

GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY
Core Expanded Questions
2021 Version

This document contains Global School-Based Student Health Survey (GSHS) core-expanded questions. These core-expanded questions may be used in addition to the GSHS core module questions to create GSHS questionnaires. The core-expanded questions are a catalog of possible questions that countries may consider adding to their GSHS questionnaire. The core-expanded questions are not a questionnaire. The questions are numbered solely to allow easy reference to a particular question, not to suggest how they should be ordered. Each core-expanded question is formatted to match GSHS question standards. Consequently, they typically share the following characteristics:

- Questions provide a response option for every student.
- Questions and response options match.
- Response options do not introduce new topics not found in the question.
- Questions have no more than 8 response options.
- Questions are written as questions not statements.
- Questions have a specific time frame.
- Response options within each question share a consistent format and structure.
- The “0” or “most negative” response option is listed first.
- No skip patterns are used.
- No fill-in-the-blank or mark-all-that-apply questions are used.

If you would like to suggest new core-expanded questions or modifications to existing questions, please contact Leanne Riley at WHO at riley@who.int.

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Alcohol Use Module**

Alcohol Use	
<p>1. What type of alcohol do you usually drink? SELECT ONLY ONE RESPONSE.</p> <p>A. I do not drink alcohol B. Beer, lager, or stout C. Wine D. Spirits, including mixed drinks, such as COUNTRY SPECIFIC EXAMPLES E. COUNTRY SPECIFIC OPTION F. COUNTRY SPECIFIC OPTION G. Some other type</p>	<p>2. During the past 30 days, where did you usually drink alcohol? SELECT ONLY ONE RESPONSE.</p> <p>A. I did not drink alcohol during the past 30 days B. At my home or someone else's home C. On school property D. While riding in or driving a car or other vehicle E. At a restaurant, bar, pub, or club F. At a public place, such as out on the street, in a parking lot, at a park, or in some other open area G. At a public event, such as a concert or sporting event H. Some other place</p>
<p>3. Where were you the last time you had a drink of alcohol?</p> <p>A. I have never had a drink of alcohol B. At my home or someone else's home C. On school property D. While riding in or driving a car or other vehicle E. At a restaurant, bar, pub, or club F. At a public place, such as out on the street, in a parking lot, at a park, or in some other open area G. At a public event, such as a concert or sporting event H. Some other place</p>	<p>4. During the past 30 days, how did you usually get the alcohol you drank? SELECT ONLY ONE RESPONSE.</p> <p>A. I did not drink alcohol during the past 30 days B. I bought it in a store, such as a supermarket, discount store, or petrol station C. I bought it at a restaurant, bar, pub, or club D. I bought it at a public event, such as a concert or sporting event E. I gave someone else money to buy it for me F. Someone gave it to me G. I stole it H. I got it some other way</p>
<p>5. During the past 30 days, did anyone refuse to sell you alcohol because of your age?</p> <p>A. I did not try to buy alcohol during the past 30 days B. Yes, someone refused to sell me alcohol because of my age C. No, my age did not keep me from buying alcohol</p>	

Drunkenness	
<p>6. How old were you the first time you drank so much alcohol that you were really drunk?</p> <p>A. I have never drank so much alcohol that I was really drunk</p> <p>B. 7 years old or younger</p> <p>C. 8 or 9 years old</p> <p>D. 10 or 11 years old</p> <p>E. 12 or 13 years old</p> <p>F. 14 or 15 years old</p> <p>G. 16 or 17 years old</p> <p>H. 18 years old or older</p>	<p>7. During the past 30 days, how many times did you drink so much alcohol that you were really drunk?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 5 times</p> <p>D. 6 to 9 times</p> <p>E. 10 to 19 times</p> <p>F. 20 or more times</p>
Impact of Alcohol Use	
<p>8. During the past 12 months, how many times did you attend school under the influence of alcohol?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 5 times</p> <p>D. 6 to 9 times</p> <p>E. 10 to 19 times</p> <p>F. 20 to 39 times</p> <p>G. 40 or more times</p>	<p>9. During the past 12 months, how many times did you get into trouble at home, work, or school or get into fights, as a result of drinking alcohol?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 5 times</p> <p>D. 6 to 9 times</p> <p>E. 10 to 19 times</p> <p>F. 20 or more times</p>
<p>10. During the past 30 days, how many times did you get into trouble at home, work, or school or get into fights, as a result of drinking alcohol?</p> <p>A. 0 times</p> <p>B. 1 or 2 times</p> <p>C. 3 to 5 times</p> <p>D. 6 to 9 times</p> <p>E. 10 to 19 times</p> <p>F. 20 or more times</p>	<p>11. During the past 12 months, were you hurt or negatively impacted in some way because someone else was drinking alcohol?</p> <p>A. Yes</p> <p>B. No</p>
Influences on Alcohol Use	
<p>12. Do any of your brothers or sisters drink alcohol?</p> <p>A. I do not have any brothers or sisters</p> <p>B. Yes</p> <p>C. No</p> <p>D. I do not know</p>	<p>13. Do your parents or guardians know that you drink alcohol?</p> <p>A. I do not drink alcohol</p> <p>B. Yes</p> <p>C. No</p> <p>D. I do not know</p>
<p>14. Do one or more of your parents or guardians drink alcohol?</p> <p>A. Yes</p> <p>B. No</p> <p>C. I do not know</p>	<p>15. How would your parents or guardians feel if you drank alcohol?</p> <p>A. They would approve</p> <p>B. They would not care</p> <p>C. They would disapprove</p> <p>D. I do not know</p>

<p>16. Are you allowed to drink alcohol, other than a few sips, at home?</p> <p>A. I do not drink alcohol B. Yes C. No</p>	<p>17. How many of your friends drink alcohol?</p> <p>A. None B. A few C. Some D. Most E. All</p>
<p>18. How many of your friends frequently drink 6 or more alcoholic drinks in a row, that is, within a couple of hours?</p> <p>A. None B. A few C. Some D. Most E. All</p>	<p>19. If one of your best friends offered you a drink of alcohol, would you drink it?</p> <p>A. Definitely not B. Probably not C. Probably yes D. Definitely yes</p>
<p>20. Do you know how to tell a friend that you do not want the alcoholic drink they are offering you?</p> <p>A. Yes B. No</p>	<p>21. With whom do you usually drink alcohol?</p> <p>A. I do not drink alcohol B. With my friends C. With my family D. With persons I have just met E. I usually drink alone</p>
<p>22. How difficult would it be for you to get alcohol if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>	
Role of the Media and Advertising	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>23. During the past 30 days, how often did you see, read, or hear any advertisements for alcohol?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	<p>24. During the past 30 days, how many advertisements for alcohol did you see when you watched television?</p> <p>A. I did not watch television during the past 30 days B. A lot C. A few D. None</p>

<p>25. During the past 30 days, how many advertisements for alcohol did you see on billboards?</p> <p>A. I did not see a billboard during the past 30 days B. A lot C. A few D. None</p>	<p>26. During the past 30 days, how many advertisements for alcohol did you see in newspapers or magazines?</p> <p>A. I did not see a newspaper or magazine during the past 30 days B. A lot C. A few D. None</p>
<p>27. During the past 30 days, how many advertisements for alcohol did you see on the internet or social media?</p> <p>A. I did not use the internet or social media during the past 30 days B. A lot C. A few D. None</p>	<p>28. Do you have something, such as a t-shirt, pen, backpack, or other item, with an alcohol brand logo on it?</p> <p>A. Yes B. No</p>
<p>29. When you watch television, videos, or movies, how often do you see actors drinking alcohol?</p> <p>A. I do not watch television, videos, or movies B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>	<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>30. During the past 30 days, how often did you see, read, or hear any advertisements about health problems caused by drinking alcohol?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>
<p>31. During the past 30 days, how many text messages or mobile phone calls did you get that encouraged you to go to the website of a company that sells alcohol?</p> <p>A. I did not receive text messages or mobile phone calls during the past 30 days B. A lot C. A few D. None</p>	
Knowledge, Attitudes, Skills, and Sources of Information	
<p>32. During this school year, were you taught in any of your classes the problems associated with drinking alcohol?</p> <p>A. Yes B. No C. I do not know</p>	<p>33. During this school year, were you taught in any of your classes the effects of alcohol use on decision making?</p> <p>A. Yes B. No C. I do not know</p>

34. During this school year, were you taught in any of your classes how to tell someone you did not want to drink alcohol?

