

## QUESTIONNAIRE:

### ***YOURLIFE (C13)***



First, we want to **thank** you for helping us with this study. This is an anonymous international online survey about affectivity, sexuality, and lifestyles. Data from this survey will serve to better inform young people your age about the following: knowledge, attitudes, and needs concerning love and sexuality.

This survey is **ANONYMOUS**. You do not have to write your name on it, which means that no one will be able to identify who answered it. Moreover, only researchers will see your answers; your parents, teachers, and anybody else at your school or institution will not have access to them.

This survey is **VOLUNTARY**. If you do not want to respond to this survey, you can leave the room now or whenever you think appropriate; or you can wait and leave the survey blank until the end. You can choose any of these options. In addition, if you are not comfortable answering a question, don't worry. You can choose to answer with the response, "**I prefer not to answer**," which is available for each of the questions. But please remember that it is very important for the project to gather as complete information as possible.

It will take about 30 minutes to answer the survey.

We encourage you to participate and thank you for considering our invitation to do so. If you choose to participate in this survey, you will be participating in an international project supported by thousands of young people around the world.

By clicking "START," you agree to participate in the survey.

Many thanks for your cooperation!

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In some cases, question numbers are not consecutive. This is NOT a mistake: this is because some questions are asked in some questionnaires and not in other ones, depending on the ages and the goals of the study.

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### 1. Answering the survey:

- This survey is not a test. It will not be graded so we encourage you to answer the questions as honestly as possible. These same questions are also used in other countries with different cultures. Therefore, some questions may seem a little strange or irrelevant to your daily life. The questions have several possible answers, but this does not mean that they are all equally healthy or advisable. We state this because in some places, and at certain ages, some people may not be in the circumstances described in those responses. In any case, try to answer those questions as well.
- Each question gives you several response options. Mark one box for each question. If you find it difficult to choose between several answers, mark the one closest to what you think or do most of the time.
- In several places, there are questions that refer to your parents. Please apply these questions to your personal circumstances: meaning birth parents, adoptive parents, guardians or the people generally responsible for you.

### 2. How old are you?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25 or older
- I prefer not to answer

### 3. Are you male or female?

- Male
- Female
- I prefer not to answer

### 4. Last school year:

- I failed at least one subject
- I passed all subjects, with average grades
- I passed all subjects, with good grades
- I prefer not to answer

**5. Please respond to the following questions about new technologies:**

	No	Yes	I don't know	I prefer not to answer
Do you have Internet access at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Internet network in your home have a filter? (A filter is a program that prohibits access to some websites). [If you do not have Internet access at home mark "NO"].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a computer (laptop or desktop) in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a TV in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a videogame console (PlayStation, PSP, Xbox or similar)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Do you have your own smartphone/tablet etc.?**

- No → *To question number 9*  
 Yes  
 I prefer not to answer → *To question number 9*

**7. Does your smartphone/tablet have a data plan?**

- No  
 Yes  
 I prefer not to answer

**8. At what age did you have your first personal smartphone/tablet, etc.?**

- 7 or younger  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 15  
 16 or older  
 I prefer not to answer

**9. Normally, MONDAY THROUGH THURSDAY, how much total time (adding together those 4 days) do you usually spend on the following activities?**

	None	Less than 1 hour	Between 1 and 2 hours	Between 2 and 3 hours	Between 3 and 4 hours	Between 4 and 10 hours	More than 10 hours	I prefer not to answer
Study and do homework (outside school hours)	<input type="checkbox"/>							
Read books	<input type="checkbox"/>							
Read teen magazines	<input type="checkbox"/>							
Watch TV	<input type="checkbox"/>							
Play video games (console, computer games...)	<input type="checkbox"/>							
Work for money	<input type="checkbox"/>							

**10. Please notice. This question is similar to the previous one, but now refers to the weekend.**

Normally, from FRIDAY TO SUNDAY, how much **total** time (adding up those 3 days) do you usually spend on the following activities?

