p> <p>FATHER OR MOTHER IN LAW.....9</p> <p>HUSBAND/WIFE.....10</p> <p>BOYFRIEND/GIRLFRIEND OR FIANCE/FIANCEE.....11</p> <p>FRIENDS.....12</p> <p>WORK BOSS.....13</p> <p>WORK COLLEAGUES.....14</p> <p>Sheikh/priest.....15</p> <p>Teacher/school counsellor.....16</p> <p>OTHER (SPECIFY):.....16</p>	<p> _ _ </p> <p> _ _ </p> <p> _ _ </p>

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<b>SECTION 3: IMPULSIVITY</b>					
<b>NO.</b>	<b>QUESTIONS AND FILTERS</b>	<b>CODING CATEGORIES</b>			
People differ in the ways they act and think in different situations. I'd like to know some of the ways in which you act and think. I'm going to read some statements and ask you to tell me is the statement applies to you: Rarely or Never; Occasionally; Often; or Almost Always or Always					
READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT		1 Rarely or Never	2 Occasionally	3 Often	4 Almost Always or Always
1	I plan tasks carefully.	1	2	3	4
2	I do things without thinking.	1	2	3	4
3	I don't pay attention to what I do"	1	2	3	4
4	I am self-controlled.	1	2	3	4
5	I concentrate easily.	1	2	3	4
6	I am a careful thinker.	1	2	3	4
7	I say things without thinking.	1	2	3	4
8	I act on the spur of the moment.	1	2	3	4

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SECTION 7: EXPECTATIONS AND RISK PERCEPTIONS					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
<p>GIVE THE RESPONDENT THE GUIDE TO PROBABILITIES AND READ THE FOLLOWING TEXT:</p> <p>These next questions will ask you for your best guess at the chance that something will happen. You can think of the PERCENT CHANCE that some event will occur as the number of CHANCES OUT OF 100 that the event will take place. You can use this guide to help you think about percentage chances. As you can see, if there was a zero percent chance, the event is completely unlikely and will never happen. At the other end, if the chance was 100%, the event is completely likely—that is, it is certain to occur. 50% chance means the event is about equally likely to occur or not occur. Most events will be somewhere in between these specific cases.</p> <p>Do you understand?</p> <p>First I'm going to ask a few simple questions to make sure..</p>					
1  ex1	What do you think is the percent chance that it will snow heavily tomorrow , and the snow will be 1 meter or more?	ENTER PERCENT	_ _ _		
2	<del>What do you think is the percent chance that you will run into a friend on the street tomorrow?</del>	ENTER PERCENT	<del> _ _ _ </del>		
3	<del>What do you think is the percent chance that you will NOT run into a friend on the street tomorrow?</del>	ENTER PERCENT	<del> _ _ _ </del>		
2  ex2	Imagine there are four pieces of paper of the same size. One is blue, one is red, one is green, and one is black. If I put them in a bag and you reach in and take one out without looking, what is the percent chance you will pick the red one?	ENTER PERCENT	_ _ _		
<p>The next questions concern the chances of different things happening, both positive things and negative things. Like before. I'm going to ask you about the percent chance of these things happening. For some of these things, I'll also ask whether you think they are likely or not likely. Note that I'm asking about the chances something will happen to <b>you</b>, not others</p>					
3  ex3	What do you think is the percent chance that you will have a good job by the time you are 30? [IF FEMALE RESPONDENT SAYS SHE PLANS TO BE A HOMEMAKER, PUT 999]	ENTER PERCENT	_ _ _		
4  Ex4	<p><u>Now let me ask this again but in a different way: How likely</u> is it that you will have a good job by the time you are 30?</p> <p>READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT</p>	Not at all likely	Somewhat unlikely	Somewhat likely	Very likely
		1	2	3	4
5  Ex5	IF NOT MARRIED: What is the percent chance that you will get married by age 30? [IF MARRIED, PUT 999]	ENTER PERCENT	_ _ _		



