

**SECOND INTERNATIONAL CONGRESS  
ON EDUCATION IN LOVE, SEX, AND LIFE**  
A Congress on the Life and Love of Today's Youth:  
What They Think, What They Feel, What They Say  
EDSA Shangri-la, Manila, Philippines, 20 to 22 November 2007

**SURVEY ABOUT RELATIONSHIPS, LOVE AND SEXUALITY**

Thank you for helping us with this study.

Do not put your name on this survey. By answering this anonymous survey, you will help us know the youth's opinion on relationships, love and sexuality.

This survey is **not an exam**. We shall not grade you. So we encourage you to be as sincere as possible in your answers.

This same questionnaire is also being used in other countries around the world, possibly with cultures different from yours. Thus, some questions may seem strange to you, but nevertheless make an effort to answer them.

Once you have finished answering all questions, place the survey in the envelope provided, and hand this over to us. Remember that since your name is not indicated, the researchers will not know which questionnaire is yours.

**How to answer the survey**

Each question has several possible answers. Check **only one box** per question (unless stated otherwise). If you find it difficult to choose one, check the one that most suits your opinion or your habits.

If you feel uncomfortable with a given question, do not worry, you may leave it blank.

**Thanks a lot for your collaboration!**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Region/Province: \_\_\_\_\_  
Country: \_\_\_\_\_

**1. How old are you?**

\_\_\_\_\_

**2. Are you male or female?**

- 0  Male  
 1  Female

**3. Check if you have any of the following in your house:**

	Yes	No	Do not know
<b>3.1. Computer(s):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/> (go to question 3.2.)	Do not know <input type="checkbox"/>
With Internet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
With a "filter" (a program that prevents visiting certain pages in the Internet)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
One or more is a laptop	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
If you have a computer(s) at home, it is in: (you can check several options)			
Living room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
Your bedroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
Other place (please, specify): _____			
<b>3.2. Television</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/> (go to question 3.3.)	Do not know <input type="checkbox"/>
With "cable" or satellite (more channels than usual)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
In your bedroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
<b>3.3. Game console (PlayStation, etc.)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
Is it portable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
<b>3.4. DVD player</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
<b>3.5. Mobile phone</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/> (go to question 4)	Do not know <input type="checkbox"/>
With a prepaid card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not know <input type="checkbox"/>
Please, specify your mobile phone operator: _____			

**4. For what purposes do you use the Internet?** You may check more than one applicable answer.

- 0  Not applicable/ I do not have access to the Internet
- 1  Studying/ looking for information
- 2  Sending emails
- 3  Chatting/ making friends
- 4  Entertainment
- 5  Shopping
- 6  Downloading programs, music, movies.

**5. For what activities do you use your personal mobile phone?** You may check more than one applicable answer.

- 0  Not applicable/ I do not have a personal mobile phone
- 1  Calling
- 2  Sending SMS/ MMS messages
- 3  Surfing the Internet
- 4  Playing games
- 5  Transacting money

**6. What kind of television programs do you prefer? Check only 2 options**

- 1  News
- 2  Documentaries, Reports (on animals, trips, etc.)
- 3  Sports
- 4  Films
- 5  Serials for young people ("teleserye", etc.)
- 6  Other (reality shows, variety shows, music videos, etc. ) please, specify: \_\_\_\_\_

**7. Your school/university is?**

- 1  Public                      2  Private

**8. The student population in your school/university is:**

- 1  Exclusive male or female                      2  Mixed male and female

**9. Your average grades in school/university are:**

- 1  below 75 or its equivalent
- 2  75-79 or its equivalent
- 3  80-89 or its equivalent
- 4  90 or above or its equivalent

**10. Do you think it is important for your future to continue your education after graduating from school?**



**PLEASE SHARE WITH US SOME INFORMATION ON YOUR FRIENDS**

**11. How many "close" friends do you have?**

- 0  None     1     2     3     4     5 or more

**12. How is the group of friends you spend most of your free time with?**

- 0  I don't have a group of friends (*go to question 15*)
- 1  We are only boys
- 2  We are only girls
- 3  We are boys and girls

13. For the following questions, check to what extent the following statements apply to your group of friends (for example: "strongly agree" means that this frequently happens in your group).

	Strongly disagree	1	2	3	4	5	Strongly agree	Do not know	
Somebody in the group usually decides what to do or where to go.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I am one of those who decide		Yes <input type="checkbox"/>	No <input type="checkbox"/>						
I can freely give my opinions because I am going to be respected.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I usually get bored with my group of friends.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. During your free time, how much time (more or less) do you spend with your group of friends in the following places or doing the following activities? For each activity check the box that suits your group most.

	Never	sometimes in a month or less frequently	1–2 days a week	3–5 days a week	6–7 days a week
Meeting outdoors, in a park, in a square, or in other public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice sports, go on excursion...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer activities (outreach programs, charity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend educational activities: talks, courses, religious classes, catechism, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to discos, bars, places where we drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to shopping centers, amusement arcade, cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet in one of your friends' house or in yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet in a privately owned space without parental or other supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. To what extent is it important for you what your parents and your friends think about the following topics? In this column, check the option from 1 to 5 that suits you most. The lowest score is 1 (it is not important at all) and the highest score is 5 (it is very important).