- A. Yes
- B. No
- C. I do not know

35. If you wanted to learn about the health impacts of drinking alcohol, where would you go? SELECT ONLY ONE RESPONSE.

- A. To my parents or guardians
- B. To a teacher or other adults in my school
- C. To a doctor or nurse
- D. To my brothers or sisters
- E. To my friends
- F. To the internet or social media
- G. COUNTRY SPECIFIC OPTION
- H. Someplace else

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Dietary Behaviours Module**

Food Consumption	
<p>1. During the past 7 days, how many times did you drink milk or eat milk products, such as COUNTRY SPECIFIC EXAMPLES?</p> <p>A. I did not drink milk or eat milk products during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	<p>2. During the past 7 days, how many times did you eat salty foods or snacks, such as COUNTRY SPECIFIC EXAMPLES?</p> <p>A. I did not eat salty foods or snacks during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>
<p>3. During the past 7 days, how many times did you eat foods high in fat, such as fried foods and COUNTRY SPECIFIC EXAMPLES?</p> <p>A. I did not eat foods high in fat during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	<p>4. During the past 7 days, how many times did you eat foods high in sugar, such as cookies, cakes, pastries, and COUNTRY SPECIFIC EXAMPLES?</p> <p>A. I did not eat foods high in sugar during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>
<p>5. During the past 7 days, how many times did you eat whole grains, beans, and other foods high in fiber, such as COUNTRY SPECIFIC EXAMPLES?</p> <p>A. I did not eat foods high in fiber during the past 7 days B. 1 to 3 times during the past 7 days C. 4 to 6 times during the past 7 days D. 1 time per day E. 2 times per day F. 3 times per day G. 4 or more times per day</p>	<p>6. During the past 7 days, on how many days did you eat at least one meal or snack from a fast food restaurant, such as COUNTRY SPECIFIC EXAMPLES?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>
<p>7. Can you buy sugar-sweetened drinks or get them for free at school?</p> <p>A. Yes B. No</p>	

Breakfast and Lunch	
<p>8. During the past 30 days, how often did you eat breakfast?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>9. What is the main reason you do not eat breakfast? SELECT ONLY ONE RESPONSE.</p> <p>A. I always eat breakfast B. I do not have time for breakfast C. I cannot eat early in the morning D. There is not always food in my home E. Some other reason</p>
<p>10. During the past 30 days, how often was breakfast offered to you at school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>11. During the past 30 days, how often was lunch offered to you at school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>12. During the past 30 days, how often did you bring your lunch to school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	
Weight	
<p>13. During the past 12 months, were you weighed or measured?</p> <p>A. Yes B. No</p>	<p>14. How do you describe your weight?</p> <p>A. Very underweight B. Slightly underweight C. About the right weight D. Slightly overweight E. Very overweight</p>
<p>15. Which of the following are you trying to do about your weight?</p> <p>A. I am not trying to do anything about my weight B. Lose weight C. Gain weight D. Stay the same weight</p>	<p>16. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>
<p>17. During the past 30 days, did you exercise, play sports, or do other types of physical activity to gain weight?</p> <p>A. Yes B. No</p>	<p>18. During the past 30 days, did you exercise, play sports, or do other types of physical activity to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>
<p>19. During the past 30 days, did you eat more food or more calories to gain weight?</p> <p>A. Yes B. No</p>	<p>20. During the past 30 days, did you eat less food or fewer calories to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>

<p>21. During the past 30 days, did you take any pills, powders, or liquids without a doctor's advice to gain weight?</p> <p>A. Yes B. No</p>	<p>22. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?</p> <p>A. Yes B. No</p>
Role of the Media and Advertising	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>23. During the past 30 days, how often did you see, read, or hear any advertisements for sugar-sweetened drinks?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	<p>24. During the past 30 days, how many advertisements for sugar-sweetened drinks did you see when you watched television?</p> <p>A. I did not watch television during the past 30 days B. A lot C. A few D. None</p>
<p>25. During the past 30 days, how many advertisements for sugar-sweetened drinks did you see on billboards?</p> <p>A. I did not see a billboard during the past 30 days B. A lot C. A few D. None</p>	<p>26. During the past 30 days, how many advertisements for alcohol did you see in newspapers or magazines?</p> <p>A. I did not see a newspaper or magazine during the past 30 days B. A lot C. A few D. None</p>
<p>27. During the past 30 days, how many advertisements for sugar-sweetened drinks did you see on the internet or social media?</p> <p>A. I did not use the internet or social media during the past 30 days B. A lot C. A few D. None</p>	<p>28. During the past 30 days, how many text messages or mobile phone calls did you get that encouraged you to go to the website of a sugar-sweetened drink company?</p> <p>A. I did not receive text messages or mobile phone calls during the past 30 days B. A lot C. A few D. None</p>
<p>29. During the past 30 days, how many advertisements (including signs and logos on school equipment or buildings) for sugar-sweetened drinks did you see in your school?</p> <p>A. A lot B. A few C. None</p>	

Knowledge, Attitudes, Skills, and Sources of Information	
<p>30. During this school year, were you taught in any of your classes that healthy eating can help you be healthy and strong?</p> <p>A. Yes B. No C. I do not know</p>	<p>31. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?</p> <p>A. Yes B. No C. I do not know</p>
<p>32. During this school year, were you taught in any of your classes how to safely prepare or store food?</p> <p>A. Yes B. No C. I do not know</p>	<p>33. During this school year, were you taught in any of your classes how to maintain a healthy weight?</p> <p>A. Yes B. No C. I do not know</p>
<p>34. During the school year, were you taught in any of your classes about the risks related to eating too many foods high in fat, sugar, or salt?</p> <p>A. Yes B. No C. I do not know</p>	<p>35. If you wanted to learn about nutrition and healthy eating, where would you go? SELECT ONLY ONE RESPONSE.</p> <p>A. To my parents or guardians B. To a teacher or other adults in my school C. To a doctor or nurse D. To my brothers or sisters E. To my friends F. To the internet or social media G. COUNTRY SPECIFIC OPTION H. Someplace else</p>

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Drug Use Module**

Cannabis Use	
<p>1. During the past 12 months, how many times did you use cannabis (also called marijuana and COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>2. How difficult would it be for you to get cannabis (<i>also called marijuana and COUNTRY SPECIFIC SLANG TERMS</i>) if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>
Amphetamine and Methamphetamine Use	
<p>3. During the past 12 months, how many times did you use amphetamines or methamphetamines (also called COUNTRY SPECIFIC SLANG TERMS) for non-medical purposes?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>4. During the past 30 days, how many times did you use amphetamines or methamphetamines (also called COUNTRY SPECIFIC SLANG TERMS) for non-medical purposes?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
<p>5. How difficult would it be for you to get amphetamines or methamphetamines (also called COUNTRY SPECIFIC SLANG TERMS) for non-medical purposes if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>	
Cocaine Use	
<p>6. During your life, how many times have you used cocaine (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>7. During the past 12 months, how many times did you use cocaine (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>

<p>8. During the past 30 days, how many times did you use cocaine (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>9. How difficult would it be for you to get cocaine (also called COUNTRY SPECIFIC SLANG TERMS) if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>
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Inhalant Use