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8	What is the percent chance that you will be the subject of physical violence at least once in the next year?	ENTER PERCENT			
6 Ex6	Now I want to ask about your future goals. What would you say is your main goal for the future? This could be anything important you want in your life. <del>such as owning a house, traveling, having a big family and so on.</del> MAIN GOAL _____				
7 Ex7	How likely is it that you will achieve this goal in your lifetime?  [] READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT	Not at all likely	Somewhat unlikely	Somewhat likely	Very likely
		1	2	3	4
8 Ex8	Now to ask this question in a different way : What do you think is the percent chance that you will achieve this goal in your lifetime?	ENTER PERCENT			
These next questions ask you to imagine various consequences that could happen if you engage in certain behaviors. Please try to imagine the possible consequences if you engaged in the behaviors, or simply think about your current life if you already engage in the behaviors. If it's not possible to imagine yourself doing these things, try to imagine what would happen if another Palestinian youth who is like you (same age, gender, etc.) engaged in these behaviors.					
Ex9	Imagine that you or someone like you smoked 20 cigarettes every day. How likely do you think it is that you will get a serious disease BEFORE age 45 because of this smoking?  READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT	Not at all likely	Somewhat unlikely	Somewhat likely	Very likely
		1	2	3	4
Ex10	Now to ask this question in a different way: What do you think is <b>the percent chance</b> that you will get a serious disease BEFORE age 45 because of this smoking?	ENTER PERCENT			
11 Ex11	Now Imagine that you or someone like you drank three alcoholic drinks [drinks most days of the week, <b>what do you think is the percent chance that</b> you will... <ul style="list-style-type: none"> <li>Get serious health problems BEFORE age 45 because of this drinking?</li> <li>become more popular with the peers that are most important to you?</li> <li>get a bad reputation or lose status with your community?</li> </ul>	ENTER PERCENT	      		
12 Ex12	Now imagine you or someone like you started having sex with different sexual partners without using protection., <b>what do you think is the percent chance that</b> you will... <ul style="list-style-type: none"> <li>get a sexually transmitted infection in the next year?</li> <li>you will become more popular with the peers that are most important to you?</li> <li>get a bad reputation or lose status with your community due to this behavior?</li> </ul>	ENTER PERCENT	      		
I am interested in hearing from you about your expected lifespan. We know that this is a difficult question and that there are many factors influencing it (some of which will not be in your control), but please try nevertheless to tell us your best estimate.					

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13	<u>How likely</u> do you think it is that you will live until age 75 or older?	Not at all likely	Somewhat unlikely	Somewhat likely	Very likely
Ex13	READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT	1	2	3	4
14	Now to ask this question in a different way: <b>What do you think is the percent chance that</b> you will live until age 75 or older?	ENTER PERCENT			
Ex14	IF RESPONDENT SAYS 'IN GOD'S HANDS' OR REFUSES, ENCOURAGE HIM/HER TO THINK OF AN ANSWER ANYWAY . IF THEY CANNOT, FOR 'IN GOD'S HANDS' PUT 111. IF 'TOO HARD' OR REFUSES PUT '000'				
15	<b>What is the percent chance</b> you will live <u>beyond the next 5 years</u> ?	ENTER PERCENT			
Ex15	SEE INSTRUCTION ABOVE ABOUT 'IN GOD'S HANDS' OR REFUSALS				

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SECTION 5. FATALISM					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
<p>Now I am going to read you some statements about why things happen in life. Please tell me to what extent do you agree or disagree with the statements. Do you Strongly Agree, Disagree, Neither Agree Nor Disagree. Agree, or Strongly agree?</p>					
<p>READ THE RESPONSES; CIRCLE THE ANSWER CHOSEN BY THE RESPONDENT</p>		1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
4	<p><del>I feel that when good things happen, they happen as a result of my own efforts</del></p>	4	2	3	4
1	<p>What happens to me in the future mostly depends on me</p>	1	2	3	4
2	<p>What people get out of life is always due to the amount of effort they put into it</p>	1	2	3	4
3	<p>I can do almost anything if I really want to do it</p>	1	2	3	4
4	<p>Everything that happens to a person was planned by God</p>	1	2	3	4
5	<p>Whatever happens to me in my life, it is because that is the way God wanted it to happen</p>	1	2	3	4
6	<p>God has a plan for each person, and you cannot change his plan</p>	1	2	3	4

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
<b>SECTION 8: MENTAL HEALTH</b>					
<p>I am going to name some symptoms or problems that people sometimes have. Please listen to each one carefully and think about whether the symptoms bothered or distressed you <i>in the last week</i>, including today. Please tell me if they bothered or distressed you not at all, a little, quite a bit, or extremely.</p> <p>READ THE SYMPTOM AND THE FOUR CHOICES. CIRCLE THE ONE SELECTED BY THE RESPONDENT</p>					
		1 Not at all	2 A little	3 Quite a bit	4 Extremely
1	Feeling low in energy, slowed down	1	2	3	4
2	Blaming yourself for things	1	2	3	4
3	Crying easily	1	2	3	4
4	Poor appetite	1	2	3	4
5	Difficulty falling asleep, staying asleep	1	2	3	4
6	Feeling hopeless about the future	1	2	3	4
7	Feeling blue	1	2	3	4
8	Feeling lonely	1	2	3	4
9	Thoughts of ending your life	1	2	3	4
10	Feeling of being trapped or caught	1	2	3	4
11	Worrying too much about things	1	2	3	4
12	Feeling no interest in things	1	2	3	4
13	Feeling everything is an effort	1	2	3	4
14	Feelings of worthlessness	1	2	3	4
15	Suddenly scared for no reason	1	2	3	4
16	Feeling fearful	1	2	3	4
17	Faintness, dizziness or weakness	1	2	3	4
18	Nervousness or shakiness inside	1	2	3	4
19	Heart pounding or racing	1	2	3	4
20	Trembling	1	2	3	4
21	Feeling Tense or keyed up	1	2	3	4
22	Headaches	1	2	3	4
23	Spells of terror or panic	1	2	3	4
24	Feeling restless, cannot sit	1	2	3	4

