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SECTION 1: SOCIO-DEMOGRAPHIC INFORMATION

We begin this interview by asking you to provide basis information about yourself. This information is important and you are requested to provide as much details as possible.

QNo	Code	Questions and Filters	Coding Categories	Programming notes
101	Intdate	Write date of interview	_	
102a	Location	Location	Moshi Urban 1 Moshi Rural 2 Nyamagana 3 Sengerema 4 Other 5	
103a	Group	Study group	Secondary school student 1 College student 2 university student 3 Employed in soft drink industry 4 Employed in a farm 5 Employed in a ginnery 6 Out of school-unstable employment 7 Other industry 8	
103b	Groupothe r		(Specify)	
104	Sex	What is your gender?	Male 1 Female 2	
105	Dob	What is your date of birth?	_ Day Month Year write 99 for day or 999 for month or 9999 for year if unknown	
106	Age	How old are you?	 Write completed years	
107a	Religion	What is your religion?	Muslim 1 Roman Catholic 2 Africa Inland Church 3 Pentecostal 4 Lutheran 5 Other 6	
107b	Religionot		(Specify)	

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QNo	Code	Questions and Filters	Coding Categories		Programming notes
108a 108b	Tribe Tribeot	What is your tribe?	Nyamwezi Mkurya Chagga Pare Haya	1 2 3 4 5 6 7	
109	Educat	What is the highest level of formal education you have completed?	Incomplete primary school Complete primary school Secondary (form one-four) Secondary (form one-six)	1 2 3 4 5	
110	Maristat	Currently, what is your marital status?	Single (with boyfriend/girlfriend) Cohabiting Married Separated/divorced	1 2 3 4 5	
111	Income	On average, how much money do you have available each month through either your job or your family support?	TZS _ _ (write 9999999 if don't know)		
112a	Live	Currently, where do you live?	I live at home with one parent I live at home with a relative/guardian I live at home with my partner I live at boarding school I live in a hostel/rented room	1 2 3 4 5 6 7 8	
113	Pareducat	What is the highest level of education of the persons with whom you live?	Incomplete primary school Complete primary school Secondary (form one-four)	1 2 3 4 5	

QNo	Code	Questions and Filters	Coding Categories		Programming notes
			Unknown	6 7 8	

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SECTION 2: ALCOHOL USE

In this section, we are going to ask you questions related to alcohol use. As you know there are many alcoholic drinks in the community and some people drink alcohol regularly. We would like to find out young people experiences with alcohol in this community. This information will remain confidential and will not be shared with other people. We are not here to judge you as a person but rather to gain understanding of a number of issues related to alcohol use among young people in this community. Remember we have not written your name on this form and this information will not be directly linked to you.

ALCOHOL EPIDEMIOLOGY QUESTIONNAIRE			Study IDNO: [_ _]			
QNo	Code	Questions and Filters	Coding Categories		Skip instructions	
201	alcoh1	In what year did you have your first alcoholic drink?	_ Ye write 9999 if unknow write 0000 if never used alcoh	vn	If never used alcohol skip to Q206	
202	alcoh2	How old were you when you had your first alcoholic drink?	_ Yea write 99 if unkno w			
203a 203b	Alcoh3	At what occasion did you have your first alcoholic drink?	Holida Wedding ceremon School party/graduation At a part with frience Other family cerebration Oth	ny 2 on 3 ds 4 on 5 er 6		
204a 204b	Alcoh4a Alcoh4b Alcoh4c Alcoh4d Alcoh4e	What type of alcoholic drink did you drink?	N Bottled beer 1 Wine 1 Spirit/liquor 1 Local beer/spirit/liquor 1 Other 1 (Specify)	2 2 2 2 2		
205a	Alcoh5a Alcoh5b Alcoh5c Alcoh5d Alcoh5e Alcoh5eot	What were the reasons for drinking? I wanted to try it My friends convinced me My parents/relatives advice me My partner convinced me Other (specify)	No Ye 1 2 1 2 1 2 1 2 2 1 2 2 1	2	After this question skip to Q207	

