

Global School-based Student Health Survey (GSHS)

Core Expanded Questions

For more information:

www.cdc.gov/gshs or
www.who.int/school_youth_health/gshs



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

2005

Alcohol Use (Recommended core-expanded questions are shaded grey.)	
<p>1. How old were you when you had your first drink of alcohol other than a few sips?</p> <p>a. I have never had a drink of alcohol other than a few sips 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 years old or older</p>	<p>2. 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 home c. At someone else's home d. At school e. Out on the street, in a park, or in some other open area f. At a bar, pub, or disco g. In a restaurant h. Some other place</p>
<p>3. 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>	<p>4. 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, such as COUNTRY SPECIFIC OPTIONS e. COUNTRY SPECIFIC OPTION f. COUNTRY SPECIFIC OPTION g. Some other type</p>
<p>5. Which of your parents or guardians drink alcohol?</p> <p>a. Neither b. My father or male guardian c. My mother or female guardian d. Both e. I do not know</p>	<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 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 years old or older</p>
<p>7. Where were you the first time you had a drink of alcohol?</p> <p>a. I have never had a drink of alcohol b. At home c. At someone else's home d. At school e. Out on the street, in a park, or in some other open area f. At a bar, pub, or disco g. In a restaurant h. Some other place</p>	<p>8. During the past 30 days, how many times did you drink so much alcohol that you were really drunk?</p> <p>a. 0 times b. 1 or 2 times c. 3 to 9 times d. 10 or more times</p>

<p>9. During the past 30 days, how many times did you have a hang-over, feel sick, get into trouble with your family or friends, miss school, or get into fights as a result of drinking alcohol?</p> <ul style="list-style-type: none"> a. 0 times b. 1 or 2 times c. 3 to 9 times d. 10 or more times 	<p>10. With whom do you usually drink alcohol?</p> <ul style="list-style-type: none"> 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>11. How often are you allowed to drink alcohol at home?</p> <ul style="list-style-type: none"> a. I do not drink alcohol b. Never c. Rarely d. Sometimes e. Most of the time f. Always 	<p>12. Do your parents or guardians know that you drink alcohol?</p> <ul style="list-style-type: none"> a. I do not drink alcohol b. Yes c. No d. I do not know
<p>13. What is the most number of drinks you have had on one occasion?</p> <ul style="list-style-type: none"> a. I do not drink alcohol b. Less than one drink c. 2 drinks d. 3 drinks e. 4 drinks f. 5 or more drinks 	<p>14. What type of alcohol do you prefer to drink?</p> <ul style="list-style-type: none"> a. I do not drink alcohol b. Beer, lager, or stout c. Wine d. Spirits, such as COUNTRY SPECIFIC OPTIONS e. COUNTRY SPECIFIC OPTIONS f. COUNTRY SPECIFIC OPTIONS g. Some other type

Role of the Media and Advertising	
<p>15. When you watch television, videos, or movies, how often do you see actors drinking alcohol?</p> <p>a. I never watch television, videos, or movies b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>	<p>16. 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>17. During the past 30 days, when you watched sports events or other programs on television how often did you see alcohol brand names?</p> <p>a. I never watch television b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>	<p>18. During the past 30 days, how many advertisements for alcohol have you seen on billboards?</p> <p>a. A lot b. A few c. None</p>
<p>19. During the past 30 days, how many advertisements or promotions for alcohol have you seen in news papers or magazines?</p> <p>a. A lot b. A few c. None</p>	<p>20. When you go to sports events, fairs, concerts, community events, or social gatherings how often do you see advertisements for alcohol?</p> <p>a. I never attend sports events, fairs, concerts, community events, or social gatherings b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>
<p>21. Has an alcohol company representative ever offered you a free drink of alcohol?</p> <p>a. Yes b. No</p>	

Knowledge, Attitudes, Skills, and Sources of Information	
<p>22. Has anyone in your family discussed with you the harmful effect of drinking alcohol?</p> <p>a. Yes b. No</p>	<p>23. 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>24. Do any of your brothers or sisters drink alcohol?</p> <p>a. Yes b. No c. I do not know</p>	<p>25. During this school year, were you taught in any of your classes the benefits of not using alcohol?</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 help to stop drinking alcohol?</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 dangers of alcohol use?</p> <p>a. Yes b. No c. I do not know</p>
<p>28. How much do you think people risk harming themselves (physically or in other ways), if they drink alcohol once or twice a year?</p> <p>a. No risk b. Slight risk c. Moderate risk d. Great risk</p>	<p>29. 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>
<p>30. During this school year, were you taught in any of your classes how to support polices and programs that will prevent alcohol use among youth?</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 how to tell someone you did not want to drink alcohol?</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 the reasons why people drink alcohol?</p> <p>a. Yes b. No c. I do not know</p>	<p>33. How much do you think people risk harming themselves (physically or in other ways), if they drink alcohol several times a week?</p> <p>a. No risk b. Slight risk c. Moderate risk d. Great risk</p>

