

## 2015 TAIWAN GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

This survey is about your health and the things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do. There are no right or wrong answers.

Completing the survey is voluntary. Your grade or mark in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey says to do.

Here is an example of how to fill in the circles:

Fill in the circles like this  Not like this  or 

Survey

1. Do fish live in water?
  - A. Yes
  - B. No

Answer sheet

1.        

Thank you very much for your help.

1. How old are you?
  - A. 11 years old or younger
  - B. 12 years old
  - C. 13 years old
  - D. 14 years old
  - E. 15 years old
  - F. 16 years old
  - G. 17 years old
  - H. 18 years old or older

2. What is your sex?

- A. Male
- B. Female

3. In what grade are you?

- A. Grade 1
- B. Grade 2
- C. Grade 3

The next 5 questions ask about your height and weight.

4. How tall are you without your shoes on? ON THE ANSWER SHEET, WRITE YOUR HEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

**Example**

Height (cm)		
1	5	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

5. How much do you weigh without your shoes on?  
ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

**Example**

Weight (kg)		
0	5	2
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

6. How do you describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
7. Which of the following are you trying to do about your weight?
- I am **not trying to do anything** about my weight
  - Lose weight**
  - Gain** weight
  - Stay** the same weight

8. How satisfied are you with your figure or stature?
- Very satisfied
  - More or less satisfied
  - It does not matter
  - Not very satisfied
  - Extremely unsatisfied

**The next 2 questions ask about going hungry or eating breakfast.**

9. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
10. During the past 30 days, how often did you eat breakfast?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**The next 9 questions ask about what you might eat and drink.**

11. During the past 30 days, how many times per day did you **usually** eat fruit, such as guava, papaya, bananas, watermelon, or apples?
- I did not eat fruit during the past 30 days
  - Less than one time per day
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day

12. Using the size of your fist as a serving of fruit, during the past 7 days, how many servings of fruit did you usually eat per day?
- A. Less than 1 serving per day
  - B. 1 serving per day
  - C. 2 servings per day
  - D. 3 servings per day
  - E. 4 servings per day
  - F. 5 or more servings per day
13. During the past 30 days, how many times per day did you **usually** eat vegetables, such as cabbage, water spinach, cauliflower, bamboo shoots, or vegetable sponges?
- A. I did not eat vegetables 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
14. Using the size of **half a bowl** as a serving of vegetables, during the past 7 days, how many servings of vegetables did you **usually** eat per day?
- A. Less than 1 serving per day
  - B. 1 serving per day
  - C. 2 servings per day
  - D. 3 servings per day
  - E. 4 servings per day
  - F. 5 or more servings per day
15. During the past 30 days, how many times per day did you **usually** drink **carbonated** soft drinks, such as Coca Cola, Sprite, or Root Beer? (Do **not** include diet soft drinks, such as Coke Zero or Diet Coke.)
- A. I did not drink carbonated soft drinks 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
16. During the past 30 days, how many times per day did you **usually** drink **non-carbonated and sugar-sweetened beverages**, such as Bubble Milk Tea, fruit drinks that are not 100% juice, 3 in 1 Coffee, Lactic Acid Drinks, or Bubble Tea?
- A. I did not drink non-carbonated and sugar-sweetened beverages 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
17. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as yogurt or cheese?
- 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

18. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as sausage, fried chicken, donuts, or potato chips?
- A. I did not eat foods high in fat 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
19. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as McDonald's, KFC, Burger King, MOS Burger, TKK Fried Chicken, or Pizza Hut?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

**The next 4 questions ask about cleaning your teeth and washing your hands.**

20. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?
- A. I did not clean or brush my teeth 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 or more times per day

21. During the past 30 days, how often did you wash your hands before eating?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
22. During the past 30 days, how often did you wash your hands after using the toilet or latrine?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
23. During the past 30 days, how often did you use soap when washing your hands?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next 3 questions ask about serious injuries that happened to you. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.**