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SECTION 6: BEHAVIORS AFFECTING HEALTH			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
<p>Now I would like you to answer some questions about some things that Palestinian youth may engage in. Please recall that this information is all completely private and secret. No one will know that you are the one who answered the questions. I have not written your name anywhere here, and after we finish this form it will be placed with other forms all of them similar to this one and none of them has a name. So, please answer the questions honestly and to the best of your knowledge. There are no “wrong” answers. The information will help design services to improve the situation of Palestinian youth</p>			
1	Do you use tobacco (e.g. cigarettes, shisha/Goza)? If yes, how often do you smoke?	NO .....1 → Q.4 YES--USUALLY EVERY DAY .....2 YES—MORE THAN ONCE A WEEK BUT LESS THAN EVERY DAY .....3 LESS THAN ONCE PER WEEK .....4 NO ANSWER .....99	_ _
2	What do you smoke?  <b>ALLOW FOR MULTIPLE ANSWERS</b>  <b>IF CIGARETTES ARE SMOKED ASK FOR THE NUMBER SMOKED PER DAY ON DAYS RESPONDENT SMOKES</b>	CIGARETTES [ _ _ ] .....1 SHISHA/GOZA .....2 OTHER (Specify) .....3	_
3	How old were you when you used tobacco for the first time?	AGE IN COMPLETED YEARS  _ _   I DON'T KNOW .....98 NO ANSWER .....99	_ _
4	Do you ever race cars, or drive cars at high speeds, either as a driver or a passenger?	YES .....1 NO .....2 → Q7 NO ANSWER .....99 → Q7	_ _
5	About how many times have you raced in cars in the last year (either as a driver or a passenger)?	ONCE .....1 TWO-FIVE TIMES .....2 MORE THAN 5 TIMES .....3 DON'T KNOW .....98 NO ANSWER .....99	_ _
6	Why do you /did you participate in racing cars?  <b>(INDICATE ALL ANSWERS MENTIONED, PROBE BY ASKING “WHAT ELSE?” 2 TIMES)</b>	ENJOY THE FEELING IT GIVES ME .....1 MAKES ME MORE POPULAR/COOL .....2 HELPS ME DEAL WITH MY PROBLEMS .....3 FEEL PRESSURE TO DO WHAT PEERS/FRIENDS ARE DOING .....4 LIKE TAKING RISKS .....5 OTHER (SPECIFY) .....6	_ _   _ _   _ _

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		DON'T KNOW ..... 98 NO ANSWER ..... 99	
7	Were you involved in a physical fight with someone last year? If so how many times?	NEVER ..... 1 ONCE ..... 2 TWO-FIVE TIMES ..... 3 MORE THAN 5 TIMES ..... 5 DON'T KNOW ..... 98 NO ANSWER ..... 99	_ _
8	Have you ever been hurt or injured in a fight? I mean as a youth or adult, not as a child. if yes, how often?	NEVER ..... 1 ONCE ..... 2 TWO-FIVE TIMES ..... 3 6-10 TIMES ..... 4 MORE THAN 10 TIMES ..... 5 DON'T KNOW ..... 98 NO ANSWER ..... 99	_ _
9	Have you ever hurt or injured <u>someone else</u> in a fight? [NOT INCLUDING CHILDHOOD FIGHTING] How many times?	NEVER ..... 1 ONCE ..... 2 TWO-FIVE TIMES ..... 3 6-10 TIMES ..... 4 MORE THAN 10 TIMES ..... 5 DON'T KNOW ..... 98 NO ANSWER ..... 99	_ _
10	Are you aware of alcohol use by Palestinian youth your own age?	YES ..... 1 NO ..... 2) NO ANSWER ..... 99	_ _
11	Have you ever taken an alcoholic drink such as beer, wine, Arak, vodka, or whiskey or other similar drinks?	YES ..... 1 NO ..... 2 → Q.20 NO ANSWER ..... 99	_ _
12	How old were you when you had alcohol for the first time?	AGE IN COMPLETED YEARS	_ _
13	Do you <b>currently</b> take alcoholic drinks?	YES ..... 1 NO ..... 2 → Q16 NO ANSWER ..... 99 → Q16	_ _