<p>34. How much do you think people risk harming themselves (physically or in other ways), if they get drunk once a week?</p> <ul style="list-style-type: none"> a. No risk b. Slight risk c. Moderate risk d. Great risk 	<p>35. How difficult do you think it would be for you to get alcohol, such as COUNTRY SPECIFIC EXAMPLES, if you wanted to?</p> <ul style="list-style-type: none"> a. Impossible b. Very difficult c. Fairly difficult d. Fairly easy e. Very easy f. I do not know
<p>36. How many of your friends drink alcohol?</p> <ul style="list-style-type: none"> a. None b. A few c. Some d. Most All 	<p>37. How many of your friends get drunk at least once a week?</p> <ul style="list-style-type: none"> a. None b. A few c. Some d. Most e. All

Other Drug Use (Recommended core-expanded questions are shaded grey.)	
<p>38. During the past 12 months, how many times have you used drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. 0 times b. 1 or 2 times c. 3 to 9 times d. 10 or more times 	<p>39. During the past 30 days, how many times have you used drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. 0 times b. 1 or 2 times c. 3 to 9 times d. 10 or more times
<p>40. How old were you when you tried drugs, such as COUNTRY SPECIFIC EXAMPLES, for the first time?</p> <ul style="list-style-type: none"> a. I have never tried drugs, such as COUNTRY SPECIFIC EXAMPLES 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 years old or older 	<p>41. Which one of the drugs listed below have you used most often? SELECT ONLY ONE RESPONSE.</p> <ul style="list-style-type: none"> a. I have never tried any of these drugs b. Marijuana (also called COUNTRY SPECIFIC SLANG TERMS FOR MARIJUANA) or hashish (also called COUNTRY SPECIFIC SLANG TERMS FOR HASHISH) c. Tranquilisers or sedatives, such as COUNTRY SPECIFIC EXAMPLES OF TRANQUILISERS AND SEDATIVES, without a doctor or nurse telling you to do so d. Amphetamines (also called COUNTRY SPECIFIC SLANG TERMS FOR AMPHETAMINES) e. Methamphetamine (also called COUNTRY SPECIFIC SLANG TERMS FOR METHAMPHETAMINES) f. Crack or other forms of cocaine (also called COUNTRY SPECIFIC SLANG TERMS FOR COCAINE, CRACK, OR FREEBASE FORMS OF COCAINE) g. Solvents or inhalants (also called COUNTRY SPECIFIC SLANG TERMS FOR SOLVENTS OR INHALANTS) h. Some other drug

<p>42. During your life, how many times have you shared needles or syringes used to inject any drug into your body?</p> <ul style="list-style-type: none"> 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>43. Which one of the drugs listed below did you try first?</p> <ul style="list-style-type: none"> a. I have never tried any of these drugs b. Marijuana (also called COUNTRY SPECIFIC SLANG TERMS FOR MARIJUANA) or hashish (also called COUNTRY SPECIFIC SLANG TERMS FOR HASHISH) c. Tranquilisers or sedatives, such as COUNTRY SPECIFIC EXAMPLES OF TRANQUILISERS AND SEDATIVES, without a doctor or nurse telling you to do so d. Amphetamines (also called COUNTRY SPECIFIC SLANG TERMS FOR AMPHETAMINES) e. Methamphetamine (also called COUNTRY SPECIFIC SLANG TERMS FOR METHAMPHETAMINES) f. Crack or other forms of cocaine (also called COUNTRY SPECIFIC SLANG TERMS FOR COCAINE, CRACK, OR FREEBASE FORMS OF COCAINE) g. Solvents or inhalants (also called COUNTRY SPECIFIC SLANG TERMS FOR SOLVENTS OR INHALANTS) h. Some other drug
<p>44. During the past 30 days, has anyone offered, sold, or given you a drug, such as COUNTRY SPECIFIC OPTION?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>45. During the past 30 days, has anyone offered, sold, or given you a drug, such as COUNTRY SPECIFIC OPTION, at school?</p> <ul style="list-style-type: none"> a. Yes b. No
<p>46. During this school year, were you taught in any of your classes the benefits of not using drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know 	<p>47. During this school year, were you taught in any of your classes the dangers of using drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know
<p>48. During this school year, were you taught in any of your classes where to get help to stop using drugs, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know 	