	None	Less than 1 hour	Between 1 and 2 hours	Between 2 and 3 hours	Between 3 and 4 hours	Between 4 and 10 hours	More than 10 hours	I prefer not to answer
Study and do homework (outside school hours)	<input type="checkbox"/>							
Read books	<input type="checkbox"/>							
Read teen magazines	<input type="checkbox"/>							
Watch TV	<input type="checkbox"/>							
Play video games (console, computer games...)	<input type="checkbox"/>							
Work for money	<input type="checkbox"/>							

**11. Which of the following types of TV shows do you normally watch (at least once a week)?**

	No	Yes	I prefer not to answer
News, sports, cultural programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap operas, youth programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reality shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety shows, contests, comedy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Please indicate to what extent you agree with the following situations.**

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	I prefer not to answer
I spend time absently, looking at my smartphone, tablet, or computer even when I could be doing more productive things.	<input type="checkbox"/>					
I spend more time interacting with “virtual friends” than with people who are physically with me.	<input type="checkbox"/>					
I should be less “addicted” or “connected” to some electronic devices such as my cell phone, tablet and/or computer.	<input type="checkbox"/>					
At all times, I look at and answer emails, chats, and tweets, even when doing so interrupts other activities.	<input type="checkbox"/>					
I usually feel uncomfortable when I carelessly leave my cell phone or another electronic device at home, in the car, or in another place because I feel the need to be connected.	<input type="checkbox"/>					
I usually have my cell phone in front of me while I am eating.	<input type="checkbox"/>					

**13. WE WANT TO KNOW HOW YOU SPEND YOUR FREE TIME.****14. Do you have friends to count on during difficult moments?**

- No  
 Yes  
 I don't know  
 I prefer not to answer

### 15. During the last 12 months, how often have you participated in the following activities?

	Never	Less than 1 day per month	1-3 days per month	1-2 days per week	3 days per week or more	I prefer not to answer
Hang out on the street, in a park, at the beach or in another public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice sports, mountain hiking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering (collaborate with NGOs, charity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend artistic or educational activities (music, painting, theatre, courses, talks, catechism, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to discos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to shopping centers, game rooms, billiards, football stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hang out inside with your friends without adults present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities with your parents (do sports, have field trips, play board games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume 5 or more alcoholic drinks within a 2-hour period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume pot/marijuana/cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consume other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look at erotic or pornographic material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look at erotic or pornographic material on a cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 18. On average, of the money you usually have (allowance, money you earn working), how much do you usually spend each week?

Answer with the **number** amount, without writing the currency. For example, if you spend about 20 dollars a week, write **20**.

### 21. WE ALSO WANT TO KNOW WHERE YOU GET INFORMATION ON CERTAIN ISSUES

### 22. When you want to get information on issues related to love and sexuality, how often do you talk to or consult with the following sources?

	Never	Rarely	Sometimes	Almost always	Always	I prefer not to answer
Your father	<input type="checkbox"/>					
Your mother	<input type="checkbox"/>					
Your friends	<input type="checkbox"/>					
Your boyfriend or girlfriend	<input type="checkbox"/>					
A trusted teacher/professor	<input type="checkbox"/>					
A trusted counselor (at school, a health center...)	<input type="checkbox"/>					
The Internet	<input type="checkbox"/>					

**23. Have you talked with your parents (father, mother, or both) about the following issues?**

	None	A little	More or less	Fairly often	A lot	I prefer not to answer
Body changes in girls (menstruation, breast development, etc.) and/or boys (beard, voice, wet dreams, etc.)	<input type="checkbox"/>					
The reproductive system (both male and female)	<input type="checkbox"/>					
Pregnancy, when life begins	<input type="checkbox"/>					
Abortion	<input type="checkbox"/>					
AIDS and other Sexually Transmitted Infections (STIs)	<input type="checkbox"/>					
Condoms and contraceptives	<input type="checkbox"/>					
How best to deal with my feelings and affections	<input type="checkbox"/>					