<p>10. During your life, how many times have you used inhalants (such as glue, paint thinner, and COUNTRY SPECIFIC EXAMPLES OF INHALANTS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>11. During the past 12 months, how many times did you use inhalants (such as glue, paint thinner, and COUNTRY SPECIFIC EXAMPLES OF INHALANTS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
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<p>12. During the past 30 days, how many times did you use inhalants (such as glue, paint thinner, and COUNTRY SPECIFIC EXAMPLES OF INHALANTS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>13. How difficult would it be for you to get inhalants (such as glue, paint thinner, and COUNTRY SPECIFIC EXAMPLES OF INHALANTS) if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>
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Ecstasy Use

<p>14. During your life, how many times have you used ecstasy (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>15. During the past 12 months, how many times did you use ecstasy (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
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<p>16. During the past 30 days, how many times did you use ecstasy (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>17. How difficult would it be for you to get ecstasy (also called COUNTRY SPECIFIC SLANG TERMS) if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>
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Heroin Use	
<p>18. During your life, how many times have you used heroin (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>19. During the past 12 months, how many times did you use heroin (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
<p>20. During the past 30 days, how many times did you use heroin (also called COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>21. How difficult would it be for you to get heroin (also called COUNTRY SPECIFIC SLANG TERMS) if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p>
Prescription Pain Medicine Use	
<p>22. During your life, how many times have you taken a prescription pain medicine (such as COUNTRY SPECIFIC EXAMPLE) without a doctor's prescription or differently than how a doctor told you to use it?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>23. During the past 12 months, how many times did you take a prescription pain medicine (such as COUNTRY SPECIFIC EXAMPLE) without a doctor's prescription or differently than how a doctor told you to use it?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
<p>24. During the past 30 days, how many times did you take a prescription pain medicine (such as COUNTRY SPECIFIC EXAMPLE) without a doctor's prescription or differently than how a doctor told you to use it?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	

Other Drug Use	
<p>25.* During your life, how many times have you used COUNTRY SPECIFIC OPTION?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p> <p>*This question can be used to assess any type of drug use.</p>	<p>26.* During the past 12 months, how many times did you use COUNTRY SPECIFIC OPTION?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p> <p>*This question can be used to assess any type of drug use.</p>
<p>27.* During the past 30 days, how many times did you use COUNTRY SPECIFIC OPTION?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p> <p>*This question can be used to assess any type of drug use.</p>	<p>28.* How difficult would it be for you to get COUNTRY SPECIFIC OPTION if you wanted to?</p> <p>A. Impossible B. Very difficult C. Fairly difficult D. Fairly easy E. Very easy F. I do not know</p> <p>*This question can be used to assess any type of drug use.</p>
Injected Drug Use	
<p>29. During your life, how many times have you used a needle to inject any illegal drug into your body?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	
Impact of Drug Use	
<p>30. During the past 12 months, how many times did you attend school under the influence of drugs, such as marijuana or cocaine?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. D. 10 to 19 times F. 20 to 39 times G. 40 or more times</p>	<p>31. During your life, how many times have you got into trouble at home, work, or school or got into fights, as a result of using drugs?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>

<p>32. During the past 12 months, how many times did you get into trouble at home, work, or school or get into fights, as a result of using drugs?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>	<p>33. During the past 30 days, how many times did you get into trouble at home, work, or school or get into fights, as a result of using drugs?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 or more times</p>
<p>34. During the past 12 months, were you hurt or negatively impacted in some way because someone else was using drugs?</p> <p>A. Yes B. No</p>	
Influences on Drug Use	
<p>35. Do any of your brothers or sisters use drugs?</p> <p>A. I do not have brothers or sisters B. Yes C. No D. I do not know</p>	<p>36. Do your parents or guardians know that you use drugs?</p> <p>A. I do not use drugs B. Yes C. No D. I do not know</p>
<p>37. How would your parents or guardians feel if you smoked marijuana?</p> <p>A. They would approve B. They would not care C. They would disapprove D. I do not know</p>	<p>38. How many of your friends use drugs?</p> <p>A. None B. A few C. Some D. Most E. All</p>
<p>39. If one of your best friends offered you a drug, would you use it?</p> <p>A. Definitely not B. Probably not C. Probably yes D. Definitely yes</p>	<p>40. During the past 12 months, has anyone offered, sold, or given you a drug on school property?</p> <p>A. Yes B. No</p>

Role of the Media and Advertising	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>41. During the past 30 days, how often did you see, read, or hear any advertisements about health problems caused by using drugs?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	
Knowledge, Attitudes, and Skills	
<p>42. During this school year, were you taught in any of your classes the problems associated with using drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <p>A. Yes B. No C. I do not know</p>	<p>43. How great of a risk of harming themselves (physically or in other ways) are people taking if they use cannabis (also called marijuana and COUNTRY SPECIFIC SLANG TERMS)?</p> <p>A. No risk B. Slight risk C. Moderate risk D. Great risk</p>

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Hygiene Module**

Hand Washing	
<p>1. During the past 30 days, how did you usually wash your hands? SELECT ONLY ONE RESPONSE.</p> <p>A. I did not wash my hands during the past 30 days B. In a dish or bowl of water used by others C. In a dish or bowl of water used only by me D. Under running water E. Some other way</p>	<p>2. Is there a place for you to wash your hands at school?</p> <p>A. Yes B. No</p>
<p>3. During the past 30 days, how did you usually wash your hands at school? SELECT ONLY ONE RESPONSE.</p> <p>A. I did not wash my hands at school during the past 30 days B. In a dish or bowl of water used by others C. In a dish or bowl of water used only by me D. Under running water E. Some other way</p>	<p>4. During the past 30 days, how often did you use soap when washing your hands at school?</p> <p>A. I did not wash my hands at school during the past 30 days B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>
<p>5. During the past 30 days, how often did you wash your hands before eating at school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>6. During the past 30 days, how often did you wash your hands after using the toilet or latrines at school?</p> <p>A. There are no toilets or latrines at school B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>
Drinking Water	
<p>7. Is there a source of clean water for drinking at school?</p> <p>A. Yes B. No</p>	<p>8. Do you bring water from home to drink while you are at school?</p> <p>A. Yes B. No</p>
<p>9. How often do you drink from the water source at school?</p> <p>A. There is not a water source at school B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>	

Toilets or Latrines at School	
<p>10. During the past 30 days, how often did you use the toilets or latrines at school?</p> <p>A. There are no toilets or latrines at school B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>	<p>11. Are there separate toilets or latrines for boys and girls at school?</p> <p>A. There are no toilets or latrines at school B. Yes C. No</p>
<p>12. Do you feel safe when you use the toilets or latrines safe at school?</p> <p>A. There are no toilets or latrines at school B. Yes C. No</p>	<p>13. Are the toilets or latrines clean at school?</p> <p>A. There are no toilets or latrines at school B. Yes C. No</p>
<p>14. Are the toilets or latrines easy to get to at school?</p> <p>A. There are no toilets or latrines at school B. Yes C. No</p>	<p>15. Can you use the toilets or latrines at school without anyone else seeing you?</p> <p>A. There are no toilets or latrines at school B. Yes C. No</p>
Oral Health	
<p>16. How would you describe the health of your mouth, teeth, and gums, in general?</p> <p>A. Excellent B. Very good C. Good D. Fair E. Poor</p>	<p>17. During the past 12 months, how often did you have a toothache?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>18. The last time you had a toothache, what was the first thing did you do to treat the pain?</p> <p>A. I have never had a toothache B. I did not do anything C. I took some medicine to relieve the pain D. I saw a dentist E. I did something else</p>	<p>19. What was the main reason for your last visit to the dentist?</p> <p>A. I have never been to the dentist B. Something was wrong with my mouth, teeth, or gums C. For follow-up treatment from an earlier visit D. For a check-up or exam E. I do not know</p>
<p>20. During the past 30 days, did you have difficulty eating because of problems with your mouth, teeth, or gums?</p> <p>A. Yes B. No</p>	<p>21. During the past 30 days, did you have difficulty speaking clearly because of problems with your mouth, teeth, or gums?</p> <p>A. Yes B. No</p>
<p>22. During the past 30 days, did you have difficulty sleeping because of problems with your mouth, teeth, or gums?</p> <p>A. Yes B. No</p>	<p>23. During the past 30 days, did you have difficulty going to school, learning in class, or doing your homework because of problems with your mouth, teeth, or gums?</p> <p>A. Yes B. No</p>