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

2005

Dietary Behaviours (Recommended core-expanded questions are shaded grey.)	
<p>1. 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>2. 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>3. 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>4. During the past 30 days, how many times <u>per day</u> did you usually drink carbonated soft drinks, such as Coke or COUNTRY SPECIFIC EXAMPLES OF CARBONATED SOFT DRINKS?</p> <p>a. I did not drink carbonated soft drinks during the past 30 days b. Less than 1 time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day</p>
<p>5. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds or 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>6. During the past 12 months, have you been weighed and measured?</p> <p>a. Yes b. No</p>
<p>7. What is the main reason you do not eat breakfast?</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>8. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?</p> <p>a. Yes b. No</p>

<p>9. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?</p> <p>a. Yes b. No</p>	<p>10. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?</p> <p>a. Yes b. No</p>
<p>11. 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>12. 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>
<p>13. During the past 30 days, how has your weight changed?</p> <p>a. My weight has not changed b. I have lost weight c. I have gained weight d. I do not know</p>	<p>14. During the past 30 days, did you exercise to gain weight?</p> <p>a. Yes b. No</p>
<p>15. During the past 30 days, did you eat more food, more calories, or foods high in fat to gain weight?</p> <p>a. Yes b. No</p>	<p>16. 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>17. 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>	<p>18. 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>19. 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>20. During the past 30 days, how often did you eat breakfast at school?</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 you eat lunch at school?</p> <ul style="list-style-type: none"> a. Never b. Rarely c. Sometimes d. Most of the time e. Always 	<p>22. During the past 30 days, how many times <u>per day</u> did you usually drink milk or eat milk products, such as COUNTRY SPECIFIC EXAMPLES?</p> <ul style="list-style-type: none"> a. I did not drink milk or eat milk products during the past 30 days b. Less than one time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day
<p>23. During the past 30 days, how many times <u>per day</u> did you usually drink tea or coffee?</p> <ul style="list-style-type: none"> a. I did not drink tea or coffee during the past 30 days b. Less than 1 time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day 	<p>24. During the past 30 days, how many times <u>per day</u> did you usually eat cereals, such as COUNTRY SPECIFIC EXAMPLES OF CEREALS?</p> <ul style="list-style-type: none"> a. I did not eat cereals during the past 30 days b. Less than 1 time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day
<p>25. During the past 30 days, how many times <u>per day</u> did you usually eat salty foods, such as COUNTRY SPECIFIC EXAMPLES OF SALTY FOODS?</p> <ul style="list-style-type: none"> a. I did not eat salty foods b. Less than 1 time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day 	<p>26. During the past 30 days, how many times <u>per day</u> did you usually eat foods high in fat, such as COUNTRY SPECIFIC EXAMPLES OF HIGH FAT FOODS?</p> <ul style="list-style-type: none"> a. I did not eat foods high in fat b. Less than 1 time per day c. 1 time per day d. 2 times per day e. 3 times per day f. 4 times per day g. 5 or more times per day

Knowledge, Attitudes, Skills, and Sources of Information	
<p>27. During this school year, were you taught in any of your classes the benefits of healthy eating?</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 benefits of eating more fruits and vegetables?</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 how to safely prepare or store food?</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 healthy ways to gain weight?</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 healthy ways to lose weight?</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 the benefits of drinking more milk?</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 make healthy meals and snacks?</p> <p>a. Yes b. No c. I do not know</p>	

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

2005

Hygiene (Recommended core-expanded questions are shaded grey.)	
<p>1. Is there a source of clean water for drinking <u>at school</u>?</p> <p>a. Yes b. No</p>	<p>2. 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>
<p>3. 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>4. During the past 30 days, how did you usually wash your hands before eating?</p> <p>a. I did not wash my hands before eating during the past 30 days b. In a dish of water used by others c. In a dish of water used only by me d. Under running water e. Some other way</p>
<p>5. During the past 30 days, how did you usually wash your hands before eating <u>at school</u>?</p> <p>a. I did not wash my hands before eating at school b. In a dish of water used by others c. In a dish of water used only by me d. Under running water e. Some other way</p>	<p>6. During the past 30 days, how often did you use wash your hands before eating <u>at school</u>?</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 you wash your hands after using the toilet or latrines <u>at school</u>?</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 you use soap when washing your hands <u>at school</u>?</p> <p>a. I did not wash my hands at school b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>
<p>9. Is there a place for you to wash your hands after using the toilet or latrine <u>at school</u>?</p> <p>a. Yes b. No</p>	<p>10. Is there a place for you to wash your hands before eating <u>at school</u>?</p> <p>a. Yes b. No</p>