**25. Please notice. This question is similar to the previous one, but now refers to whether or not you want to talk more about these topics.**

Indicate whether you would like to talk with your parents more about the following topics:

	No	Yes	I prefer not to answer
Body changes in girls (menstruation, breast development, etc.) and/or boys (beard, voice, wet dreams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reproductive system (both male and female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy, when life begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS and other Sexually Transmitted Infections (STIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms and contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How best to deal with my feelings and affections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. Please let us know to what extent your school has addressed the following topics:**

	None	A little	More or less	Fairly often	A lot	I prefer not to answer
The biological aspects of sexuality (changes in the body, functioning of the reproductive system, pregnancy, AIDS...)	<input type="checkbox"/>					
The affective aspects of sexuality (distinguishing between sexual attraction, infatuation, and love; deal with feelings...)	<input type="checkbox"/>					

**28. Indicate if you think that your school should speak more, or less, on the following questions.**

	They should speak to us much less	They should speak to us less	The level is fine	They should speak to us more	They should speak to us much more	I prefer not to answer
The biological aspects of sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The affective aspects of sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. IN WHAT FOLLOWS, WE WANT TO KNOW MORE ABOUT WHAT YOU FEEL AND THINK ABOUT LOVE AND SEXUALITY**

*In this section, "sexual relationships" refers to full sexual intercourse.*

**34. How many people your age do you think have had sex?**

	No one or almost no one	Less than half of them	Half of them	More than half of them	Everyone or almost everyone	I prefer not to answer
Young people your age at your school/high school	<input type="checkbox"/>	<input type="checkbox"/>				
Young people your age in general	<input type="checkbox"/>	<input type="checkbox"/>				

**35. What do you think is the risk that the following things occur if you have sex using a condom?**

	No risk	Low or medium	High or very high	I don't know	I prefer not to answer
Getting pregnant	<input type="checkbox"/>				
Contracting HIV	<input type="checkbox"/>				

**58. In your opinion, when does human life begin?**

- At fertilization (when the egg and sperm unite)  
 Approximately 15 days after fertilization, when the embryo implants in the uterus  
 Sometime between embryo implantation in the uterus and birth  
 At birth  
 I do not know /I am not sure  
 I prefer not to answer

**59. Do you think a woman has the right to have an abortion?**

- No  
 Yes, but only in certain circumstances  
 Yes, whenever she wants to  
 I don't know  
 I prefer not to answer

**60. NOW WE WOULD LIKE TO ASK SOME OTHER THINGS ABOUT YOU****61. How many siblings do you have? (Do not include yourself).**

- None  
 1  
 2 or more  
 I prefer not to answer

**62. Please indicate with whom you live:**

	No	Yes	I prefer not to answer
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another adult (guardian...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**63. What is your parents' marital status? If either of them is deceased, please answer with their marital status when both were alive.**

- They never got married (to each other)
- Married
- Separated/divorced; neither has remarried or had a stable partner
- Separated/divorced; at least one has a stable partner or is remarried
- Other
- I prefer not to answer

**64. What is the highest educational level that your father has completed?**

- Uneducated
- Primary Education (or equivalent...): up to 12-14 years old
- Secondary Education: up to 16-18 years old
- Vocational/professional training
- University graduate degree (Diploma, Bachelor's)
- University post-graduate Studies (MA, PhD)
- I don't know
- I prefer not to answer

**65. What is the highest educational level that your mother has completed?**

- Uneducated
- Primary Education (or equivalent...): up to 12-14 years old
- Secondary Education: up to 16-18 years old
- Vocational/professional training
- University graduate degree (Diploma, Bachelor's)
- University post-graduate Studies (MA, PhD)
- I don't know
- I prefer not to answer