	How important for you is your <u>parents'</u> opinion on...					How important for you is your <u>friends'</u> opinion on...								
	Not important	1	2	3	4	5	Very important	Not important	1	2	3	4	5	Very important
The way you dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, drinking alcohol, taking illegal drugs (cannabis, cocaine..)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your free time activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Love and sexuality topics, dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your choice of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TELL US MORE ABOUT YOUR FREE TIME ACTIVITIES DURING THE WEEK AND THE WEEKEND

16. Approximately, how long (hours) do you spend during the week AND during the weekend doing the following activities?

	DURING THE WEEK				DURING THE WEEKEND			
	None	1-2h.	3-4 h.	≥5 h.	None	1-2h.	3-4h.	≥5 h.
Doing your homework	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Internet, video games	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Watching television, listening to the radio	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Reading magazines for young people	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Reading novels, literature, essays	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Practicing sports	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Practicing arts (singing in a choir, playing an instrument, painting, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Working as a volunteer (outreach programs, charity, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Attending educational activities (courses, talks, religious classes, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

AND WE ALSO WOULD LIKE TO KNOW HOW YOU GET INFORMATION ON CERTAIN TOPICS.

17. When you need information about love and sexuality, how often do you use the following sources?:  
Choose the option from the lowest score 1 ("never") to the highest score 5 ("always") that suits you most.

	Never	1	2	3	4	Always
Your mother and/or father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Your brother(s)/sister(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
A teacher from the school or the university	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Health/sexual counsellor (not from school, i.e.: sexual counselling centres)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Look it up in the Internet or in youth magazines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Look it up in books	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Others (please, specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
<b><i>In case your parents are separated or divorced:</i></b>						
Your mother's partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Your father's partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

18. Have you ever talked to your parents about the following topics? Whether you have or not, check if you would like to know more on the topic.

	I have talked to my parents about...					I would like to know more about...	
	Nothing	—————>			A lot	Yes	No
Girls' physical changes (menstruation, breast ...)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boys' physical changes (beard, wet dreams ...)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AIDS and other sexually transmitted infections	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pregnancy, the beginning of life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Condoms and methods of contraception	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to know when I will be ready to start dating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to know when I will be ready to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What "falling in love" means	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to continue going out with a person ("boyfriend/girlfriend") without having sexual relationships	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to know if the person I am dating is the right one to share my future life with	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to better manage my feelings and emotions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to better manage my sexual drive/passion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How to tell the difference between desire, sexual attraction and love	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOW, WE WOULD LIKE TO KNOW YOUR FEELINGS AND OPINIONS ON LOVE AND SEXUALITY.

19. We would like to know if you agree with the following statements. You do not need to be currently "dating somebody" or have a "boyfriend/girlfriend" to answer these questions. (Choose the option from 1 to 5 that suits your opinion most.)

	Strongly disagree	—————>			Strongly agree	Do not know
I think it is ok that people of my age have sexual relationships to have fun.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Having a sexual relationship...</b>						
... means "giving yourself" to the other person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... is a sign of maturity.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Love forever...</b>						
... is difficult to find, "it comes and goes".	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... does not depend on people, it is a matter of destiny.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... is possible, but it is necessary that both are willing to make sacrifices for each other.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
Marriage offers stability to a couple and their children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
If a couple gets married, it should be for the rest of their lives.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

**20. We would like to know if you agree with the following statements. You do not need to be currently “dating somebody” or having a “boyfriend/girlfriend” to answer these questions. (Choose the option from 1 to 5 that suits you most.)**

	Strongly disagree $\longrightarrow$ Strongly agree					Do not know
I feel ready to begin a steady boy-girl relationship.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I would like to wait to have sex with my “boyfriend/ girlfriend” until we reach a commitment, but not necessarily being married.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I would know how to tell my partner (“boyfriend/girlfriend”) that I do not want to have sexual relationships if this was my choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I do not like it when the media (TV, ads, magazines, films...) show:						
<i>women as “sexual objects”; only giving importance to her body</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>men as “sexual objects”; only giving importance to his body</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I do not like it when the media (TV, ads, magazines, films ...) associate:						
<i>femininity to having more sexual relationships</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>masculinity to having more sexual relationships</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

**21. Teenagers are not expected to have sexual relationships, but if you have, we would like to know which of the following situations apply to you. When we mention “sexual relationships” we mean complete sexual relationships, also known as “making love”, “having sex”. If you have never had sex, go to question 22.**

	Strongly disagree $\longrightarrow$ Strongly agree					Do not know
<b>“I had my first sexual relationship because ...”</b>						
<i>... I was in love.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... most of my friends already had sex.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I wanted to have fun.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I wanted to know what it was like.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I felt like it.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I wanted to be more popular in class/ group of friends, etc.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I was afraid to lose him/her.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I was under the influence of alcohol or drugs (marihuana, etc.)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I did not know how to say no to a person who insisted on.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... as a result of an “uncontrolled situation”, although it was not initially our (mine and my partner’s) intention.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... as a consequence of seeing sexual images (films, magazines...)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... I had to return a favour (money, job, etc.).</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
<i>... other reason (please, specify): _____</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I have had sex at least once with my partner (“boyfriend/girlfriend”) without giving my consent.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
Deep down, I regret having already had sexual relationships.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