<p>11. Do you bring water from home to drink while you are <u>at school</u>?</p> <p>a. Yes b. No</p>	<p>12. How often do you drink water from the water source <u>at school</u>?</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>
<p>13. During the past 30 days, how often did you use the toilets or latrines <u>at school</u>?</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>14. Are there separate toilets or latrines for boys and girls <u>at school</u>?</p> <p>a. There are no toilets or latrines at school b. Yes c. No</p>
<p>15. Are the toilets or latrines safe <u>at school</u>?</p> <p>a. There are no toilets or latrines at school b. Yes c. No</p>	<p>16. Are the toilets or latrines clean <u>at school</u>?</p> <p>a. There are no toilets or latrines at school b. Yes c. No</p>
<p>17. Are the toilets or latrines easy to get to <u>at school</u>?</p> <p>a. There are no toilets or latrines at school b. Yes c. No</p>	<p>18. Are the toilets or latrines private <u>at school</u>?</p> <p>a. There are no toilets or latrines at school b. Yes c. No</p>
<p>19. How would you describe the health of your teeth and gums?</p> <p>a. Very poor b. Poor c. Average d. Good e. Very good</p>	<p>20. During the past 12 months, how often did you have a tooth ache?</p> <p>a. Never b. Rarely c. Sometimes d. Most of the time e. Always</p>
<p>21. During the past 12 months, did a tooth ache cause you to miss classes or school?</p> <p>a. Yes b. No</p>	<p>22. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?</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>

<p>23. Do you use toothpaste that contains flouride?</p> <ul style="list-style-type: none">a. Yesb. Noc. I do not know	<p>24. Do other students in your school make fun of your teeth?</p> <ul style="list-style-type: none">a. Yesb. No
<p>25. Do you avoid smiling or laughing because of how your teeth look?</p> <ul style="list-style-type: none">a. Yesb. No	

Knowledge, Attitudes, Skills, and Sources of Information

26. During this school year, were you taught in any of your classes the importance of hand washing?

- a. Yes
- b. No
- c. I do not know

27. During this school year, were you taught in any of your classes how to wash your hands?

- a. Yes
- b. No
- c. I do not know

Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Mental Health Module
 2005

Mental Health (Recommended core-expanded questions are shaded grey.)	
1. During the past 12 months, how many times did you actually attempt suicide? a. 0 times b. 1 time c. 2 or 3 times d. 4 or 5 times e. 6 or more times	2. During this school year, were you taught in any of your classes how to handle stress in healthy ways? a. Yes b. No c. I do not know
3. During the past 12 months, how often have you been so worried about something that you could not eat or did not have an appetite? a. Never b. Rarely c. Sometimes d. Most of the time e. Always	4. During the past 12 months, how often have you been so worried about something that you wanted to use alcohol or drugs to feel better? a. Never b. Rarely c. Sometimes d. Most of the time e. Always
5. 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? a. I did not attempt suicide during the past 12 months b. Yes c. No	6. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do? a. Never b. Rarely c. Sometimes d. Most of the time e. Always

Knowledge, Attitudes, Skills, and Sources of Information	
<p>7. 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>8. 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>9. 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>	

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

2005

Physical Activity (Recommended core-expanded questions are shaded grey.)	
<p>1. During this school year, on how many days did you go to physical education class <u>each week</u>?</p> <p>a. 0 days b. 1 day c. 2 days d. 3 days e. 4 days f. 5 or more days</p>	<p>2. 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>3. 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>4. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?</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>5. 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>	

Knowledge, Attitudes, Skills, and Sources of Information	
<p>6. During this school year, were you taught in any of your classes skills that you need to play sports?</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 how to develop a physical fitness plan for yourself?</p> <p>a. Yes b. No c. I do not know</p>	<p>9. During this school year, were 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>
<p>10. During this school year, were you taught in any of your classes about weather-related safety, such as avoiding physical activity during the hottest part of the day?</p> <p>a. Yes b. No c. I do not know</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
 2005