**66. Please describe how often the following situations apply to your life.**

	Never	Rarely	Sometimes	Almost always	Always	I prefer not to answer
I usually have dinner with my parents	<input type="checkbox"/>					
I help with housework	<input type="checkbox"/>					
I plan my homework	<input type="checkbox"/>					
I do things without thinking	<input type="checkbox"/>					
I say things without thinking	<input type="checkbox"/>					
I usually finish the things/projects that I start	<input type="checkbox"/>					
I usually save money	<input type="checkbox"/>					

**67. We would like to know to what extent you consider the following relationships satisfactory:**

	None	A little	More or less	Fairly often	A lot	Not applicable (they have passed away)	I prefer not to answer
I consider my parents' relationship (between them) satisfactory	<input type="checkbox"/>	<input type="checkbox"/>					
I consider my relationship with my mother satisfactory	<input type="checkbox"/>	<input type="checkbox"/>					
I consider my relationship with my father satisfactory	<input type="checkbox"/>	<input type="checkbox"/>					

**69. Please indicate how often the following situations apply to your life.**

	Never	Rarely	Sometimes	Almost always	Always	I prefer not to answer
Every now and then, I like admiring a landscape	<input type="checkbox"/>					
I like to question about different things in life	<input type="checkbox"/>					
Every now and then, I like to be in silence without noise and electronic devices	<input type="checkbox"/>					
I generally feel free in my life	<input type="checkbox"/>					
I feel loved by others (friends, classmates...)	<input type="checkbox"/>					
I am generally happy with the life I lead	<input type="checkbox"/>					
I can express my thoughts with my friends without fear	<input type="checkbox"/>					
At school I feel accepted by my peers	<input type="checkbox"/>					
A student at my school has physically or psychologically harmed or assaulted me (or continues to do so today)	<input type="checkbox"/>					
Someone outside of my school has physically or psychologically harmed or assaulted me (or continues to do so today)	<input type="checkbox"/>					

**70. What religion do you practice or believe in?**

- I do not believe in God/I do not know whether God exists → *To question number 73*
- I believe in God but I don't have any specific religion
- Catholicism
- Protestantism
- Orthodox religion
- Other Christian Religions
- Islam
- Hinduism
- Buddhism
- Ethnic religions
- Chinese folk religion (Taoism, Confucianism)
- Shintoism
- Sikhism
- Judaism
- Other
- I prefer not to answer

**71. How often do you do the following:**

	Never	Rarely	Occasionally in a year	Occasionally in a month	Once a week	More than once a week	I prefer not to answer
Go to church/temple	<input type="checkbox"/>						
Pray	<input type="checkbox"/>						

**72. Do you agree with the following statement? "My faith is an important influence in my life and I am willing to take it into account in my decisions"**

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree	I prefer not to answer
Do you agree?	<input type="checkbox"/>					

**73. PLEASE TELL US SOME THINGS ABOUT YOUR FAMILY****74. You believe your parents:**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... Know and understand you well	<input type="checkbox"/>					
... Know your friends	<input type="checkbox"/>					
... Know your friends' parents	<input type="checkbox"/>					
... Talk with your teachers	<input type="checkbox"/>					
... Care about your appearance (physical look, clothes, cleanliness)	<input type="checkbox"/>					
... Care about you being happy	<input type="checkbox"/>					
... Supervise your homework	<input type="checkbox"/>					

**75. At home, your parents generally:**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... Have fun with you	<input type="checkbox"/>					
... Share free time with you	<input type="checkbox"/>					
... Help you with your studies when you need it	<input type="checkbox"/>					
... Speak with you about your interests (hobbies, things you like...)	<input type="checkbox"/>					
... You'd like to be like them on important things	<input type="checkbox"/>					
... Set an example to you	<input type="checkbox"/>					
... Listen to you	<input type="checkbox"/>					
... Take your opinions into account when making plans	<input type="checkbox"/>					