<p>24. Are you satisfied with the appearance of your teeth?</p> <p>A. Yes B. No</p>	<p>25. Do you avoid smiling or laughing because of how your teeth look?</p> <p>A. Yes B. No</p>
Knowledge, Attitudes, and Skills	
<p>26. During this school year, were you taught in any of your classes the importance of hand washing?</p> <p>A. Yes B. No C. I do not know</p>	<p>27. During this school year, were you taught in any of your classes the importance of cleaning or brushing your teeth?</p> <p>A. Yes B. No C. I do not know</p>
<p>28. During this school year, were you taught in any of your classes how to wash your hands?</p> <p>A. Yes B. No C. I do not know</p>	<p>29. During this school year, were you taught in any of your classes where to get treatment for a worm infection?</p> <p>A. Yes B. No C. I do not know</p>
<p>30. During this school year, were you taught in any of your classes how to avoid worm infections?</p> <p>A. Yes B. No C. I do not know</p>	

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Mental Health Module**

Feelings and Concerns	
<p>1. During the past 12 months, how often were you so worried about something that you wanted to use alcohol or other drugs to feel better?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>2. During the past 12 months, how often were you so worried about something that you could not eat, did not feel hungry, or ate too much?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>3. During the past 12 months, how often did you feel down, depressed, or hopeless or have little interest in or get much pleasure from doing things?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>4. During the past 12 months, how often did you feel nervous or anxious or not able to stop or control worrying?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>5. During the past 12 months, how often did you have a hard time staying focused on your homework or other tasks you had to do?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	
Attempted Suicide and Self-Harm	
<p>6. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?</p> <p>A. I did not attempt suicide during the past 12 months B. Yes C. No</p>	<p>7. If you attempted suicide during the past 12 months, did you get help afterwards from a doctor, counselor, therapist, or hotline to help prevent another attempt?</p> <p>A. I did not attempt suicide during the past 12 months B. Yes C. No</p>
<p>8. If you attempted suicide during the past 12 months, what method did you use for the most recent attempt?</p> <p>A. I did not attempt suicide during the past 12 months B. I cut myself C. I swallowed or injected drugs or something poisonous D. I burnt myself E. I tried to hang or suffocate myself F. I used some other method</p>	<p>9. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>

Knowledge, Attitudes, and Skills	
<p>10. During this school year, were you taught in any of your classes how to manage anger?</p> <p>A. Yes B. No C. I do not know</p>	<p>11. During this school year, were you taught in any of your classes the signs of depression and suicidal behavior?</p> <p>A. Yes B. No C. I do not know</p>
<p>12. During this school year, were you taught in any of your classes what to do if a friend is thinking about suicide?</p> <p>A. Yes B. No C. I do not know</p>	<p>13. During this school year, were you taught in any of your classes how to handle stress in healthy ways?</p> <p>A. Yes B. No C. I do not know</p>

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Physical Activity Module**

Physical Activity	
<p>1. During the past 12 months, on how many sports teams did you play?</p> <p>A. 0 teams B. 1 team C. 2 teams D. 3 or more teams</p>	<p>2. During the past 7 days, on how many days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>
<p>3. During this school year, did any of your teachers provide short physical activity breaks during regular class time?</p> <p>A. Yes B. No</p>	<p>4. After school, do you play sports or games, exercise for fun, or get to be physically active on school grounds?</p> <p>A. Yes B. No</p>
Role of the Media and Advertising	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p>	
<p>5. During the past 30 days, how often did you see, read, or hear any advertisements about how to increase the amount of physical activity that you get?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	
Knowledge, Attitudes, and Skills	
<p>6. During this school year, were you taught in any of your classes how to develop a physical fitness plan for yourself?</p> <p>A. Yes B. No C. I do not know</p>	<p>7. During this school year, were you taught in any of your classes about preventing injury during physical activity?</p> <p>A. Yes B. No C. I do not know</p>
<p>8. During this school year, were you taught in any of your classes the benefits of physical activity?</p> <p>A. Yes B. No C. I do not know</p>	<p>9. During this school year, were you taught in any of your classes about opportunities for physical activity in your community?</p> <p>A. Yes B. No C. I do not know</p>

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Protective Factors Module**

Connection to Parents or Guardians	
<p>1. During the past 30 days, how often did your parents or guardians comfort you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>2. During the past 30 days, how often did your parents or guardians respect your sense of freedom?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>3. During the past 30 days, how often did your parents or guardians support and encourage you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>4. During the past 30 days, how often did your parents or guardians openly and honestly communicate with you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>5. During the past 30 days, how often did your parents or guardians pay attention and listen to you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>6. During the past 30 days, how often did your parents or guardians spend time with you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>7. During the past 30 days, how often did your parents or guardians show you affection?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>8. During the past 30 days, how often did your parents or guardians give you advice and guidance?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>9. During the past 30 days, how often did your parents or guardians praise you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>10. During the past 30 days, how often did your parents or guardians provide the things you needed?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>

<p>11. During the past 30 days, how often did your parents or guardians give you money?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>12. During the past 7 days, on how many days did you eat at least one meal at home with at least one of your parents or guardians?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>
Parental or Guardian Disrespect of Individuality or Self-Worth	
<p>13. During the past 30 days, how often did your parents or guardians ridicule you or put you down (for example, by saying you were stupid or useless)?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>14. During the past 30 days, how often did your parents or guardians expect too much of you?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>15. During the past 30 days, how often did your parents or guardians embarrass you in public or in front of your friends?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>16. During the past 30 days, how often did your parents or guardians unfairly compare you to someone else (such as, your brother or sister or themselves)?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>17. During the past 30 days, how often did your parents or guardians not respect you as a person (for example, by not letting you talk or liking someone else more than you)?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>18. During the past 30 days, how often did your parents or guardians ignore you (for example, by walking away from you or not paying attention to you)?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>19. During the past 30 days, how often did your parents or guardians try to make you feel guilty for something you had done or something they thought you should do?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	

Parental or Guardian Monitoring and Knowledge of Friends and Activities

<p>20. During the past 30 days, how often did your parents or guardians try to know who your friends were?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>21. During the past 30 days, how often did your parents or guardians really know who your friends were?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>22. During the past 30 days, how often did your parents or guardians try to know where you went at night?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>23. During the past 30 days, how often did your parents or guardians really know where you went at night?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>24. During the past 30 days, how often did your parents or guardians try to know how you spent your money?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>25. During the past 30 days, how often did your parents or guardians really know how you spent your money?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>26. During the past 30 days, how often did your parents or guardians try to know where you were most afternoons after school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>27. During the past 30 days, how often did your parents or guardians really know where you were most afternoons after school?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>
<p>28. During the past 30 days, how often did your parents or guardians try to know what you were doing with your free time?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	

Other Adult Support	
<p>29. During the past 30 days, how often were you able to talk to an adult in your school about difficult problems and worries?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	

Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Module on Sexual Behaviours that Contribute to HIV Infection, Other STI, and Unintended Pregnancy