Sexual Behaviors (Recommended core-expanded questions are shaded grey.)	
1. During the past 12 months, how many times did you have sexual intercourse? 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	2. The last time you had sexual intercourse, did you or your partner use any method of birth control, such as withdrawal, rhythm (safe time), birth control pills, or any other method to prevent pregnancy? a. I have never had sexual intercourse. b. Yes c. No d. I do not know
3. The first time you had sexual intercourse, did you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM]? a. I have never had sexual intercourse b. Yes c. No	4. During the past 12 months, with how many people have you had sexual intercourse? a. I have never had sexual intercourse b. I have had sexual intercourse, but not 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
5. During the past 12 months, how often did you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM] when you had sexual intercourse? a. I have never had sexual intercourse b. I have had sexual intercourse, but not during the past 12 months c. Never d. Rarely e. Sometimes f. Most of the time g. Always	6. If you wanted to get a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM], how would you most likely get it? 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. COUNTRY SPECIFIC OPTION f. I would get it some other way g. I do not know
7. During this school year, were you taught in any of your classes how to use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM]? a. Yes b. No c. I do not know	8. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS? a. Yes b. No c. I do not know

<p>9. 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>10. Have you ever been tested for HIV infection or AIDS?</p> <p>a. Yes b. No</p>
<p>11. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, or [COUNTRY SPECIFIC OPTIONS]?</p> <p>a. Yes b. No c. I do not know</p>	<p>12. Can people protect themselves from HIV infection or AIDS by using a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM] correctly every time they have sexual intercourse?</p> <p>a. Yes b. No c. I do not know</p>
<p>13. Can people get HIV infection or AIDS from mosquito bites?</p> <p>a. Yes b. No c. I do not know</p>	<p>14. 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>15. Can people protect themselves from HIV infection or AIDS by having one uninfected faithful partner?</p> <p>a. Yes b. No c. I do not know</p>	<p>16. Can a healthy-looking person be infected with HIV?</p> <p>a. Yes b. No c. I do not know</p>
<p>17. 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 FOR CONDOM] is used?</p> <p>a. Yes b. No c. I do not know</p>	<p>18. Do you know 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>19. 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>20. How many of your friends have had sexual intercourse?</p> <p>a. None of them b. Some of them c. Most of them d. All of them</p>

<p>21. With whom have you had sexual intercourse?</p> <ul style="list-style-type: none"> a. I have never had sexual intercourse b. Females only c. Males only d. Both females and males 	<p>22. What is the main reason you have <u>not</u> had sexual intercourse?</p> <ul style="list-style-type: none"> 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 values h. Some other reason
<p>23. During the past 12 months, how often did you or your partner use any method of birth control?</p> <ul style="list-style-type: none"> a. I have never had sexual intercourse b. I have had sexual intercourse, but not during the past 12 months c. Never d. Rarely e. Sometimes f. Most of the time g. Always 	<p>24. The first time you had sexual intercourse, did you or your partner use any method of birth control or protection, such as withdrawal, rhythm (safe time), birth control pills, or any other method to prevent pregnancy?</p> <ul style="list-style-type: none"> a. I have never had sexual intercourse b. Yes c. No
<p>25. How many times have you been pregnant or gotten someone pregnant?</p> <ul style="list-style-type: none"> a. 0 times b. 1 time c. 2 or more times d. Not sure 	<p>26. If you wanted to get birth control, how would you most likely get it?</p> <ul style="list-style-type: none"> 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

Knowledge, Attitudes, Skills, and Sources of Information	
<p>27. Have you ever heard of HIV infection or AIDS?</p> <p>a. Yes b. No</p>	<p>28. Can people protect themselves from HIV infection or AIDS by not having sexual intercourse?</p> <p>a. Yes b. No c. I do not know</p>
<p>29. 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>30. 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>31. During this school year, were you taught in any of your classes how many people have HIV infection or AIDS?</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 the benefits of not having sexual intercourse?</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 many people your age have had sexual intercourse?</p> <p>a. Yes b. No c. I do not know</p>	<p>34. During this school year, were you taught in any of your classes about the effectiveness of condoms or [COUNTRY SPECIFIC SLANG TERM FOR CONDOMS]?</p> <p>a. Yes b. No c. I do not know</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 with them?</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 how to tell someone you do not want to have sexual intercourse unless a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM] is used?</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 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>38. 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>39. During this school year, were you taught in any of your classes how HIV infection or AIDS passes from one person to another?</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 support policies and programs that will help prevent HIV infection or AIDS?</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 where to get treatment for HIV infection or AIDS?</p> <p>a. Yes b. No c. I do not know</p>	<p>42. Have you ever talked about HIV infection or AIDS with your parents or guardians?</p> <p>a. Yes b. No</p>