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14	What alcoholic drinks do you take? <b>INDICATE ALL ANSWERS MENTIONED, UP TO THREE. PROBE BY ASKING "WHAT ELSE?"</b>	BEER .....1 WINE .....2 VODKA.....3 Arak.....4 OTHER LIQUOR (WHISKEY, ETC).....5 OTHER (Specify) .....6 NO ANSWER .....99	_ _    _ _   _ _
15	How often do you take alcoholic drinks?	EVERY DAY .....1 A MINIMUM OF ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 ON SPECIAL OCCASIONS .....4 NO ANSWER .....99	_ _
16	Have you taken any alcoholic drinks in the last 30 days?	YES .....1 NO .....2 → Q19	_
17	During the last 30 days, on average how many drinks did you have during one drinking occasion?	1-2 DRINKS.....1 3-4 DRINKS .....2 5-6 DRINKS .....3 MORE THAN 6 DRINKS.....4	_
18	During the last 30 days, how many times did you have FIVE OR MORE drinks on one drinking occasion?	NONE.....1 1-2 TIMES .....2 3-4 TIMES .....3 5 OR MORE TIMES.....4	_
19	Why do you take alcohol?  (INDICATE ALL ANSWERS MENTIONED, UP TO 3 ANSWERS. PROBE BY ASKING "WHAT ELSE?"	ENJOY THE FEELING IT GIVES ME.....1 MAKES ME MORE POPULAR/COOL.....2 HELPS ME DEAL WITH MY PROBLEMS.....3 FEEL PRESSURE TO DO WHAT PEERS/FRIENDS ARE DOING.....4 LIKE TAKING RISKS.....5 OTHER (SPECIFY).....6 NO ANSWER .....99	_ _   _ _   _ _
20	Where do youth your age and gender obtain alcohol (you or someone else)  (INDICATE ALL ANSWERS MENTIONED, UP TO 3 ANSWERS. PROBE BY ASKING "WHAT ELSE?" )	FRIENDS/PEERS.....1 SOMEONE AT SCHOOL .....2 STORE .....3 RESTAURANT.....4	_ _   _ _   _ _

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		Stores/restaurants in RAMALLAH .....5 Stores/restaurants in JERUSALEM .....6 OTHER (Specify) .....7 DON'T KNOW .....98 NO ANSWER .....99	
21	Are you aware of drug use by Palestinian youth your own age? I mean drugs that are not used as medicine, including, marijuana or hashish, cocaine, pills, heroin, or inhalants like glue or petrol.  BE SURE TO READ THE QUESTION IN FULL	YES .....1 NO .....2 NO ANSWER .....99	_ _
22	Have you ever tried marijuana or hashish?	YES .....1 NO .....2 → Q. 24 NO ANSWER .....99	_ _
23	During your life, about how many times have you used marijuana or hashish?  ENCOURAGE RESPONDENT TO PROVIDE THE BEST ANSWER EVEN IF NOT SURE	1 OR 2 TIMES .....1 3 TO 9 TIMES .....2 10 TO 19 TIMES .....3 20 OR MORE TIMES .....4 NO ANSWER .....99	_ _
24	Have you ever tried pills such as amphetamines or trip pills?	YES .....1 NO .....2 → Q. 26 NO ANSWER .....99	_ _
25	During your life, about how many times have you used pills like these?  ENCOURAGE RESPONDENT TO PROVIDE THE BEST ANSWER EVEN IF NOT SURE	1 OR 2 TIMES .....1 3 TO 9 TIMES .....2 10 TO 19 TIMES .....3 20 OR MORE TIMES .....4 NO ANSWER .....99	_ _
26	Have you ever tried inhaled or smelled substances to use as drugs?	YES .....1 NO .....2 → Q. 28 NO ANSWER .....99	_ _
27	During your life, about how many times have you inhaled or smelled substances to use as drugs?  ENCOURAGE RESPONDENT TO PROVIDE THE BEST ANSWER EVEN IF NOT SURE	1 OR 2 TIMES .....1 3 TO 9 TIMES .....2 10 TO 19 TIMES .....3 20 OR MORE TIMES .....4 NO ANSWER .....99	_ _
28	Have you ever tried cocaine or heroin?	YES .....1 NO .....2 → Q. 31 NO ANSWER .....99	_ _
29	During your life, about how many times have you used cocaine or heroin?  ENCOURAGE RESPONDENT TO PROVIDE THE BEST ANSWER EVEN IF NOT SURE	1 OR 2 TIMES .....1 3 TO 9 TIMES .....2 10 TO 19 TIMES .....3 20 OR MORE TIMES .....4	_ _



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		NO ANSWER .....99	
30	Did you ever inject these drugs (that is, use a needle) ?	YES .....1 NO .....2 NO ANSWER .....99	_ _
31	<b>CHECK QS 22, 24, 26, and 28:</b> <b>IF RESP. USED ANY OF THE DRUGS</b> <b>ASKED ABOUT ABOVE, ASK THE</b> <b>FOLLOWING. IF NOT, → Q36</b>  How old were you when you took [NAME DRUGS USED] drugs for the first time?  IF RESPONDENT USED MULTIPLE KINDS OF DRUGS, SAY 'ANY DRUGS'	AGE IN COMPLETED YEARS  _ _	
32	These days do you take any drugs?	YES .....1 NO .....2 → Q. 36 NO ANSWER .....99	_ _
33	What type of drugs do you use ?  <b>(INDICATE ALL ANSWERS MENTIONED,</b> <b>PROBE BY ASKING "WHAT ELSE?" 3</b> <b>TIMES)</b>	HASHISH .....1 MARIJUANA .....2 COCAINE .....3 HEROIN .....4 SNIFFING GLUE .....5 SNIFFING PETROL .....6 Trip pills/other pills .....7 Adhesive bandaid .....8 GAS (E.G. FROM AIR CONDITIONERS, MEDICAL SUPPLIES) 9 OTHER (Specify) .....10 NO ANSWER .....99	_ _   _ _   _ _
34	How often do you take drugs?	EVERY DAY .....1 A MINIMUM OF ONCE A WEEK .....2 A FEW TIMES A MONTH .....3 ON SPECIAL OCCASIONS .....4 NO ANSWER .....99	_ _
35	Why do you take drugs?  <b>(INDICATE ALL ANSWERS MENTIONED,</b> <b>PROBE BY ASKING "WHAT ELSE?" 3</b> <b>TIMES)</b>	ENJOY THE FEELING IT GIVES ME .....1 MAKES ME MORE POPULAR/COOL .....2 MAKES ME FEEL LIKE A MAN .....3 HELPS ME DEAL WITH MY PROBLEMS .....4 FEEL PRESSURE TO DO WHAT PEERS/FRIENDS ARE DOING .....5 LIKE TAKING RISKS .....6 NO ANSWER .....99	_ _   _ _   _ _
36	Where do youth obtain drugs (you or someone else)	FRIENDS .....1	_ _