**76. At home your parents:**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... Explain why they reward or punish you	<input type="checkbox"/>					
... Make fun of you	<input type="checkbox"/>					
... Hit you	<input type="checkbox"/>					
... Insult you	<input type="checkbox"/>					
... Give you orders, command you, tell you what you have to do	<input type="checkbox"/>					
... Explain why you have to do what they command you	<input type="checkbox"/>					
... Explain how you have to do what they command you	<input type="checkbox"/>					
... Let you do what you feel like	<input type="checkbox"/>					
... Require you to follow a schedule at home	<input type="checkbox"/>					
... Decide with you what they believe you have to do	<input type="checkbox"/>					
... Limit what you spend	<input type="checkbox"/>					
... Limit the time you may watch TV	<input type="checkbox"/>					
... Let you watch any TV program	<input type="checkbox"/>					
... Control your use of the cell phone and the Internet	<input type="checkbox"/>					
... Let you see anything on the Internet	<input type="checkbox"/>					
... Control the books and magazines you read	<input type="checkbox"/>					
... Know what you do during your free time	<input type="checkbox"/>					

**77. Your parents:**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... Speak with you kindly	<input type="checkbox"/>					
... Help you when you feel insecure	<input type="checkbox"/>					
... Make you feel that they love you, that they accept you as you are	<input type="checkbox"/>					
... You feel comforted and supported when you are with them	<input type="checkbox"/>					
... You feel they are interested in you	<input type="checkbox"/>					
... Have time to talk with you	<input type="checkbox"/>					
... Try to be with you and to help you	<input type="checkbox"/>					
... Appear indifferent (they don't care) when you disobey, when you are late, when you don't study, when you fail, etc.	<input type="checkbox"/>					

**78. You think your parents teach you...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... to be constant with your homework, assignments, etc.	<input type="checkbox"/>					
... to see the positive side of things	<input type="checkbox"/>					
... not to complain about everything	<input type="checkbox"/>					
... to avoid being fussy, picky	<input type="checkbox"/>					
... to improve, to achieve your goals	<input type="checkbox"/>					
... not to do something only because others do it	<input type="checkbox"/>					
... to give your opinion	<input type="checkbox"/>					
... to take initiative	<input type="checkbox"/>					
... to defend your ideas	<input type="checkbox"/>					
... to listen to others people's ideas	<input type="checkbox"/>					
... to avoid certain friends, activities, places	<input type="checkbox"/>					

**79. You think your parents...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
...have cared for you to have friends	<input type="checkbox"/>					
...encourage you to invite friends home	<input type="checkbox"/>					
...encourage you to relate to different people and groups	<input type="checkbox"/>					
...teach you to care about others	<input type="checkbox"/>					
...encourage you to volunteer or donate to people who need it	<input type="checkbox"/>					
...encourage you to participate in cultural activities (music, painting, etc.)	<input type="checkbox"/>					

**80. You think your parents encourage you...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... to socialize with your friends of the opposite sex in a sincere and natural way	<input type="checkbox"/>					
... to treat your friends of the opposite sex with respect	<input type="checkbox"/>					
... not to have sex until marriage	<input type="checkbox"/>					
... not to have sex until there is a commitment	<input type="checkbox"/>					
... not to have sex until you are older	<input type="checkbox"/>					
... not to have sex until you are ready	<input type="checkbox"/>					
... to talk confidently with them (your parents) when you have concerns or difficulties with your friends of the opposite sex	<input type="checkbox"/>					
... to distinguish between sexual attraction, infatuation, and love	<input type="checkbox"/>					
... to focus on more than just the physical aspect when valuing people	<input type="checkbox"/>					

**81. Your parents taught/teach you that...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... boys and girls have different ways of being	<input type="checkbox"/>					
... boys and girls tend to express their emotions differently	<input type="checkbox"/>					
... boys and girls tend to interpret signs of affection differently	<input type="checkbox"/>					
... boys are superior to girls	<input type="checkbox"/>					
... girls are superior to boys	<input type="checkbox"/>					
... a boy and a girl can perform any work or task just as well	<input type="checkbox"/>					