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

2005

Cigarette Use (Recommended core-expanded questions are shaded grey.)	
<p>1. Have you ever tried or experimented with cigarette smoking, even one or two puffs?</p> <p>a. Yes b. No</p>	<p>2. During the past 30 days, did anyone ever 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>3. Do you want to stop smoking now?</p> <p>a. I have never smoked cigarettes b. I do not smoke now c. Yes d. No</p>	<p>4. Has a cigarette company representative ever offered you a free cigarette?</p> <p>a. Yes b. No</p>
<p>5. If one of your best friends offered you a cigarette, would you smoke it?</p> <p>a. Definitely not b. Probably not c. Probably yes d. Definitely yes</p>	<p>6. At any time during the next 12 months, do you think you will smoke a cigarette?</p> <p>a. Definitely not b. Probably not c. Probably yes d. Probably no</p>
<p>7. Are you in favor of banning smoking in public places, such as in restaurants; in buses, streetcars, and trains; in schools; on playgrounds; in gyms and sport arenas; and in discos?</p> <p>a. Yes b. No</p>	<p>8. During the past 30 days, on the days you smoked, how many cigarettes did you usually smoke?</p> <p>a. I did not smoke cigarettes during the past 30 days b. Less than 1 cigarette per day c. 1 cigarette per day d. 2 to 5 cigarettes per day e. 6 to 10 cigarettes per day f. 11 to 20 cigarettes per day g. More than 20 cigarettes per day</p>
<p>9. During the past 30 days, how did you usually get your own cigarettes? SELECT ONLY ONE RESPONSE.</p> <p>a. I did not smoke cigarettes during the past 30 days b. I bought them in a store, shop, or from a street vendor c. I bought them from a vending machine d. I gave someone else money to buy them for me e. I borrowed them from someone else f. I stole them g. An older person gave them to me h. I got them some other way</p>	<p>10. During the past 30 days, what brand of cigarettes did you usually smoke? SELECT ONLY ONE RESPONSE.</p> <p>a. I did not smoke cigarettes during the past 30 days b. No usual brand 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. Other</p>

<p>11. How much do you usually pay for a pack of 20 cigarettes?</p> <ul style="list-style-type: none"> a. I do not smoke cigarettes b. I do not buy cigarettes or I do not buy them in packs 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. COUNTRY SPECIFIC RESPONSE OPTION 	<p>12. During the past 30 days, how much do you think you spent on cigarettes?</p> <ul style="list-style-type: none"> a. I do not smoke cigarettes b. I do not buy my cigarettes 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. COUNTRY SPECIFIC RESPONSE OPTION
<p>13. In a usual month, how much POCKET MONEY/ALLOWANCE/INCOME do you get?</p> <ul style="list-style-type: none"> a. I do not receive any POCKET MONEY/ALLOWANCE/INCOME b. Less than US\$1 (CHANGE TO LOCAL CURRENCY EQUIVALENTS) c. 1 to 5 US\$ d. 6 to 10 US\$ e. 11 to 20 US\$ f. 20 to 30 US\$ g. 30 or more US\$ 	<p>14. Where do you usually smoke? SELECT ONLY ONE RESPONSE.</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. At home c. At school d. At work e. At friends' houses f. At social events g. In public spaces, such as parks, shopping centres, and street corners h. Other
<p>15. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. I no longer smoke cigarettes c. No, I do not have or feel like having a cigarette first thing in the morning d. Yes, I sometimes have or feel like having a cigarette first thing in the morning e. Yes, I always have or feel like having a cigarette first thing in the morning 	

Smoking Cessation	
<p>16. How long ago did you stop smoking?</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. I have not stopped smoking c. 1 to 3 months d. 4 to 11 months e. 1 year f. 2 years g. 3 or more years 	<p>17. What was the main reason you decided to stop smoking?</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. I have not stopped smoking c. To improve my health d. To save money e. Because my family does not like it f. Because my friends do not like it g. Other
<p>18. Do you think you would be able to stop smoking if you wanted to?</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. I have already stopped smoking cigarettes c. Yes d. No 	<p>19. Have you ever received help or advice to help you stop smoking? SELECT ONLY ONE RESPONSE.</p> <ul style="list-style-type: none"> a. I have never smoked cigarettes b. Yes, from a program or professional c. Yes, from a friend d. Yes, from a family member e. Yes, from both programs or professionals and from friends or family members f. No