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	<p><b>(INDICATE ALL ANSWERS MENTIONED, PROBE BY ASKING "WHAT ELSE?" 3 TIMES)</b></p> <p>IF RESPONDENT SAYS FOR EXAMPLE. DRUG DEALER IN JERUSALEM, INDICATE BOTH 'DRUG DEALER'; AND 'JERUSALEM'</p>	<p>SOMEONE AT SCHOOL .....2</p> <p>PHARMACY .....3</p> <p>Supermarket .....4</p> <p>Nescafe and coffee stalls .....5</p> <p>Drug dealers .....6</p> <p>RAMALLAH .....7</p> <p>JERUSALEM .....8</p> <p>OTHER (Specify) .....9</p> <p>DON'T KNOW .....98</p> <p>NO ANSWER .....99</p>	<p>   </p> <p>   </p>
<p><b>NOTE TO INTERVIEWER: QUESTIONS ON SEXUAL ACTIVITY FOLLOW. IF RESPONDENT IS 17 OR YOUNGER DO NOT ASK THIS SECTION. INSTEAD → Q 57 (AWARENESS OF HIV AIDS QUESTION) . FOR ALL OTHERS (OVER 17), READ THE FOLLOWING:</b></p> <p>Now I would like to ask you some questions about sexual activity which youth may engage in. Some youth may find these questions sensitive. I'll ask if you like, I can give you a form for these questions which you can fill in yourself. I would read the questions to you and you would write the responses on the form. You would put the completed form in a sealed envelope so I would not see your answers.</p> <p>Or, we can just continue the way we have been doing, in which I read the questions and you tell me the answers. You can choose the method that is most comfortable for you.</p> <p>Which would you like to do?</p> <p>IF THE RESPONDENT SELECTS <b>SELF ADMINISTERED QUESTIONNAIRE (SAQ)</b>. CLOSE THIS QUESTIONNAIRE AND ADMINISTER THE SAQ FOLLOWING THE INSTRUCTIONS FOR THE SAQ. WHEN THAT IS DONE, RETURN TO THIS QUESTIONNAIRE AND WHEN THAT IS DONE, RETURN TO THIS QUESTIONNAIRE AND CONTINUE WITH Q 57 BELOW ("ARE YOU AWARE OF HIV/AIDS?")</p> <p>OTHERWISE ( RESPONDENT PREFERS TO CONTINUE THE FACE TO FACE INTERVIEW), CONTINUE WITH Q 37 BELOW AND COMPLETE THE SECTION</p>			
37	<p><b>IF MARRIED OR FORMERLY MARRIED, → Q38. OTHERWISE ASK:</b></p> <p>Are you aware about sexual relations between man and a woman?</p>	<p>YES .....1</p> <p>NO .....2 → Q.39</p>	
38	<p>From whom did you learn about sexual relations? That is, who provided the most information to you?</p> <p>ONE RESPONSE ONLY (WHO PROVIDED THE MOST INFORMATION)</p>	<p>PARENTS .....1</p> <p>OTHER FAMILY MEMBERS .....2</p> <p>FRIENDS/PEERS .....3</p> <p>TEACHER/SCHOOL COUNSELOR .....4</p> <p>HEALTH WORKER .....5</p> <p>RELIGIOUS LEADER .....6</p> <p>RADIO/TV .....7</p> <p>INTERNET .....8</p> <p>Other source .....9</p> <p>NO INFORMATION OBTAINED .....10</p> <p>NO ANSWER .....99</p>	
39	<p><b>IF respondent IS MARRIED OR FORMERLY MARRIED, → Q. 41 OTHERWISE, ASK:</b></p> <p>Have you ever had any sexual activity with a female? By this I mean romantic kissing, touching private body parts, or sexual intercourse.</p> <p><b>(IMPORTANT: READ ENTIRE QUESTION</b></p>	<p>YES .....1</p> <p>NO .....2 → Q.50</p> <p>NO ANSWER .....99</p>	