Sexual Intercourse	
<p>1. During the past 12 months, how many times did you have sexual intercourse?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 to 9 times E. 10 to 29 times F. 30 or more times</p>	<p>2. During the past 12 months, with how many people did you have sexual intercourse?</p> <p>A. I have never had sexual intercourse B. I did not have sexual intercourse during the past 12 months C. 1 person D. 2 people E. 3 people F. 4 people G. 5 people H. 6 or more people</p>
<p>3. The first time you had sexual intercourse, how many years younger or older than you was your partner?</p> <p>A. I have never had sexual intercourse B. 5 or more years younger C. 3 to 4 years younger D. About the same age E. 3 to 4 years older F. 5 or more years older G. I do not know</p>	<p>4. Did you drink alcohol or use other drugs before you had sexual intercourse the last time?</p> <p>A. I have never had sexual intercourse B. Yes C. No</p>
<p>5. What is the main reason you had sexual intercourse the first time? SELECT ONLY ONE RESPONSE.</p> <p>A. I have never had sexual intercourse B. I was in love or carried away by my feelings C. I was curious about what it would be like D. I was drunk or high on drugs E. All my friends were already doing it F. I was physically or verbally forced to do it G. Some other reason</p>	<p>6. What is the main reason you have <u>not</u> had sexual intercourse? SELECT ONLY ONE RESPONSE.</p> <p>A. I have had sexual intercourse B. I want to wait until I am older C. I want to wait until I am married D. I do not want to risk getting pregnant E. I do not want to risk getting a sexually transmitted infection, such as HIV or AIDS F. I have not had a chance to have sex or met anyone that I wanted to have sex with G. It is against my religious beliefs or moral values H. Some other reason</p>
Condom Use	
<p>7. The first time you had sexual intercourse, did you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM]?</p> <p>A. I have never had sexual intercourse B. Yes C. No</p>	<p>8. How often do you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM] when you have sexual intercourse?</p> <p>A. I have never had sexual intercourse B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>

<p>9. If you wanted to get a condom or [COUNTRY SPECIFIC SLANG TERM], how would you most likely get it? SELECT ONLY ONE RESPONSE.</p> <p>A. I would get it from a vending machine B. I would get it in a store or shop or from a street vendor C. I would get it from a pharmacy, clinic, or hospital D. I would give someone else money to buy it for me E. I would borrow it from someone else E. COUNTRY SPECIFIC OPTION F. I would get it some other way G. I do not know</p>	
Birth Control Use	
<p>10. The first time you had sexual intercourse, did you or your partner use any effective method of birth control, such as birth control pills; condoms; an IUD or implant; or a shot, patch, or birth control ring?</p> <p>A. I have never had sexual intercourse B. Yes C. No</p>	<p>11. If you wanted to get birth control, how would you most likely get it? SELECT ONLY ONE RESPONSE.</p> <p>A. I would get it from a vending machine B. I would get it in a store or shop or from a street vendor C. I would get it from a pharmacy, clinic, or hospital D. I would give someone else money to buy it for me E. I would borrow it from someone else F. COUNTRY SPECIFIC OPTION G. I would get it some other way H. I do not know</p>
Consequences of Sexual Activity	
<p>12. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, or [COUNTRY SPECIFIC EXAMPLE]?</p> <p>A. Yes B. No C. I do not know</p>	<p>13. Have you ever been tested for HIV infection or the virus that causes AIDS?</p> <p>A. Yes B. No</p>
<p>14. How many times have you been pregnant or gotten someone pregnant?</p> <p>A. 0 times B. 1 time C. 2 or more times D. I do not know</p>	
Sexual Orientation	
<p>15. During your life, with whom have you had sexual contact?</p> <p>A. I have never had sexual contact B. Females C. Males D. Females and males</p>	<p>16. Who are you sexually attracted to?</p> <p>A. Females B. Males C. Females and males D. Neither females nor males E. Not sure</p>

Knowledge, Attitudes, Skills, and Sources of Information – HIV Infection or AIDS	
<p>17. Have you ever heard of HIV infection or the disease called AIDS?</p> <p>A. Yes B. No</p>	<p>18. Can a pregnant woman with HIV infection or AIDS infect her unborn child?</p> <p>A. Yes B. No C. I do not know</p>
<p>19. Can people protect themselves from HIV infection or AIDS by using a condom or [COUNTRY SPECIFIC SLANG TERM] correctly every time they have sexual intercourse?</p> <p>A. Yes B. No C. I do not know</p>	<p>20. Can people get HIV infection or AIDS from mosquito bites?</p> <p>A. Yes B. No C. I do not know</p>
<p>21. Can people get HIV infection or AIDS by sharing a meal with someone who is infected?</p> <p>A. Yes B. No C. I do not know</p>	<p>22. Can a healthy-looking person be infected with HIV?</p> <p>A. Yes B. No C. I do not know</p>
<p>23. Can a woman with HIV infection or AIDS infect her newborn child while breastfeeding?</p> <p>A. Yes B. No C. I do not know</p>	<p>24. Have you ever talked about HIV infection or AIDS with your parents or guardians?</p> <p>A. Yes B. No</p>
<p>25. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?</p> <p>A. Yes B. No C. I do not know</p>	<p>26. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?</p> <p>A. Yes B. No C. I do not know</p>
<p>27. During this school year, were you taught in any of your classes the importance of being kind and supportive to persons with HIV infection or AIDS?</p> <p>A. Yes B. No C. I do not know</p>	<p>28. During this school year, were you taught in any of your classes the signs and symptoms of HIV infection or AIDS?</p> <p>A. Yes B. No C. I do not know</p>
<p>29. During this school year, were you taught in any of your classes where to get treatment for HIV infection or AIDS?</p> <p>A. Yes B. No C. I do not know</p>	<p>30. During this school year, were you taught in any of your classes about how to avoid getting infected with HIV while having sex?</p> <p>A. Yes B. No C. I do not know</p>

<p>31. During this school year, were you taught in any of your classes that condoms or [COUNTRY SPECIFIC SLANG TERM] are effective in preventing HIV?</p> <p>A. Yes B. No C. I do not know</p>	<p>32. During this school year, did you see posters, brochures, or other information about HIV infection or AIDS in your school?</p> <p>A. Yes B. No</p>
<p>33. If you wanted to learn about HIV infection or AIDS, where would you go? SELECT ONLY ONE RESPONSE.</p> <p>A. To my parents or guardians B. To a teacher or other adults in my school C. To a doctor or nurse D. To my brothers or sisters E. To my friends F. To the internet or social media G. COUNTRY SPECIFIC OPTION H. Someplace else</p>	
Knowledge, Attitudes, Skills, and Sources of Information – Sexual Behaviors	
<p>34. Do you know how to tell someone you do not want to have sexual intercourse with them unless a condom or [COUNTRY SPECIFIC SLANG TERM] is used?</p> <p>A. Yes B. No</p>	<p>35. During this school year, were you taught in any of your classes how to tell someone you do not want to have sexual intercourse unless a condom or [COUNTRY SPECIFIC SLANG TERM] is used?</p> <p>A. Yes B. No C. I do not know</p>
<p>36. Do you know how to tell someone you do not want to have sexual intercourse with them?</p> <p>A. Yes B. No</p>	<p>37. During this school year, were you taught in any of your classes how to tell someone you do not want to have sexual intercourse with them?</p> <p>A. Yes B. No C. I do not know</p>
<p>38. Have you ever talked about sexual behaviors or sexuality with your parents or guardians?</p> <p>A. Yes B. No</p>	<p>39. During this school year, were you taught in any of your classes about healthy sexual behaviors and relationships?</p> <p>A. Yes B. No C. I do not know</p>
<p>40. During this school year, were you taught in any of your classes the benefits of delaying sexual intercourse?</p> <p>A. Yes B. No C. I do not know</p>	<p>41. During this school year, were you taught in any of your classes how to use a condom or [COUNTRY SPECIFIC SLANG TERM]?</p> <p>A. Yes B. No C. I do not know</p>