205b

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206a		What are the reasons for not	No	Yes		After this
2000	Alcoh6a	starting/trying an alcoholic drink?	1	2		question skip to
	Alcoh6b	My parents are against alcohol	1	2		Q301
	Alcoh6c	Relatives are against alcohol	1	2		
	Alcoh6d	My religion is against alcohol	1	2		
	Alcoh6e	My friends are against alcohol	1	2		
	Alcoh6f	I am afraid of alcohol side effects	1	2		
	Alcohof	Other	1	2		
	Alcoh6fot	(Specify)	-	2		
206b	Alconorot	(
207	Alcoh7	In the past 12 months, have you		No	1	If yes skip to
		ever drunk any alcohol?		Yes	2	Q209
208a		What are the reasons you didn't				After this
		drink alcohol in the past 12	No	Yes		question skip to
		months?				Q301
	Alcoh8a	My parents are against alcohol	1	2		
	Alcoh8b	Relatives are against alcohol	1	2		
	Alcoh8c	My religion is against alcohol	1	2		
	Alcoh8d	I have no money	1	2		
	Alcoh8e	I don't like alcohol	1	2		
	Alcoh8f	I'm home and not possible	1	2		
	Alcoh8g	I'm at college and not possible	1	2		
	Alcoh8h	I have health problems	1	2		
	Alcoh8i	Other	1	2		
	Alcoh8ot	(Specify)				
208b						
209a		What type of alcohol do you	No	Yes		
		usually drink?				
	Alcoh9a	Bottled beer	1	2		
	Alcoh9b	Wine	1	2		
	Alcoh9c	Spirit/liquor	1	2		
	Alcoh9d	Local beer/spirit/liquor	1	2		
	Alcoh9e	Other	1	2		
	AlcohOcot	(Specify)				
209b	Alcoh9eot	, , ,,				
210	Alcoh10	On average, how many days in a	Number of days p	per week		
		week do you drink alcohol?	(write 0 if none)(write 8 if do not		
			drink on we	ekly basis)		
	1		(write 9 if			I

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211	Alcoh11 Alcoh12	On average, how many drinks do you have on a typical day when you are drinking?	Indicate type of container used (e.g. beer bottles, glass of wine etc) Amount of beverage _		
212	Audit1	How often do you have a drink containing alcohol?	Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week	0 1 2 3 4	
213	Audit2	How many standard drinks do you have on a typical day when drinking?	1 or 2 3 or 4 5 or 6 7 or 9 10 or more	0 1 2 3 4	
214	Audit3	How often do you have six or more drinks on one occasion?	Never Less than monthly Monthly Weekly Daily or almost daily	0 1 2 3 4	
215	Audit4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never Less than monthly Monthly Weekly Daily or almost daily	0 1 2 3 4	
216	Audit5	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never Less than monthly Monthly Weekly Daily or almost daily	0 1 2 3 4	
217	Audit6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never Less than monthly Monthly Weekly Daily or almost daily	0 1 2 3 4	
218	Audit7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never Less than monthly Monthly	0 1 2	

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			Weekly	3	
			Daily or almost daily	4	
219	Audit8	How often during the last year	Never	0	
		have you been unable to	Less than monthly	1	
		remember what happened the	Monthly	2	
		night before because of your	Weekly	3	
		drinking?	Daily or almost daily	4	
220	Audit9	Have you or someone else been	No	0	
		injured because of your drinking?	Yes, but not in the last year	2	
			Yes, during the last year	4	
221	Audit10	Has a relative, friend, doctor, or	No	0	
		other health care worker been	Yes, but not in the last year	2	
		concerned about your drinking or	Yes, during the last year	4	
		suggested you cut down?			
222	dsm1	Have you ever failed to fulfill	No	1	
		major role obligations at work,	Yes, but not in the last year	2	
		school, or home (e.g., repeated	Yes, during the last year	3	
		absences or poor work			
		performance related to			
		substance use; substance-related			
		absences, suspensions or			
		expulsions from school; or			
		neglect of children or household)?			
	_	Household):			
223	dsm2	Do you drink when working,	No	1	
		driving, or operating heavy	Yes, but not in the last year	2	
		machinery?	Yes, during the last year	3	
224	dsm3	Have you ever gotten trouble	No	1	
		with any authorities because you	Yes, but not in the last year	2	
		drank too much? (e.g. problems	Yes, during the last year	3	
		with school authorities, police			
		etc)			
225	dsm4	Have you ever continued to drink	No	1	
		alcohol despite persistent or	Yes, but not in the last year	2	
		recurrent social or interpersonal	Yes, during the last year	3	
		problems caused or exacerbated			
		by the effects of the alcohol (e.g.,			
	ı			1_	