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	<b>NOTE: ONLY REFERS TO RELATIONS WITH ANOTHER PERSON )</b>		
40	<p>Have you ever had sexual intercourse with a female? Just to be clear, I am referring to putting the penis in the vagina.</p> <p><b>(IMPORTANT: READ ENTIRE QUESTION )</b></p>	<p>YES .....1</p> <p>NO .....2 → Q.50</p> <p>NO ANSWER .....99</p>	_ _
41	<p>How old were you when you had sexual intercourse for the <u>first time</u> with a female?</p>	<p>AGE IN COMPLETED YEARS ----- <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></p> <p>NO ANSWER .....99</p>	_ _
42	<p>How many sexual partners [meaning intercourse] have you had in your life?</p>	<p>NUMBER.....</p>	_ _
43	<p>Now I would like to ask about the <u>last time</u> (most recent time) you had intercourse with a female. How long ago was this?</p> <p><b>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</b></p>	<p>WITHIN THE LAST WEEK .....1</p> <p>WITHIN THE LAST MONTH .....2</p> <p>WITHIN THE LAST 6 MONTHS .....3</p> <p>WITHIN THE LAST YEAR .....4</p> <p>MORE THAN 1 YEAR AGO .....5</p> <p>NO ANSWER .....99</p>	_ _
44	<p>What was your relationship to your last sexual partner [meaning intercourse]</p>	<p>SPOUSE .....1</p> <p>GIRLFRIEND/FIANCEE .....2</p> <p>OTHER FRIEND .....3</p> <p>CASUAL AQUAINTANCE .....4</p> <p>Sex worker .....5</p> <p>OTHER .....6</p>	_
45	<p>Did you (or your partner) use any method to prevent pregnancy last time?</p>	<p>YES .....1</p> <p>NO .....2 → Q.48</p> <p>NO ANSWER .....99</p>	_ _
46	<p>What was the reason/s for using this method?</p> <p><b>(DO NOT READ LIST. INDICATE ALL RESPONSES MENTIONED up to three. AND PROBE BY ASKING “ANY OTHER”?)</b></p>	<p>PREVENT PREGNANCY .....1</p> <p>PREVENT DISEASE .....2</p> <p>PARTNER WANTED IT .....3</p> <p>OTHER (Specify) .....4</p>	_   _   _
47	<p>Which method(s) did you use?</p> <p><b>(DO NOT READ LIST. INDICATE ALL RESPONSES MENTIONED, up to three responses. PROBE BY ASKING “ANY OTHER” ? )</b></p> <p><b>AFTER RECORDING RESPONSE --&gt; Q. 49</b></p>	<p>CONDOMS .....1</p> <p>PILLS .....2</p> <p>INJECTABLES .....3</p> <p>IMPLANTS .....4</p> <p>IUCD .....5</p> <p>STERILIZATION .....6</p> <p>WITHDRAWAL .....7</p>	_ _   _ _   _ _

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		ANAL SEX ..... 8 OTHER (Specify) ..... 9 DON'T KNOW ..... 98 NO ANSWER ..... 99	
48	Why didn't you use any method?  <b>(DO NOT READ LIST. INDICATE ALL RESPONSES MENTIONED AND PROBE BY ASKING "ANY OTHER" 3 TIMES)</b>	WANT TO GET WIFE/GIRLFRIEND PREGNANT ..... 1 CARELESS/IMPULSIVE ..... 2 PARTNER DIDN'T WANT TO ..... 3 DON'T KNOW ABOUT METHODS ..... 4 CAN'T OBTAIN ANY METHOD ..... 5 TOO EXPENSIVE ..... 6 EMBARRASSED TO OBTAIN METHOD AT STORE/CLINIC ..... 7 OTHER (Specify) ..... 8 NO ANSWER ..... 99	_ _    _ _    _ _
49	In the last 12 months, did you have sexual intercourse with only one female, more than one, or not at all?	YES, WITH ONE PERSON ..... 1 YES, WITH TWO PEOPLE ..... 2 YES, WITH 3 OR MORE PEOPLE ..... 3 NOT AT ALL ..... 4 NO ANSWER ..... 99	_ _
50	Sometimes youth engage in sexual activity over the internet or using their phones. I'm talking about exchanging sexual pictures, talking in a sexual way with someone, or using live video. .  Have you ever engaged in internet or mobile phone sex?	YES ..... 1 NO ..... 2 → Q.52 NO ANSWER ..... 99	_ _
51	Was the <u>last</u> person you had internet or phone sex with: Someone you never met face to face? Or was it someone you did know before, or met afterwards?	NEVER MET THE PERSON ..... 1 KNEW THE PERSON BEFORE (FOR EXAMPLE, GIRLFRIEND) ..... 2 MET THE PERSON AFTER HAVING INTERNET /PHONE SEX ..... 3	_
52	Do you know about condoms? I mean a sheath worn on the penis to prevent pregnancy. (DO NOT ASK THIS QUESTION IF RESP Said HE USED CONDOM IN Q 47, INSTEAD --> NEXT Q)	YES ..... 1 NO: ..... 2 → Q.54	_
53	Do you know where to obtain condoms? Where would you get them?	PHARMACY ..... 1 HOSPITAL ..... 2 HEALTH CLINIC (PUBLIC) ..... 3 FAMILY PLANNING CLINIC ..... 4 PRIVATE DOCTOR ..... 5 PRIVATE CLINIC ..... 6 OTHER SHOP ..... 7 FRIEND/RELATIVE ..... 8	_ _

