**Form: Adolescent Mapping**

1. **Consent – Good morning/afternoon. My name is X and I work for Y. I am interviewing different households to learn more about adolescent girls and boys living in [community name] in order for organizations to consider how to better reach adolescents with their programs. I would like to ask you a few questions; it will take about 10 minutes. You are not required to be interviewed. [Essential: You must get a verbal approval in order to continue the interview.]**
2. **Consent: Do you consent to participate?**

Choose one response

- Yes

- No: no one home If this response, skip to 26

- No: declined to participate If this response, skip to 26

- No: no adult home If this response, skip to 26

- No: vacant If this response, skip to 26

- No: other If this response, skip to 6

1. **Enter location information [i.e. village name, camp name, block number]**
2. **What languages do you speak? (Prompt: Any others?)**

Choose all that apply

- Fill in all relevant languages

1. **What is your gender?**

Choose one response

- Female

- Male

1. **Are you the head of household?**

Choose one response

- Yes If this response, jump to 9

- No

1. **What is the gender of the head of household?**

Choose one response

- Female

- Male

1. **Which services in this [camp/community] have members of this household accessed in the past month? [Prompt: Anything else?]**

Choose all that apply

- WASH (water, latrine, sanitation)

- Food distribution

- Shelter (plastic, sheets, poles)

- Safety/Security

- Health (hospital, vaccines, clinic, healthcare)

- Mental health or psychosocial support

- Safe spaces (child/women)

- GBV services

- Other

1. **If other, please specify**
2. **Are there any girls or women younger than 25 years old living in the household?**

Choose one response

- Yes

- No If this response, skip to 12

1. **GIRL ROSTER — ONLY enter information for girls who are LESS than 25 years old. Say, "Now I'm going to ask you a few questions about each girl in the house starting with the oldest." IF THERE ARE NO GIRLS, skip to the next question.**

Subform name : CXB\_Subform\_GIRLS

Subform keyword : girls

1. **Is there a boy or young man younger than 25 years old in the household?**

Choose one response

- Yes

- No If this response, jump to 16

1. **BOY MATRIX — ONLY enter information for boys who are LESS than 25 years old. Say, "Now I'm going to ask you a few questions about each boy in the house starting with the oldest." IF THERE ARE NO BOYS, skip to the next question.**

Subform name : CXB\_Subform\_BOYS

Subform keyword : boys

1. **Thank you. The next questions ask about difficulties one or more adults (25 years and older) in the household may experience because of a health problem.**
2. **Does any adult in this household have difficulty seeing, even if wearing glasses?**

Choose one response

- No - no difficulty

- Yes – some difficulty

- Yes – a lot of difficulty

- Cannot do at all

1. **Does any adult in this household have difficulty hearing, even if using a hearing aid?**

Choose one response

- No- no difficulty

- Yes – some difficulty

- Yes – a lot of difficulty

- Cannot do at all

1. **Does any adult in this household have difficulty walking or climbing steps?**

Choose one response

- No- no difficulty

- Yes – some difficulty

- Yes – a lot of difficulty

- Cannot do at all

1. **Does any adult in this household have difficulty remembering or concentrating?**

Choose one response

- No- no difficulty

- Yes – some difficulty

- Yes – a lot of difficulty

- Cannot do at all

1. **Does any adult in this household have difficulty with self-care, such as washing all over or dressing?**

Choose one response

- No- no difficulty

- Yes – some difficulty

- Yes – a lot of difficulty

- Cannot do at all

1. **Using their usual (customary) language, does any adult in this household have difficulty communicating, for example understanding or being understood?**

Choose one response

- No - no difficulty

- Yes - some difficulty

- Yes - a lot of difficulty

- Cannot do at all

1. **END —Thank you very much for your time today. As I mentioned, the purpose of this was to learn more about adolescents living in this camp in order to better reach them with our existing programs. I have appreciated your time and information. Have a good day.**

**Subform: Adolescent Mapping / Girl Roster**

*Instructions:* This form should be filled out for every female under the age of 25 who lives in the household. This includes the female head of household/main respondent if she is under the age of 25.

1. **What is this girl's age? For less than one year of age, enter 0.**

The answer must be < 25

1. **Has she accessed any NGO-provided services or programs that are specifically designed for girls?**

Choose one response

- Yes

- No If this response, skip to 4

- Don't know

- Declined to respond

1. **Which organization or NGO provided the services or program? (Please enter X if the respondent declines to respond and DNK if the respondent does not know the name of the organization)**
2. **Which of this girl's parents live in this household?**

Choose one response

- Both parents live here

- Only mother lives here

- Only father lives here

- Neither parent lives here

- Don't know

- Declined to respond

***[Note: Questions 5 – 11 may be skipped for girls under the age of 5]***

1. **Has she ever gone to school?**

Choose one response

- Yes

- No If this response, skip to 8

- Don't know If this response, skip to 8

- Declined to respond If this response, skip to 8

1. **During the last school year, did she attend school at least 4 days per week?**