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		arguments with spouse about consequences of intoxication or physical fights).		
226	dsm5	Have you ever felt a need to increase the amount of alcohol that you drink to achieve the desired effect which was initially attained by lesser amount of alcohol (few drinks)	No Yes, but not in the last year Yes, during the last year	1 2 3
227	dsm6	Have you ever experienced a feeling of nervousness, feeling of shakiness, anxiety, irritability or easily excited, emotional volatility, rapid emotional changes and excessive sweating	No Yes, but not in the last year Yes, during the last year	1 2 3
228	dsm7	Do you take alcohol (drug-valium) to get relief from the above experiences taking alcohol or valium?	No Yes, but not in the last year Yes, during the last year	1 2 3
229	dsm8	Do you often consume alcohol in larger amounts over a longer period than was intended	No Yes, but not in the last year Yes, during the last year	1 2 3
230	dsm9	Do you have a persistent desire or there are unsuccessful efforts to cut down or control alcohol use	No Yes, but not in the last year Yes, during the last year	1 2 3
231	dsm10	Have ever felt that you spend a great deal of your time in activities necessary to obtain alcohol, use alcohol or recover from its effects	No Yes, but not in the last year Yes, during the last year	1 2 3
232	dsm11	Have you reduced important social, occupational, or recreational activities are given up or reduced because of alcohol use	No Yes, but not in the last year Yes, during the last year	1 2 3

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SECTION 3: ALCOHOL ADDITIONAL INFORMATION

Thank you for providing responses to the alcohol questions so far this is highly appreciated. We have another set of questions to collect additional information related to alcohol. Please take a few minutes to complete this part. Your responses are very important and we hope to learn a lot from this information.

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QNo	Code	Questions and Filters	Coding Categories		Programming notes
301	Advert1	During the past 30 days, how often did you see any alcohol advertisements?	Rarely Sometimes	1 2 3 4 5	
302	binge	During the past 30 days, how many times did you drink so much alcohol that you were really drunk?	1 or 2 times 3 to 9 times 10 or more times	1 2 3 4 5	
303	cost	During the past 30 days, how much of your money did you spend on alcohol drinks?	Less than Tshs 5000 Between Tshs 5,000-10000 More than Tshs 10,000	1 2 3 4 5	
304	costb	During the past 30 days, how much money was spent on alcohol, by others, offering you drinks?	Between Tshs 5,000-10000 More than Tshs 10,000	1 2 3 4 5	
305	compl	During the past 30 days, how many times did you get into trouble with your family or friends, miss school, or get into fights as a result of drinking alcohol?	0 times 1 or 2 times 3 to 9 times 10 or more times Not applicable	1 2 3 4 5	
306	whom	With whom do you usually drink alcohol?	With my family With persons I have just met I usually drink alone	1 2 3 4 5	
307	relat	Do any of your brothers or sisters drink alcohol?		1 2 3	

			I do not know	4	
308	Influad1	When you watch television, videos, or movies, how often do you see actors drinking alcohol?	I do not watch TV, videos, or movies Never Rarely Sometimes Most of the time Always	1 2 3 4 5 6	
309	Influad2	When you go to sports events, fairs, concerts, community events, or social gatherings how often do you see advertisements for alcohol?	I do not go to these events Never Rarely Sometimes Most of the time Always	1 2 3 4 5 6	
310	Influad8	If one of your best friends offered you a drink of alcohol, would you drink it?	Definitely not Probably not Probably yes Definitely yes	2	
311	availab	How difficult do you think it would be for you to get alcohol, such as beer or wine? If you wanted to?	Impossible Very difficult Fairly difficult Fairly easy Very easy I do not know	1 2 3 4 5	
312	Curric1	During the school years, were you taught in any of your classes about the problems associated with drinking alcohol?	No Yes I do not know	1 2 3	
313	Curric2	During the school years, were you taught in any of your classes about the effects of alcohol use on decision-making?	Yes	1 2 3	
314	Curric3	During the school years, were you taught in any of your	No Yes	1 2	

		classes about how to tell someone you did not want to drink alcohol?		I do not know	3	
315	Harma	Do you think that alcohol drinking may be harmful?		No Yes I do not know	1 2 3	If the answer is No or I do not know skip to Q317
316a	Harmba Harmbb Harmbc Harmbd Harmbf Harmbf Harmbh Harmbh Harmbi Harmbi Harmbi Harmbi	In general what are the possible problems with alcohol use? Harmful to the liver Harmful to the brain Harmful to the stomach May cause accidents/injuries Makes people aggressive Impair judgement A person loose his/her job Student may fail his/her studies There are no problems I don't know Other (specify)	No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
317	Atrisk	Do you think that you are at any risk because of your drinking habits?		No Yes I do not know Not applicable	1 2 3 4	

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SECTION 4: TOBACCO and other Drugs USE

I am now going to ask you about your experience in using tobacco and other drugs. These questions are important and we request you to respond as accurately as possible. Remember we are not here to judge you as a person. This information will remain confidential and will not be shared with other people.