**82. You believe that...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... your father explained the development of sexuality clearly to you	<input type="checkbox"/>					
... your mother explained the development of sexuality clearly to you	<input type="checkbox"/>					

**83. Your parents encourage you...**

	Never/Not at all	Rarely/A little	Sometimes/Somewhat	Very often/A lot	Always/Definitely	I prefer not to answer
... not to be curious and to respect the privacy of others	<input type="checkbox"/>					
... not to share your problems and feelings with people who are not trustworthy	<input type="checkbox"/>					
... to dress appropriately so that you don't make others feel uncomfortable	<input type="checkbox"/>					
... to avoid seeing pictures or listening to songs with sexual content	<input type="checkbox"/>					
... that the privacy of your body is important	<input type="checkbox"/>					
... to take care of your physical appearance	<input type="checkbox"/>					
... not to be obsessed about your physical appearance	<input type="checkbox"/>					
... to avoid lying and pretending, in chats or social networks	<input type="checkbox"/>					
... not to give personal information (yours, your families or your friends') to other people over the Internet	<input type="checkbox"/>					
... not to take pictures, record conversations, or post other people's stuff online without permission	<input type="checkbox"/>					
... not to talk in public about things that you know about friends or their families	<input type="checkbox"/>					

**84. The following 6 questions are the last ones.**

We will use them to match your actual responses to this questionnaire with your responses to a future questionnaire (if your school participates in the survey again in a few years and if you participate again too). If your responses to these questions today are the same in a few years we will know they come from the same person without knowing who you are.

We want to do this without knowing who you are. This is why we are not asking your name or asking any question that could identify you. Your anonymity is important to us.

**85. Which is the biggest pet you had during your childhood, before 7<sup>th</sup> grade?**

- None
- Spider or insect
- Bunny
- Cat
- Hamster or Guinea pig
- Bird
- Dog
- Fish, small turtle
- Lizard, iguana, other reptile
- Other
- I prefer not to answer

**86. Considering all of the places you went on holiday/vacation during your childhood, before 7<sup>th</sup> grade, from which one do you have the best memories?**

- None
- Countryside, mountains, village
- Camping
- Beach
- Amusement/theme park/water park
- Other
- I prefer not to answer

**87. Which was your least favorite food during your childhood, before 7<sup>th</sup> grade?**

- None
- Cauliflower or Broccoli or Brussel sprouts
- Vegetables in general or fruits
- Onion
- Brain, liver, kidneys
- Fish
- Cheese
- Mushrooms
- Tomatoes or green pees
- Other
- I prefer not to answer

**88. Which of the following sports did you like the most in 7<sup>th</sup> grade?**

If it is not on the list, please choose your next favorite sport (we have intentionally omitted football/soccer because it would be an item too frequently chosen).

- Basketball
- Handball
- Horseback riding
- Skiing or Snowboarding
- Gymnastics, dance or track and field
- Golf
- Biking
- Swimming or water polo
- Tennis, squash, any other racket sport
- Volleyball or baseball
- Skating
- I don't like any of these sports
- I prefer not to answer

**89. Which was your favorite color in 7<sup>th</sup> grade?**

- None
- White
- Gray
- Black
- Brown
- Red
- Pink
- Orange
- Yellow
- Green
- Blue
- Violet
- Other
- I prefer not to answer

**90. Which was your favorite number in 7<sup>th</sup> grade?**

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- Other
- I prefer not to answer

**THANK YOU FOR YOUR WILLINGNESS TO SHARE THIS INFORMATION WITH US.**

Lastly, we want you to know that even if we asked some questions about certain health-related behaviors, this does not imply that we expected you to have those behaviors. These questions are routinely asked as requirements of the study.

**Thanks a lot for you participation!**

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