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		OTHER SOURCE .....9 DON'T KNOW .....98	
54	<b>Sometimes individuals of the same sex have relations.</b> Have you ever had any sexual activity with another male? By this I mean romantic kissing, touching private body parts, or sexual intercourse.	YES .....1 NO .....2 → Q.57 No answer .....99 → Q.57	_
55	Have you ever had sexual intercourse with a male? Just to be clear, I am referring to putting the penis in the anus.	YES .....1 NO .....2 → Q.57 NO ANSWER .....99 → Q.57	_ _
56	Now I would like to ask about the last time (most recent time) you had intercourse with another male. How long ago was this?	WITHIN THE LAST WEEK .....1 WITHIN THE LAST MONTH .....2 WITHIN THE LAST 6 MONTHS .....3 WITHIN THE LAST YEAR .....4 MORE THAN ONE YEAR AGO .....5 NO ANSWER .....99	_ _
57	Are you aware of the illness called AIDS or HIV?	YES .....1 NO: .....2 → NEXT SECTION NO ANSWER .....99	_ _
58	Do you know how people get HIV/AIDS?  <b>(DO NOT READ LIST. INDICATE ALL RESPONSES MENTIONED. PROBE BY ASKING "ANY OTHER" ?</b>	SEXUAL RELATIONS (BETWEEN MAN AND WOMAN).....1 HOMOSEXUAL SEX (BETWEEN TWO MEN).....2 COMING IN CONTACT WITH INFECTED BLOOD E.G. TRANSFUSION, UNCLEAN NEEDLES.....3 KISSING.....4 DRINKING FROM SAME GLASS OR EATING FROM SAME PLATE/SHARING FOOD.....5 USING SAME TOILET.....6 RAZORS.....7 SHAKING HANDS/SHARING FOOD OR DRINK WITH INFECTED PERSON.....8 MOTHER TO CHILD TRANSMISSION.....9 INSECT BITE.....10 OTHER (SPECIFY).....11 DO NOT KNOW.....98	_ _   _ _   _ _   _ _
59	Do you know ways to keep from getting HIV/AIDS?	ABSTAIN FROM SEXUAL RELATIONS.....1	

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	<b>(DO NOT READ LIST. INDICATE ALL RESPONSES MENTIONED AND PROBE BY ASKING "ANY OTHER" 3 TIMES)</b>	BE FAITHFUL TO ONE PARTNER.....	2	
		USE A CONDOM .....	3	
		WASH YOUR HANDS.....	4	_ _
		AVOID SEX WITH sex workers.....	5	_ _
		AVOID SHARING FOOD OR TOUCHING SOMEONE WHO IS		
		INFECTED .....	6	_ _
		SAY PRAYERS.....	7	_ _
		OTHER (SPECIFY.....).	8	_ _
		DO NOT KNOW.....	98	

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SECTION 4: BEHAVIORS OF PEERS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
<p>Now I'd like to get your perceptions of the behaviors of your peers, that is male youth your age who live in this area [WHERE RESPONDENT LIVES]. I'd like you to think of <i>all</i> such people here, not just your own friends or people you know well.</p> <p>GIVE THE RESPONDENT THE GUIDE TO PERCENTAGES AND READ THE FOLLOWING TEXT:</p> <p>I'm going to ask you to guess the percent of youth your age and gender living here who engage in a specific behavior or have a specific characteristic, such as using tobacco. You can use this guide to help you think about these percentages. Zero percent means that NO youth at all your age and gender engage in the activity, At the other end 100% means you think that ALL youth do the activity. 50% means you think about half do it. Most cases will be somewhere in between these numbers. Please give me your best idea of the percentage.</p> <p>Do you understand?</p> <p>After I ask about a specific behavior or characteristic, say smoking tobacco, if you think male youth who live in your neighborhood and are your age do not do this at all consider it as having 0%. If you think only a small proportion of male youth who live in your neighborhood do this you might say 3% of them or a 15 percent of them do this, depending on your best guess. If you think that about half of them do this behavior you can say there is a 46% chance or 52% chance. If you think a large proportion of them engage in the behavior you might say there is 78% chance or a 94% chance. Of course these are examples, use any number from 0 to 100 as you think appropriate.</p>			
1	What percent of male youth your age living in this area do you think are employed?  <b>(FOR THIS AND THE FOLLOWING: ASK FOR BEST GUESS IF RESP. SAYS DOES NOT KNOW OT HAS NO ANSWER.)</b>	PERCENT (0-100)     _ _ _ %  I DON'T KNOW .....98 NO ANSWER .....99	_ _
2	What percent of male youth your age living in this area do you think are tobacco smokers?	PERCENT (0-100)     _ _ _ %  I DON'T KNOW .....98 NO ANSWER .....99	_ _
3	What percent of male youth your age living in this area do you think take alcohol ?	PERCENT (0-100)     _ _ _ %  I DON'T KNOW .....98 NO ANSWER .....99	_ _
4	What percent of male youth your age living in this area do you think use drugs? I mean drugs such as hashish or marijuana, or pills, or drugs that are injected.	PERCENT (0-100)     _ _ _ %  I DON'T KNOW .....98 NO ANSWER .....99	_ _
5	What percent of male youth your age in this area WHO ARE NOT MARRIED do you think are having sexual relations, that is sexual intercourse? Just to be clear, I am referring to putting the penis in the vagina.	PERCENT (0-100)     _ _ _ %  I DON'T KNOW .....98 NO ANSWER .....99	_ _
TAKE THE PERCENTAGES GUIDE BACK FROM THE RESPONDENT.			
<p>Now I'd like to ask you specifically about the behaviors of people who are close to you. I mean those your own age and sex who you spend your time with, such as your good friends,. I'd like you to think of the <b>THREE</b> people you are closest to. I don't want to know their names, just for you to keep them</p>			