Role of the Media and Advertising	
<p>20. During the past 30 days, how many anti-smoking media messages (such as television, radio, billboards, posters, newspapers, magazines, and movies) have you seen?</p> <p>a. A lot b. A few c. None</p>	<p>21. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?</p> <p>a. I never go to sports events, fairs, concerts, community events, or social gatherings b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>
<p>22. When you watch television, videos, or movies, how often do you see actors smoking?</p> <p>a. I never watch television, videos, or movies b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>	<p>23. Do you have something, such as a t-shirt, pen, backpack, or other item, with a cigarette brand logo on it?</p> <p>a. Yes b. No</p>
<p>24. During the past 30 days, when you watched sports events or other programs on television how often did you see cigarette brand names?</p> <p>a. I never watch television b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>	<p>25. During the past 30 days, how many advertisements for cigarettes have you seen on billboards?</p> <p>a. A lot b. A few c. None</p>
<p>26. During the past 30 days, how many advertisements or promotions for cigarettes have you seen in news papers or magazines?</p> <p>a. A lot b. A few c. None</p>	<p>27. When you go to sports events, fairs, concerts, community events, or social gatherings how often do you see advertisements for cigarettes?</p> <p>a. I never attend sports events, fairs, concerts, community events, or social gatherings b. Never c. Rarely d. Sometimes e. Most of the time f. Always</p>

Knowledge, Attitudes, Skills, and Sources of Information	
<p>28. Has anyone in your family discussed the harmful effects of smoking with you?</p> <p>a. Yes b. No</p>	<p>29. Do you think you will be smoking cigarettes 5 years from now?</p> <p>a. Definitely not b. Probably not c. Probably yes d. Definitely yes</p>
<p>30. Do you think boys who smoke cigarettes have more or less friends?</p> <p>a. More friends b. Less friends c. No difference from non-smokers</p>	<p>31. Do you think girls who smoke cigarettes have more or less friends?</p> <p>a. More friends b. Less friends c. No difference from non-smokers</p>
<p>32. Once someone has started smoking, do you think it would be difficult to quit?</p> <p>a. Definitely not b. Probably not c. Probably yes d. Definitely yes</p>	<p>33. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?</p> <p>a. More comfortable b. Less comfortable c. No difference from non-smokers</p>
<p>34. Do you think smoking cigarettes makes boys look more or less attractive?</p> <p>a. More attractive b. Less attractive c. No difference from non-smokers</p>	<p>35. Do you think smoking cigarettes makes girls look more or less attractive?</p> <p>a. More attractive b. Less attractive c. No difference from non-smokers</p>
<p>36. Do you think that smoking cigarettes makes you gain or lose weight?</p> <p>a. Gain weight b. Lose weight c. No difference</p>	<p>37. Do you think smoking cigarettes is harmful to your health?</p> <p>a. Definitely not b. Probably not c. Probably yes d. Definitely yes</p>
<p>38. When you see a man smoking, what do you think of him? SELECT ONLY ONE RESPONSE.</p> <p>a. Lacks confidence b. Stupid c. Loser d. Successful e. Intelligent f. Macho</p>	<p>39. When you see a woman smoking, what do you think of her? SELECT ONLY ONE RESPONSE.</p> <p>a. Lacks confidence b. Stupid c. Loser d. Successful e. Intelligent f. Sophisticated</p>

<p>40. Do any of your closest friends smoke cigarettes?</p> <ul style="list-style-type: none"> a. None of them b. Some of them c. Most of them d. All of them 	<p>41. Do you think it is safe to smoke for only a year or two as long as you quit after that?</p> <ul style="list-style-type: none"> a. Definitely not b. Probably not c. Probably yes d. Definitely yes
<p>42. Do you think the smoke from other people's cigarettes is harmful to you?</p> <ul style="list-style-type: none"> a. Definitely not b. Probably not c. Probably yes d. Definitely yes 	<p>43. During this school year, were you taught in any of your classes about the dangers of smoking?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know
<p>44. During this school year, did you discuss in any of your classes the reasons why people your age smoke?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know 	<p>45. During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles, or makes you smell bad?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know
<p>46. How long ago did you last discuss smoking and health as part of a lesson?</p> <ul style="list-style-type: none"> a. Never b. This term c. Last term d. 2 terms ago e. 3 terms ago f. More than a year ago 	<p>47. During this school year, were you taught in any of your classes how to tell someone you do not want to smoke a cigarette?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know
<p>48. During this school year, were you taught in any of your classes how to support policies and programs that will prevent tobacco use?</p> <ul style="list-style-type: none"> a. Yes b. No c. I do not know 	

Global School-based Student Health Survey (GSHS)
Core-Expanded Questions for the Violence and Unintentional Injury Module
 2005