**22. If you have never had sexual relationships, we would like to know to what extent the following reasons influence this decision. If you have had sex, do not answer this question. Remember: "strongly disagree" means that the situation does not apply to you and "strongly agree" means that it highly applies to you.**

	Strongly disagree $\longrightarrow$ Strongly agree					Do not know
<b>"I have not had sexual relationships because ..."</b>						
... I have not found the right person.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... I am afraid of getting pregnant/getting a girl pregnant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... I am afraid of getting infected of AIDS or another infection.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... my parents would not approve it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... my partner(s) has/have not wanted to have sex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... waiting is a special gift for the person I will share my life with.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... of fear of sin or guilt.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... I am not married.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... I did not feel ready for it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
... other reason (please, specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

**23. Which risk do you think may occur if one has sex with or without condoms? The risk goes from 1 ("None"= there is no risk at all) to 5 ("Very high"=always happens or almost always).**

	Risk if one has sex <u>WITH</u> a condom						Risk if one has sex <u>WITHOUT</u> a condom						
	None	$\longrightarrow$				Very high	I don't know	None	$\longrightarrow$				Very high
Of being infected with AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Of being infected genital warts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Of getting pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	

**NOW, WE WOULD LIKE TO ASK YOU ABOUT YOUR FUTURE**

**24. To what point would you like to achieve one of the following goals in the future?**

	None	$\longrightarrow$				A lot	Do not know
Be helpful (help needy people)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Be loyal (not betraying nor criticizing my friends)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Be sincere, without having to fake nor thinking another way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Have my own personality so as to maintain my opinions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Not depend on circumstances and be strong when difficulties arise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Choose the right person with whom to start a family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Wait to have sex until I get married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
If I get married, I want my marriage to last all my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
Devote myself to helping others (missions, apostolic celibacy, priesthood..)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	



**25. Do you think the following people and institutions are helping you to reach these goals, through their messages and advices?** *Option 1 means "Yes, more or less yes" and option 0 means "No, more or less no".*

	You are helped by your parents to...			You are helped by your friends to...			You are helped by your teachers to...			You are helped by TV, magazines...to		
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Be helpful (help needy people)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Be loyal (not betraying nor criticizing my friends)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Be sincere, without having to fake nor thinking another way	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Have personality so as to maintain my opinions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Not depend on circumstances and be strong when difficulties arise	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Choose the right person with whom to start a family	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Wait to have sex until I get married	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
If I get married, I want my marriage to last all my life	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
Devote myself to helping others (missions, apostolic celibacy, priesthood...)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>

## FINALLY, WE WOULD LIKE TO KNOW SOME THINGS ABOUT YOU

**26. How would you describe your family's economic status?**

- 0  Low
- 1  Not very low
- 2  Middle (not so low but not so high)
- 3  High
- 4  Very high

**27. When you do something wrong, how often do each of the following situations happen to you?** *For each situation, choose the option from 1 to 5 that suits you most.*

	Never	—————> Always					Do not know
I receive a fair/reasonable punishment.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
I receive an abusive/unreasonable punishment.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
I do not receive any punishment; my wrong actions are usually tolerated.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	
I am given an explanation why I am wrong.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	

**28. Choose how strong the following sentences express what you think about yourself.** For example: "Strongly agree" means that you always or almost always think that way.

	Strongly disagree	—————→			Strongly agree	Do not know
I think I have several good qualities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I am satisfied with my physical appearance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I feel loved by other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I am able to make someone happy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I usually finish the things/projects that I have started.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I find it hard to express myself and relate with others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I tend to want/get things immediately.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
Jokes or insults from others usually affect me a lot.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I feel pressured by my peers for not having a date	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I think and plan for the future even in small ways (i.e. saving my allowance, planning for a career, etc.).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
I am usually happy for the successes of others (including people who are close to me).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

**29. What is your religion?**

- 0  I have no religion (*you have finished the survey*)
- 1  Catholic
- 2  Protestant
- 3  Jewish
- 4  Muslim
- 5  Hindu
- 6  Buddhist
- 7  Other (please, specify): \_\_\_\_\_

**30. How often do you go to church/temple or religious services?**

- 1  More than once in a week
- 2  Once in a week
- 3  Once in a month
- 4  Sometimes in a year
- 5  Less than once in a year, hardly ever
- 6  Never

**31. To what extent do you agree with this sentence: "My faith is a very important influence that I am willing to take into account in my life"?**

Strongly disagree —————→ Strongly agree

1  2  3  4  5  0  Do not know

**YOU HAVE FINISHED THE SURVEY!**

**WE THANK YOU SO MUCH FOR SHARING WHAT YOU THINK WITH US.**