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in your head as I ask the questions.			
6	First, how many of these three are married?	NONE .....0 ONE .....1 TWO .....2 THREE (ALL) .....3 DON'T KNOW .....98	_ _
7	How many of these three individuals are tobacco smokers?	NONE .....0 ONE .....1 TWO .....2 THREE (ALL) .....3 DON'T KNOW .....98	_ _
8	How many take alcohol?	NONE .....0 ONE .....1 TWO .....2 THREE (ALL) .....3 DON'T KNOW .....98	_ _
9	How many use drugs? ANY OF THE DRUGS MENTIONED IN SECTION 7	NONE .....0 ONE .....1 TWO .....2 THREE (ALL) .....3 DON'T KNOW .....98	_ _
10	You told me that ____ of these three people are married. Of the <i>other</i> ____, how many are having sexual relations?  WRITE THE NUMBER MARRIED AND NOT MARRIED WHERE INDICATED	NONE .....0 ONE .....1 TWO .....2 THREE (ALL) .....3 DON'T KNOW .....98	_ _



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SECTION 9: EXPOSURE TO VIOLENCE			
NO.	QUESTIONS AND FILTERS		
<p>Now, I am going to read you some things that may have happened to you. As I read each, please answer "yes" if it has ever happened to you or "no" if it has not ever happened to you. If it happened, please tell me how old you were at the time.</p> <p>Have you ever.....How old were you when it occurred?</p> <p>[CIRCLE THE CORRECT RESPONSE AND RECORD AGE. ASK FOR AGE OF RECENT OCCURANCE IF IT HAPPENED MORE THAN ONCE. IF THEY ARE UNCERTAIN ABOUT THE AGE ASK TO GIVE BEST ANSWER]</p>			
1	Been Beaten Up or physically assaulted, though not by police or soldiers	1. Yes      2. No	Age       _ _
2	Been physically assaulted by soldiers or police	1. Yes      2. No	Age       _ _
3	Directly witnessed beating of close relative	1. Yes      2. No	Age       _ _
4	Directly witnessed killing of close relative or friend	1. Yes      2. No	Age       _ _
5	Had a close relative or friend who was killed, though you did not witness it	1. Yes      2. No	Age       _ _
6	Been shot by rubber/plastic or real bullets	1. Yes      2. No	Age       _ _
7	witnessed shooting of close relative or friend by rubber/plastic or real bullets	1. Yes      2. No	Age       _ _
8	Been Imprisoned or held by police or other authority	1. Yes      2. No	Age       _ _
9	Had a close relative who was imprisoned or held	1. Yes      2. No	Age       _ _
10	Had house or family home closed or demolished by Israelis or others	1. Yes      2. No	Age       _ _
11	Directly witnessed a close relative/friend's/neighbors' house closure or demolition	1. Yes      2. No	Age       _ _

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
<b>SECTION 10: POLITICAL ACTIVISM</b>			
There are many ways in which people can participate in politics. I am going to ask you about activities you may have engaged in.			
1	Are you a member of any political party or a political group?	Yes NO No ANSWER .....99	_ _
2	Have you ever attended a demonstration?	YES .....1 NO .....2 → Q.4 NO ANSWER .....99 → Q.4	_ _
3	About how many times have you done this in your life?	NEVER .....1 ONCE .....2 TWO-FIVE TIMES .....3 6-10 TIMES .....4 MORE THAN 10 TIMES .....5 DON'T KNOW .....98 NO ANSWER .....99	_ _
4	<del>Of the demonstrations that you attended, were any violent? How many were violent?</del>	<del>NONE .....1            A FEW/LESS THAN HALF .....2            ABOUT HALF .....3            MOST/MORE THAN HALF .....4            ALL/ALMOST ALL .....5            DON'T KNOW .....98            NO ANSWER .....99</del>	<del>    </del>