<p>42. If you wanted to learn about sexual behaviors and sexuality, where would you go? SELECT ONLY ONE RESPONSE.</p> <p>A. To my parents or guardians B. To a teacher or other adults in my school C. To a doctor or nurse D. To my brothers or sisters E. To my friends F. To the internet or social media G. COUNTRY SPECIFIC OPTION H. Someplace else</p>	
Knowledge, Attitudes, and Skills – Pregnancy	
<p>43. During this school year, were you taught in any of your classes about the signs of pregnancy?</p> <p>A. Yes B. No C. I do not know</p>	<p>44. During this school year, were you taught in any of your classes how to avoid getting pregnant?</p> <p>A. Yes B. No C. I do not know</p>
Knowledge, Attitudes, and Skills – Puberty	
<p>45. During this school year, were you taught in any of your classes about puberty and how your body changes during puberty?</p> <p>A. Yes B. No C. I do not know</p>	<p>46. During this school year, were you taught in any of your classes about menstruation or [COUNTRY SPECIFIC TERM FOR MENSTRUATION]?</p> <p>A. Yes B. No C. I do not know</p>

Global School-based Student Health Survey (GSHS) Core-Expanded Questions for the Tobacco Use Module

Note: Many of the following questions are adapted from *Tobacco Questions for Surveys of Youth (TQS-Youth): A Subset of Key Questions from the Global Youth Tobacco Survey (GYTS)* published in 2019 by the World Health Organization.

Electronic Cigarette Use	
<p>1. Have you ever heard of electronic cigarettes or e-cigarettes?</p> <p>A. Yes B. No</p>	<p>2. How old were you when you first tried an electronic cigarette or e-cigarette?</p> <p>A. I have never tried an electronic cigarette or e-cigarette B. 7 years old or younger C. 8 or 9 years old D. 10 or 11 years old E. 12 or 13 years old F. 14 or 15 years old G. 16 or 17 years old H. 18 years old or older</p>
Smoking Cessation	
<p>3. During the past 12 months, did you try to stop smoking cigarettes?</p> <p>A. I did not smoke cigarettes during the past 12 months B. Yes C. No</p>	<p>4. Have you ever received help or advice to help you stop smoking cigarettes?</p> <p>A. I have never smoked cigarettes B. Yes C. No</p>
Exposure to Second-Hand Smoke	
<p>5. During the past 7 days, on how many days did someone smoke in your presence?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	<p>6. During the past 7 days, on how many days did someone smoke in your presence inside your home?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>

<p>7. During the past 7 days, on how many days did someone smoke in your presence, inside an indoor public place other than your home, such as a school, shops, restaurants, shopping malls, or movie theaters?</p> <p>A. 0 days B. 1 day C. 2 days D. 3 days E. 4 days F. 5 days G. 6 days H. 7 days</p>	<p>8. During the past 30 days, did you see anyone smoke inside your school building or outside on school property?</p> <p>A. Yes B. No</p>
Purchasing Cigarettes	
<p>9. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?</p> <p>A. I did not try to buy cigarettes during the past 30 days B. Yes, someone refused to sell me cigarettes because of my age C. No, my age did not keep me from buying cigarettes</p>	<p>10. The last time you bought cigarettes during the past 30 days, how did you buy them?</p> <p>A. I did not buy cigarettes during the past 30 days B. I bought them in a pack C. I bought individual sticks (singles) D. I bought them in a carton E. I bought tobacco and rolled my own F. I bought them some other way</p>
Role of the Media and Advertising	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>11. During the past 30 days, how often did you see, read, or hear any advertisements for tobacco products?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	<p>12. During the past 30 days, how many advertisements for tobacco products did you see on billboards?</p> <p>A. I did not see a billboard during the past 30 days B. A lot C. A few D. None</p>
<p>13. During the past 30 days, how many advertisements for tobacco products did you see in newspapers or magazines?</p> <p>A. I did not see a newspaper or magazine during the past 30 days B. A lot C. A few D. None</p>	<p>14. During the past 30 days, how many advertisements for tobacco products did you see on the internet or social media?</p> <p>A. I did not use the internet or social media during the past 30 days B. A lot C. A few D. None</p>

<p>15. During the past 30 days, did you see any advertisements for tobacco products at places where tobacco products are sold, such as stores, shops, or kiosks?</p> <p>A. I did not visit any places where tobacco products are sold during the past 30 days</p> <p>B. Yes</p> <p>C. No</p>	<p>16. Do you have something, such as a t-shirt, pen, backpack, or other item, with a tobacco product brand logo on it?</p> <p>A. Yes</p> <p>B. No</p>
<p>17. During the past 30 days, how many text messages or mobile phone calls did you get that encouraged you to go to the website of a company that sells tobacco products?</p> <p>A. I did not receive text messages or mobile phone calls during the past 30 days</p> <p>B. A lot</p> <p>C. A few</p> <p>D. None</p>	<p>18. Has a person working for a tobacco company ever offered you a free tobacco product?</p> <p>A. Yes</p> <p>B. No</p>
<p>19. When you watch television, videos, or movies, how often do you see actors using tobacco products?</p> <p>A. I do not watch television, videos, or movies</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>20. During the past 30 days, how often did you see, read, or hear any advertisements about the impact of tobacco use on your health?</p> <p>A. Never</p> <p>B. Rarely</p> <p>C. Sometimes</p> <p>D. Almost daily</p> <p>E. Daily</p>	<p>21. During the past 30 days, did you see any health warnings on cigarette packages?</p> <p>A. I did not see any cigarette packages during the past 30 days</p> <p>B. Yes, I did see health warnings on cigarette packages</p> <p>C. No, I did not see any health warnings on cigarettes packages</p>
Knowledge, Attitudes, and Skills	
<p>22. During this school year, were you taught in any of your classes about the dangers of tobacco use?</p> <p>A. Yes</p> <p>B. No</p> <p>C. I do not know</p>	

**Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Violence and Unintentional Injury Module**

Sexual Violence	
<p>Being forced to do sexual things that you do not want to do is called sexual violence. Sexual violence may include being kissed or touched, being spied on when you are not fully dressed, being shown someone's private parts, pulling at your clothes to expose your underwear or body, making sexual comments or gestures, and being physically or verbally forced to have sexual intercourse. Sexual violence may occur in person or on social media or the internet.</p> <p>1. During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<p>Being forced to do sexual things that you do not want to do is called sexual violence. Sexual violence may include being kissed or touched, being spied on when you are not fully dressed, being shown someone's private parts, pulling at your clothes to expose your underwear or body, making sexual comments or gestures, and being physically or verbally forced to have sexual intercourse. Sexual violence may occur in person or on social media or the internet.</p> <p>2. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?</p> <p>A. I did not date or go out with anyone during the past 12 months B. 0 times C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p>
<p>Sexual violence may occur on the internet or social media when someone asks you to do sexual things you do not want to do. It may include being asked to talk about sex or sexual acts, being asked to do something sexual, being asked for a photo or video showing your private parts, and being shown sexual images without your consent.</p> <p>3. During the past 12 months, how many times did anyone ask you to do sexual things on the internet or social media that you did not want to do?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<p>4. Have you ever been physically or verbally forced to have sexual intercourse when you did not want to?</p> <p>A. Yes B. No</p>