24. 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

25. During the past 12 months, what was the most serious injury that happened to you?
- A. I was not seriously injured during the past 12 months
  - B. I had a broken bone or a dislocated joint
  - C. I had a cut or stab wound
  - D. I had a concussion or other head or neck injury, was knocked out, or could not breathe
  - E. I had a gunshot wound
  - F. I had a bad burn
  - G. I was poisoned or took too much of a drug
  - H. Something else happened to me
26. During the past 12 months, **what was the major cause** of the most serious injury that happened to you?
- A. I was not seriously injured during the past 12 months
  - B. I was in a motor vehicle accident or hit by a motor vehicle
  - C. I fell
  - D. Something fell on me or hit me
  - E. I was attacked or abused or was fighting with someone
  - F. I was in a fire or too near a flame or something hot
  - G. I inhaled or swallowed something bad for me
  - H. Something else caused my injury

**The next 2 questions ask about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.**

27. 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
28. During the past 30 days, how were you bullied **most often**?
- A. I was not bullied during the past 30 days
  - B. I was hit, kicked, pushed, shoved around, or locked indoors
  - C. I was made fun of because of my race, nationality, or color
  - D. I was made fun of because of my religion
  - E. I was made fun of with sexual jokes, comments, or gestures
  - F. I was left out of activities on purpose or completely ignored
  - G. I was made fun of because of how my body or face looks
  - H. I was bullied in some other way

**The next 4 questions ask about helmet use or wearing a seat belt.**

29. During the past 30 days how often did you wear a safety helmet when you rode a motorcycle?
- A. I did not ride a motorcycle during the past 30 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
30. During the past 30 days, how often did you wear a safety helmet when you rode a bicycle?
- A. I did not ride a bicycle during the past 30 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
31. 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?
- A. I did not ride in a motor vehicle driven by someone else during the past 30 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

32. During the past 30 days, how often did you use a seat belt when riding in the front seat in a car or other motor vehicle driven by someone else?
- A. I did not ride in a motor vehicle or the front seat of a motor vehicle during the past 30 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

**The next 6 questions ask about your feelings and friendships.**

33. During the past 12 months, how often have you felt lonely?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
34. During the past 12 months, how often have you been so worried about something that you could not sleep at night?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
35. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
36. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No

37. 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

38. How many close friends do you have?

- A. 0
- B. 1
- C. 2
- D. 3 or more

**The next 2 questions ask about cigarette and other tobacco use.**

39. How old were you when you first tried a cigarette?

- A. I have never smoked cigarettes
- 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

40. During the past 30 days, on how many days did you smoke cigarettes?

- 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

**The next 4 questions ask about drinking alcohol.**

**This includes drinking beer, sake, wine, vodka, shaohsing wine, or sorghum wine. Drinking alcohol does not include drinking a few sips of wine for religious purposes. A “drink” is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink.**

41. How old were you when you had your first drink of alcohol other than a few sips?

- 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 or 17 years old
- H. 18 years old or older

42. During the past 30 days, on how many days did you have at least one drink containing alcohol?

- 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

43. During the past 30 days, on the days you drank alcohol, how many drinks did you **usually** drink per day?

- A. I did not drink alcohol during the past 30 days
- B. Less than one drink
- C. 1 drink
- D. 2 drinks
- E. 3 drinks
- F. 4 drinks
- G. 5 or more drinks

44. During the past 30 days, how did you **usually** get the alcohol you drank? **SELECT ONLY ONE RESPONSE.**

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store, shop, or from a street vendor
- C. I gave someone else money to buy it for me
- D. I got it from my friends
- E. I got it from my family
- F. I stole it or got it without permission
- G. I got it some other way

**The next 2 questions ask about being really drunk. Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.**

45. During your life, how many times did you drink so much alcohol that you were really drunk?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

46. During your life, how many times have you got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

**The next 9 questions ask about sexual intercourse or pregnancy.**

47. Have you ever had sexual intercourse?

- A. Yes
- B. No

48. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 or 17 years old
- H. 18 years old or older