QNo	Code	Questions and Filters	Coding Categories				Programming notes
401	tobdru1	Have you ever used any tobacco products in your life?		No Yes	1		If No skip to Q405
402	tobdru2	Do you currently use any tobacco products?		No Yes	1 2		If NO skip to Q405
403	tobdru3	Do you currently use tobacco products daily? (i.e., almost every day for at least one year)		No Yes	1 2		
404	tobdru4	How old were you when you first started smoking daily? (Probe age in years)	_ Years Write 99 if don't know				
405	tobdru5	Have you ever smoked or used any drugs/substance in your life?		No Ye s	1 2		If No skip to Q501
406a 406b	tobdru6a tobdru6b tobdru6c tobdru6d tobdru6e tobdru6ot	Which of these drugs/substances have you ever used?	Marijuana Heroin Cocaine Khat (mirungi) Other (specify)		No 1 1 1 1 1	Yes 2 2 2 2 2 2	

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SECTION 5: Sexual behavior

Thank you for responding to all these questions. This is the last section and I will ask information related to sexual behavior. I understand some of these questions may be sensitive. I request you to respond to as many questions as possible as this will be very helpful for this study.

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QNo	Code	Questions and Filters	Coding Categories		Programming notes
501	sthiv1	How old were you when you first had sex?	_ Years Write 99 if don't know Write 88 for those who never had sex		
502	Sthiv2	The last time you had sex, did you or your partner drink alcohol beforehand?	Yes	1 2 3	
503	Sthiv3	The last time you had sex; did you or your partner use drugs beforehand?	Yes	1 2 3	
504	Sthiv4	The last time you had sex, did you or your partner use a condom	Yes	1 2 3	
505	Sthiv5	How often do you or your partner use a condom when you have sex?	Rarely Sometimes	3 4 5	
506	Sthiv6	How many different sex partners have you ever had?	1 person 2 people 3 people 4 people 5 people	1 2 3 4 5 6 7 8	

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507	Sthiv7	Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as gonorrhoea, syphilis, HIV?	Yes No I do not know	1 2 3			
508	Sthiv8	Have you ever been tested for HIV infection or AIDS?	Yes No	1 2			
509	Sthiv9	Have you ever experienced vaginal/penile discharge in the past 12 months	Yes No I do not know	1 2 3			
510	sthiv10	Have you ever had ulcers in your private parts (genitals) in the past 12 months	Yes No I do not know	1 2 3			
511	Sthiv11	In the past 12 months, how many different sex partners have you had?	_ partners Write 999 if do not remember and 000 if did not sex in the past 12 months and 888 if never had sex				
512	Sthiv12	In the last 30 days, how many casual sexual partners have had? (Causal partners are any sex partners who are not constant friend or partner; they may include people who you pay for having sex, or not)	None One More than one I have never had sex	1 2 3 4			
513	sthiv13	Have you ever have sex under the influence of alcohol which you regretted the next day?	Yes No Don't remember	1 2 3			

Thank you for agreeing to participate in this study. I know this has taken a long time to finish. I know your participation have contributed to the success of this study. Let me know if you have any final questions or need any information related to the questions you were asked.

Data Reviewer	
Date	

	ENTRY 1	ENTRY 2
Initials		
Date		

I have never had sex 4

Not applicable 5

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ALCOHOL EPIDEMIOLOGY QUESTIONNAIRE	Study IDNO: [_ _ _]
ADDITIONAL INFORMATION DETERMINE TOTAL AMO DRINKING EVENT AS IDENTIFIED IN THE TFLB	OUNT OF ALCOHOL INTAKE IN EACH
Study ID:	

QNo.	Questions and Filters	Coding Categories				Codes & skip instructions
101	Write interviewer's code or initials	INTERVIEWERCODE/ INITIALS []				staffenrq
102	Write date of interview	_				dateenrol
103	Write date of the drinking event	_				dateevent
	Drink name	Volume of the bottle/can	Number of bottles	Number of drinks	How many people shared the drink	
104a						drink1
104b						drink2
104c						drink 3
104d						drink 4