Dating Violence	
<p>5. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)</p> <p>A. I did not date or go out with anyone during the past 12 months B. 0 times C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p>	<p>6. During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)</p> <p>A. I did not date or go out with anyone during the past 12 months B. 0 times C. 1 time D. 2 or 3 times E. 4 or 5 times F. 6 or more times</p>
Violence	
<p>7. During the past 30 days, on how many days did you not leave your home because of fear of violence in your community?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<p>8. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 day E. 6 or more days</p>
<p>9. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your bike, clothing, or books, on school property?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times</p>	<p>10. During the past 12 months, did your teacher hit, slap, or physically hurt you on purpose or make you do something that hurt, such as stand or kneel for a long period of time?</p> <p>A. Yes B. No</p>
<p>11. During the past 12 months, did your teacher call you names or say things in a mean or hurtful manner that made you feel afraid, rejected, shameful, or threatened?</p> <p>A. Yes B. No</p>	

Weapon Carrying	
<p>12. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club or COUNTRY SPECIFIC EXAMPLE?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	<p>13. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club or COUNTRY SPECIFIC EXAMPLE, on school property?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>
<p>14. During the past 30 days, on how many days did you carry a gun?</p> <p>A. 0 days B. 1 day C. 2 or 3 days D. 4 or 5 days E. 6 or more days</p>	<p>15. During the past 30 days, how many times has someone threatened or injured you with a weapon, such as a gun, knife, or club or COUNTRY SPECIFIC EXAMPLE, on school property?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times</p>
Physical Fighting	
<p>16. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse or missed your usual activities?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times</p>	<p>17. During the past 12 months, how many times were you in a physical fight on school property?</p> <p>A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or 7 times F. 8 or 9 times G. 10 or 11 times H. 12 or more times</p>
Injuries	
<p>18. During the past 12 months, where did the most serious injury that happened to you occur?</p> <p>A. I was not seriously injured during the past 12 months B. In or around your home C. In or around the place you work D. In or around your school E. On a playing field or court or in a gymnasium that is not at your school F. Going to or from somewhere G. Somewhere else</p>	

Bullying	
<p>19. During the past 12 months, did you bully someone on school property?</p> <p>A. Yes B. No</p>	<p>20. During the past 12 months, did you bully someone when you were not on school property?</p> <p>A. Yes B. No</p>
<p>21. During the past 12 months, did you cyber bully someone?</p> <p>A. Yes B. No</p>	<p>22. During the past 12 months, who bullied you most often?</p> <p>A. Students from your school B. Students from another school C. Someone else about my age</p>
<p>23. During the past 12 months, how were you bullied face-to-face most often? SELECT ONLY ONE RESPONSE.</p> <p>A. I was not bullied face-to-face during the past 12 months B. I was hit, kicked, pushed, shoved around, or locked indoors C. I was made fun of, called a bad name, or teased D. I was threatened E. Someone spread rumors about me F. I was purposely ignored or left out of a group or activities G. I was bullied face-to-face in some other way</p>	<p>24. During the past 12 months, how were you cyber bullied most often? SELECT ONLY ONE RESPONSE.</p> <p>A. I was not cyber bullied during the past 12 months B. Nasty or hurtful messages, pictures, or videos were sent to me C. Nasty or hurtful messages, pictures, or videos were shared or posted online where others could see them D. I was purposely ignored or left out of a group or activities online E. I was threatened online F. I was made fun of, called a bad name, or teased online G. Someone spread rumors about me online H. I was cyber bullied in some other way</p>
<p>25. During the past 12 months, what was the main reason you were bullied? SELECT ONLY ONE RESPONSE.</p> <p>A. I was not bullied during the past 12 months B. Because of my race, nationality, culture, or skin color C. Because of my religion D. Because of how my body or face looks E. Because of my disability F. Because of my sex, sexual orientation, or gender identity G. Because of how rich or poor my family is H. Some other reason</p>	

Road Safety	
<p>26. During the past 30 days, how often did you wear a seat belt when driving a car or other motor vehicle?</p> <p>A. I did not drive a car or other motor vehicle during the past 30 days</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>	<p>27. During the past 30 days, how often did you wear a seat belt when riding in a car or other motor vehicle driven by someone else?</p> <p>A. I did not ride in a car or other motor vehicle driven by someone else during the past 30 days</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>
<p>28. During the past 30 days, how often did you wear a helmet when driving a motorcycle?</p> <p>A. I did not drive a motorcycle during the past 30 days</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>	<p>29. During the past 30 days, how often did you wear a helmet when riding on a motorcycle driven by someone else?</p> <p>A. I did not ride on a motorcycle driven by someone else during the past 30 days</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>
<p>30. During the past 30 days, how often did you wear a helmet when riding a bicycle?</p> <p>A. I did not ride a bicycle during the past 30 days</p> <p>B. Never</p> <p>C. Rarely</p> <p>D. Sometimes</p> <p>E. Most of the time</p> <p>F. Always</p>	
Drinking and Driving	
<p>31. During the past 30 days, how many times did you drive a car or other motor vehicle when you had been drinking alcohol?</p> <p>A. I did not drive a motor vehicle during the past 30 days</p> <p>B. 0 times</p> <p>C. 1 time</p> <p>D. 2 or 3 times</p> <p>E. 4 or 5 times</p> <p>F. 6 or more times</p>	<p>32. During the past 30 days, how often did you ride in a car or other motor vehicle driven by someone who had been drinking alcohol?</p> <p>A. I did not ride in motor vehicle driven by someone else during the past 30 days</p> <p>B. 0 times</p> <p>C. 1 time</p> <p>D. 2 or 3 times</p> <p>E. 4 or 5 times</p> <p>F. 6 or more times</p>
Knowledge, Attitudes, and Skills - Violence	
<p>33. During this school year, were you taught in any of your classes what to do if someone is trying to force you to have sexual intercourse?</p> <p>A. Yes</p> <p>B. No</p> <p>C. I do not know</p>	<p>34. During this school year, were you taught in any of your classes what to do if someone is trying to touch you in a sexual way when you do not want them to?</p> <p>A. Yes</p> <p>B. No</p> <p>C. I do not know</p>

<p>35. During this school year, were you taught in any of your classes how to avoid physical fights and violence?</p> <p>A. Yes B. No C. I do not know</p>	<p>36. During this school year, were you taught in any of your classes what to do if you were physically attacked or if you saw someone being physically attacked?</p> <p>A. Yes B. No C. I do not know</p>
<p>37. During this school year, were you taught in any of your classes how to avoid being bullied?</p> <p>A. Yes B. No C. I do not know</p>	<p>38. During this school year, were you taught in any of your classes what to do if you were being bullied or if you saw someone being bullied?</p> <p>A. Yes B. No C. I do not know</p>
Knowledge, Attitudes, and Skills – Unintentional Injury	
<p>39. During this school year, were you taught in any of your classes how to avoid or prevent motor vehicle accidents?</p> <p>A. Yes B. No C. I do not know</p>	<p>40. During this school year, were you taught in any of your classes how to avoid or prevent other types of accidents, such as fires or poisonings?</p> <p>A. Yes B. No C. I do not know</p>
<p>41. During this school year, were you taught in any of your classes how to give first aid?</p> <p>A. Yes B. No C. I do not know</p>	

**Global School-based Student Health Survey (GSHS)
Additional Core-Expanded Questions**

Religiosity	
<p>1. Do you think of yourself as a religious or spiritual person?</p> <p>A. Yes B. No</p>	
Gender and Sexual Identity	
<p>2. Which of the following best describes your gender identity?</p> <p>A. Male B. Female C. Non-binary D. I describe my gender identity some other way E. I am not sure about my gender identity F. I do not know what this question is asking</p>	<p>Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender.</p> <p>3. Are you transgender?</p> <p>A. No, I am not transgender B. Yes, I am transgender C. I am not sure if I am transgender D. I do not know what this question is asking</p>
<p>4. Which of the following best describes your sexual identity?</p> <p>A. Heterosexual (straight) or COUNTRY SPECIFIC TERM B. Gay or lesbian or COUNTRY SPECIFIC TERM C. Bisexual or COUNTRY SPECIFIC TERM D. I describe my sexual identity some other way E. I am not sure about my sexual identity F. I do not know what this question is asking</p>	
Perceived Health Status	
<p>5. How do you describe your health in general?</p> <p>A. Excellent B. Very good C. Good D. Fair E. Poor</p>	
Preventive Health Care	
<p>6. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?</p> <p>A. During the past 12 months B. Between 12 and 24 months ago C. More than 24 months ago D. Never E. I do not know</p>	