49. During your life, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

50. The **first time** you had sexual intercourse, what method of birth control did you use to prevent pregnancy?

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. Depo-Provera (or any injectable birth control, Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD
- F. Withdrawal
- G. Some other method
- H. Not sure

51. The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

52. The **last time** you had sexual intercourse, did you or your partner use any other 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
53. After having sexual intercourse, have you or your partner ever used emergency after-sex contraceptive pills to prevent pregnancy?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
  - D. I do not know
54. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
  - B. 1 time
  - C. 2 or more times
  - D. I do not know
55. Have you or your sexual partner ever had an induced abortion?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
  - D. I do not know

**Then next 4 questions ask about the cervical cancer vaccine.**

56. What kind of virus infection is the cervical cancer vaccine intended to prevent to reduce the incidence of cervical cancer?
- A. Human papillomavirus
  - B. Herpes virus
  - C. Human immunodeficiency virus (HIV)
  - D. I do not know
57. Do you agree with the following statement: "Even if they had received the cervical cancer vaccine, women still need to have a Pap smear regularly"?
- A. Yes
  - B. No
  - C. I do not know
58. Have you ever received the HPV vaccination?
- A. Yes
  - B. No
  - C. I do not know
59. How old were you when you first received the HPV vaccination?
- A. I have never received the HPV vaccination
  - B. 10 years old or younger
  - C. 11 years old
  - D. 12 or 13 years old
  - E. 14 or 15 years old
  - F. 16 or 17 years old
  - G. 18 years old or older
  - H. I do not know

**The next question asks about exposure to pornographic material.**

60. How old were you when you were exposed to pornographic materials for the first time? Consider pornographic materials in pornographic magazines, books, films, and websites.
- A. I have never been exposed to pornographic materials
  - 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

**The next 4 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, football, basketball, badminton, and swimming.**

61. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per day? **ADD UP ALL THE TIME YOU SPENT IN ANY KIND OF PHYSICAL ACTIVITY EACH DAY.**
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

62. During the past 7 days, on how many days did you walk or ride a bicycle to or from school?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
63. When walking or riding a bicycle to or from school, how long does it usually take you to travel to school from your home?
- A. I did not walk or ride a bicycle to or from school
  - B. Less than 5 minutes
  - C. 5 to 10 minutes
  - D. 11 to 30 minutes
  - E. 31 to 60 minutes
  - F. More than 60 minutes
64. During this school year, on how many days did you go to physical education (PE) class each week?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 or more days

**The next 2 questions ask about the time you spend mostly sitting when you are not in school.**

65. How much time do you spend during a **typical or usual** day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as doing homework, reading, or going to after school tutorial classes?
- 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
66. During a typical or usual day, how many hours do you play video or **computer games** or **use a computer** for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Cell phone, Facebook, and the internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
  - B. Less than 1 hour per day
  - C. 1 hour per day
  - D. 2 hours per day
  - E. 3 hours per day
  - F. 4 hours per day
  - G. 5 or more hours per day

**The next 2 questions ask about your sleeping habits.**

67. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
  - B. 5 hours
  - C. 6 hours
  - D. 7 hours
  - E. 8 hours
  - F. 9 hours
  - G. 10 or more hours
68. During the past 7 days, on how many days did you go to bed after midnight?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days

**The next 6 questions ask about your experiences at school and at home.**

69. During the past 30 days, on how many days did you miss classes or school without permission?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 or more days

70. During the past 30 days, how often were most of the students in your school kind and helpful?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

71. During the past 30 days, how often did your parents or guardians check to see if your homework was done?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

72. During the past 30 days, how often did your parents or guardians understand your problems and worries?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

73. During the past 30 days, how often did your parents or guardians **really** know what you were doing with your free time?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

74. During the past 30 days, how often did your parents or guardians go through your things without your approval?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always