Choose one response

- Yes

- No

- Don't know

- Declined to respond

1. **What is the highest grade of school she has completed? (Please enter XX if declined to respond, or DNK if does not know) *[Note: This question and response options can be reworded to be in line with local education context]***

The answer must be > 0 and < 13

1. **Is she able to read and write?**

Choose one response

- Yes

- No

- Don't know

- Declined to respond

1. **What is her marital status?**

Choose one response

- Single, never married

- Engaged

- Married, living with partner

- Married, not living with partner

- Widowed

- Divorced

- Don't know

- Declined to respond

1. **Does she have any children?**

Choose one response

- Yes

- No If this response, skip to 12

- Don’t know If this response, skip to 12

- Declined to respond If this response, skip to 12

1. **How many children does she have? (Enter XX if respondent does not know or DNK if the respondent declined to respond)**
2. **Thank you. The next questions ask about difficulties she may experience.**
3. **Does she have difficulty seeing, even when wearing glasses?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Does she have difficulty hearing, even if using a hearing aid?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Does she have difficulty walking or climbing steps?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Does she have difficulty remembering or concentrating?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Does she have difficulty with self-care, such as washing all over or dressing?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Using her usual (customary) language, does she have difficulty communicating, for example understanding or being understood?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

- Don’t know

1. **Can you tell me which 2 days of the week this girl would be more available to participate in programming designed for young people like her?**

Choose all that apply

- Monday

- Tuesday

- Wednesday

- Thursday

- Friday

- Saturday

- Sunday

1. **That was the last question about this girl. To collect information on another girl, please tap SAVE AND ADD ANOTHER below. If no additional girls are in the HH, please tap SAVE at the top right of the screen to go back to the main form.**

**Subform: Adolescent Mapping / Boy Matrix**

*Instructions:* This form should be filled out for every male under the age of 25 who lives in the household. This includes the household respondent if he is under the age of 25.

1. **What is this boy's age? For less than one year of age, enter 0.**

The answer must be < 25

1. **Has he accessed any NGO-provided services or programs that are specifically designed for boys?**

Choose one response

- Yes

- No If this response, jump to 5

- Don't know

- Declined to respond

1. **Which organization or NGO provided the services or program? (Please enter X if the respondent declines to respond and DNK if the respondent does not know the name of the organization)**
2. **Which of this boy's parents live in this household?**

Choose one response

- Both parents live here

- Only mother lives here

- Only father lives here

- Neither parent lives here

- Don't know

- Declined to respond

***[Note: Questions 5 – 11 may be skipped for boys under the age of 5]***

1. **Has he ever gone to school?**

Choose one response

- Yes

- No If this response, skip to 8

- Don't know If this response, skip to 8

- Declined to respond If this response, skip to 8

1. **During the last school year, did he attend school at least 4 days per week?**

Choose one response

- Yes

- No

- Don't know If this response, jump to 9

- Declined to respond If this response, jump to 9

1. **What is the highest grade of school he has completed? (Please enter XX if declined to respond, or DNK if does not know) *[Note: This question and response options can be reworded to be in line with local education context]***

The answer must be > 0 and < 13

1. **Is he able to read and write?**

Choose one response

- Yes

- No

- Don't know

- Declined to respond

1. **What is his marital status?**

Choose one response

- Single, never married

- Engaged

- Married, living with partner

- Married, but not living with partner

- Divorced

- Widowed

- Don't know

- Declined to respond

1. **Does he have any children?**

Choose one response

- Yes

- No If this response, skip to 12

- Don’t know If this response, skip to 12

- Declined to respond If this response, skip to 12

1. **How many children does he have? (Enter XX if respondent does not know or DNK if the respondent declined to respond)**
2. **Thank you. The next questions ask about difficulties she may experience.**
3. **Does he have difficulty seeing, even when wearing glasses?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Does he have difficulty hearing, even if using a hearing aid?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Does he have difficulty walking or climbing steps?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Does he have difficulty remembering or concentrating?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Does he have difficulty with self-care, such as washing all over or dressing?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Using his usual (customary) language, does he have difficulty communicating, for example understanding or being understood?**

Choose one response

-Cannot do at all

- Yes, severe difficulty

- Yes, moderate difficulty

- No difficulty

-Don’t know

1. **Can you tell me which 2 days of the week this boy would be more available to participate in programming designed for young people like him?**

Choose all that apply

- Monday

- Tuesday

- Wednesday

- Thursday

- Friday

- Saturday

- Sunday

1. **That was the last question about this boy. To collect information on another boy, please tap SAVE AND ADD ANOTHER below. If no additional boys are in the household, please tap SAVE at the top right of the screen to go back to the main form.**