Violence (Recommended core-expanded questions are shaded grey.)	
1. During the past 12 months, how many times were you seriously injured? 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	2. During the past 30 days, on how many days were you bullied? a. 0 days b. 1 or 2 days c. 3 to 5 days d. 6 to 9 days e. 10 to 19 days f. 20 to 29 days g. All 30 days
3. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, club or COUNTRY SPECIFIC OPTIONS? a. 0 days b. 1 day c. 2 or 3 days d. 4 or 5 days e. 6 or more days	4. Have you ever been physically forced to have sexual intercourse when you did not want to? a. Yes b. No
5. During the past 12 months, have you been physically forced to have sexual intercourse when you did not want to? a. Yes b. No	6. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, club or COUNTRY SPECIFIC OPTIONS, on school property? a. 0 days b. 1 day c. 2 or 3 days d. 4 or 5 days e. 6 or more days
7. Do you currently belong to a gang? a. Yes b. No	8. During the past 12 months, how many times were you verbally abused by a teacher? 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>9. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?</p> <p>a. I have not had a boyfriend or girlfriend during the past 12 months</p> <p>b. Yes</p> <p>c. No</p>	<p>10. 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</p> <p>b. 1 day</p> <p>c. 2 or 3 days</p> <p>d. 4 or 5 day</p> <p>e. 6 or more days</p>
<p>11. During the past 30 days, on how many days did you carry a gun?</p> <p>a. 0 days</p> <p>b. 1 day</p> <p>c. 2 or 3 days</p> <p>d. 4 or 5 days</p> <p>e. 6 or more days</p>	<p>12. During the past 30 days, how many times has someone threatened or injured you with a weapon, such as a gun, knife, or club, on school property?</p> <p>a. 0 times</p> <p>b. 1 time</p> <p>c. 2 or 3 times</p> <p>d. 4 or 5 times</p> <p>e. 6 or 7 times</p> <p>f. 8 or 9 times</p> <p>g. 10 or 11 times</p> <p>h. 12 or more times</p>
<p>13. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your car, clothing, or books, on school property?</p> <p>a. 0 times</p> <p>b. 1 time</p> <p>c. 2 or 3 times</p> <p>d. 4 or 5 times</p> <p>e. 6 or 7 times</p> <p>f. 8 or 9 times</p> <p>g. 10 or 11 times</p> <p>h. 12 or more times</p>	<p>14. 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?</p> <p>a. 0 times</p> <p>b. 1 time</p> <p>c. 2 or 3 times</p> <p>d. 4 or 5 times</p> <p>e. 6 or more times</p>
<p>15. During the past 12 months, how many times were you in a physical fight on school property?</p> <p>a. 0 times</p> <p>b. 1 time</p> <p>c. 2 or 3 times</p> <p>d. 4 or 5 times</p> <p>e. 6 or 7 times</p> <p>f. 8 or 9 times</p> <p>g. 10 or 11 times</p> <p>h. 12 or more times</p>	

Unintentional Injury (Recommended core-expanded questions are shaded grey.)	
<p>16. During the past 30 days, how often did you use a seat belt when riding in a car or other motor vehicle driven by someone else?</p> <ul style="list-style-type: none"> a. I did not ride in a motor vehicle driven by someone else b. Never c. Rarely d. Sometimes e. Most of the time f. Always 	<p>17. 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> <ul style="list-style-type: none"> a. 0 times b. 1 time c. 2 or 3 times d. 4 or 5 times e. 6 or more times
<p>18. During the past 30 days, how often did you use a seat belt when driving a car or other motor vehicle?</p> <ul style="list-style-type: none"> a. I did not drive a motor vehicle b. Never c. Rarely d. Sometimes e. Most of the time f. Always 	<p>19. During the past 30 days, how often did you wear a helmet when riding a bicycle or other non-motorized vehicle?</p> <ul style="list-style-type: none"> a. I did not ride a bicycle or other non-motorized vehicle b. Never c. Rarely d. Sometimes e. Most of the time f. Always
<p>20. During the past 30 days, how many times did you drive a car or other motor vehicle when you had been drinking alcohol?</p> <ul style="list-style-type: none"> a. 0 times b. 1 time c. 2 or 3 times d. 4 or 5 times e. 6 or more times 	

Knowledge, Attitudes, Skills, and Sources of Information	
<p>21. 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>22. 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>23. 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 b. No c. I do not know</p>	<p>24. 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>25. During this school year, were you taught in any of your classes first aid skills in case of an injury to yourself or someone else?</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 how to avoid being bullied?</p> <p>a. Yes b. No c. I do not know</p>