Eye Health	
<p>7. Has a doctor ever prescribed spectacles or eyeglasses to help you see better?</p> <p>A. Yes B. No C. I do not know</p>	<p>8. How often do you wear your prescription spectacles or eyeglasses to see better?</p> <p>A. I do not have prescription spectacles or eyeglasses to help me see better B. Never C. Rarely D. Sometimes E. Most of the time F. Always</p>
Ear Health	
<p>9. Do you use earphones or headphones to listen to music, audiobooks, gaming sounds, or other content?</p> <p>A. Yes B. No</p>	<p>10. During the past 7 days, how many hours per day did you use earphones or headphones to listen to music, audiobooks, gaming sounds, or other content?</p> <p>A. I did not use earphones or headphones during the past 7 days B. Less than one hour per day C. 1 to 2 hours per day D. 3 to 4 hours per day E. 5 to 6 hours per day F. 7 to 8 hours per day G. More than 8 hours per day</p>
<p>11. On a scale from 1 to 10 (with 1 being the quietest and 10 being the loudest), at what volume do you usually listen to music, audiobooks, gaming sounds, or other content when using earphones or headphones?</p> <p>A. I do not use earphones or headphones B. 1 or 2 C. 3 or 4 D. 5 or 6 E. 7 or 8 F. 9 or 10</p>	
Ethnicity	
<p>12. What ethnic group do you identify with?</p> <p>A. COUNTRY SPECIFIC RESPONSE OPTION B. COUNTRY SPECIFIC RESPONSE OPTION C. COUNTRY SPECIFIC RESPONSE OPTION D. COUNTRY SPECIFIC RESPONSE OPTION E. COUNTRY SPECIFIC RESPONSE OPTION F. COUNTRY SPECIFIC RESPONSE OPTION G. COUNTRY SPECIFIC RESPONSE OPTION H. Some other ethnic group</p>	

Social Media, Online Communication, and the Internet	
<p>13. Do you have a mobile phone that you use on a regular basis?</p> <p>A. Yes B. No</p>	<p>Social media includes Instagram, Twitter, Snapchat, and Facebook (and COUNTRY SPECIFIC EXAMPLE) and other social media platforms. Online communication includes texting and email.</p> <p>14. During the past 7 days, how many hours per day did you use your mobile phone to be on social media, for online communication, or to browse the internet?</p> <p>A. I did not have a mobile phone during the past 7 days B. Less than one hour per day C. 1 to 2 hours per day D. 3 to 4 hours per day E. 5 to 6 hours per day F. 7 to 8 hours per day G. More than 8 hours per day</p>
<p>Social media includes Instagram, Twitter, Snapchat, and Facebook (and COUNTRY SPECIFIC EXAMPLE) and other social media platforms. Online communication includes texting and email.</p> <p>15. Do your parents or guardians have rules about how you can use social media, online communication, or the internet?</p> <p>A. Yes B. No</p>	<p>Screen time includes time spent in front of a television; using a computer or mobile phone for social media, online communication, or browsing the internet; watching television shows, videos, or movies; and playing computer games. Screen time does not include online learning or doing homework.</p> <p>16. On an average school day, how many hours per day of screen time do you have?</p> <p>A. Less than 1 hour per day B. 1 to 2 hours per day C. 3 to 4 hours per day D. 5 to 6 hours per day E. 7 to 8 hours per day F. More than 8 hours per day</p>
Exploitation	
<p>17. Have you ever been given money, a place to stay, food, or something else of value in exchange for sex?</p> <p>A. Yes B. No</p>	<p>18. Have you ever been forced to work or do something illegal by someone who got money or something of value for what you did?</p> <p>A. Yes B. No</p>

Gambling	
<p>19. During the past 12 months, how many times did you gamble or bet on a sports team or when playing cards or a dice game, play the lottery, use the internet to gamble or bet, or gamble or bet on a game of personal skill, such as pool or a video game?</p> <p>A. 0 times B. 1 or 2 times C. 3 to 5 times D. 6 to 9 times E. 10 to 19 times F. 20 to 39 times G. 40 or more times</p>	
Equality	
<p>20. During this school year, were you taught in any of your classes that both males and females should be treated fairly and with respect?</p> <p>A. Yes B. No C. I do not know</p>	<p>21. During this school year, were you taught in any of your classes that everyone should be treated fairly and with respect?</p> <p>A. Yes B. No C. I do not know</p>
HPV Vaccine	
<p>22. Have you ever heard of human papillomavirus (HPV)? It is not the same as HIV, HSV, or herpes.</p> <p>A. Yes B. No C. I do not know</p>	<p>23. How do people get infected with HPV? SELECT ONLY ONE RESPONSE.</p> <p>A. By breathing it B. By eating contaminated food C. By drinking contaminated water D. From someone else's blood E. From sexual contact with someone F. I do not know</p>
<p>24. Can HPV cause cancer?</p> <p>A. Yes B. No C. I do not know</p>	<p>25. The HPV vaccine (also sometimes called the cervical cancer vaccine) is a series of two or three shots. How many HPV shots have you received?</p> <p>A. 0 shots B. 1 shot C. 2 shots D. 3 shots E. I do not know</p>
<p>26. Who made the decision that you should be vaccinated against HPV? SELECT ONLY ONE RESPONSE.</p> <p>A. I have not been vaccinated against HPV B. My parents or guardians C. A teacher or other adult in my school D. A doctor or nurse E. Someone else</p>	

Other Vaccine Issues	
<p>The next question asks about how often you see, read, or hear advertisements on television, radio, videos, social media, the internet, or billboards; in newspapers or magazines; or at movie theaters, fairs, concerts, or sporting events.</p> <p>27. During the past 30 days, how often did you see, read, or hear any anti-vaccine advertisements?</p> <p>A. Never B. Rarely C. Sometimes D. Almost daily E. Daily</p>	<p>28. How important are vaccines for your health?</p> <p>A. Not at all important B. Somewhat important C. Very important D. I do not know</p>
<p>29. Health authorities recommend certain vaccines for people your age. Do you want to get these vaccines?</p> <p>A. Yes B. No C. I do not know</p>	<p>30. The last time you were vaccinated, did the doctors and nurses treat you with respect?</p> <p>A. I have not been vaccinated B. Yes C. No D. I do not know</p>
COVID-19	
<p>Note: Use this introduction if you use any of these four questions.</p> <p>Beginning in late 2019, the world experienced the coronavirus disease (COVID-19) pandemic. As part of the response to this pandemic, some schools and businesses were closed and some people were required to stay at home. Your community might still be experiencing the pandemic. The next __ questions ask about the COVID-19 pandemic.</p> <p>31. During the COVID-19 pandemic, how often did you wear a mask or other face covering to protect yourself or others from this disease when you were out in public?</p> <p>A. Never B. Rarely C. Sometimes D. Most of the time E. Always</p>	<p>32. During the COVID-19 pandemic, did you attend school from home at least some of the time using a computer, mobile phone, or other electronic device?</p> <p>A. Yes B. No</p>
<p>33. During the COVID-19 pandemic, were you tested by a doctor or nurse for COVID-19 infection?</p> <p>A. Yes B. No C. I do not know</p>	<p>34. Have you ever received a vaccine to prevent getting infected with COVID-19?</p> <p>A. Yes B. No C. I do not know</p>