

2021 THAILAND 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. ☒ (B) (C) (D) (E) (F) (G) (H)

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 7
- B. Grade 8
- C. Grade 9
- D. Grade 10
- E. Grade 11
- F. Grade 12

The next 4 questions ask about your height, weight, and going hungry.

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="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| <input checked="" type="radio"/> | <input type="text" value="1"/> | <input type="text" value="1"/> |
| <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text" value="2"/> |
| | <input type="text" value="3"/> | <input checked="" type="radio"/> |
| | <input type="text" value="4"/> | <input type="text" value="4"/> |
| | <input checked="" type="radio"/> | <input type="text" value="5"/> |
| | <input type="text" value="6"/> | <input type="text" value="6"/> |
| | <input type="text" value="7"/> | <input type="text" value="7"/> |
| | <input type="text" value="8"/> | <input type="text" value="8"/> |
| | <input type="text" value="9"/> | <input type="text" value="9"/> |
| <input type="text" value="9"/> | 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"/> |
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| | <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. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
7. During the past 30 days, how often did you eat breakfast?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 6 questions ask about what you might eat and drink.

8. During the past 7 days, how many times did you eat fruit, such as bananas, papaya, pineapple, guava, watermelon, mango, and oranges?
- A. I did not eat fruit 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
9. During the past 7 days, how many times did you eat vegetables, such as Chinese cabbage, water morning glory, Chinese kale, cucumber, and cabbage?
- A. I did not eat vegetables 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
10. During the past 7 days, how many times did you drink a can, bottle, or glass of a carbonated soft drink? (Do **not** include diet soft drinks.)
- A. I did not drink carbonated soft drinks 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

11. During the past 7 days, how many times did you drink milk or eat milk products, such as yogurt or cheese?

- 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

12. During the past 7 days, how many times did you eat foods high in iron such as liver, blood, or egg yolk?

- A. I did not eat foods high in iron 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

13. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as a school canteen, hawker, or market?

- 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 question asks about what you learned in school.

14. During this school year, were you taught in any of your classes the benefits of healthy eating?

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

The next 3 questions ask about your oral health.

15. 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

16. How many cavities have you had in your permanent teeth?

- A. 0 cavities
- B. 1 cavity
- C. 2 or 3 cavities
- D. 4 or 5 cavities
- E. 6 or more cavities
- F. I do not know

17. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- 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

The next 4 questions ask about washing your hands and the toilets or latrines at school.

18. 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
19. 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
20. 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
21. Are the toilets or latrines clean at school?
- A. There are no toilets or latrines at school
 - B. Yes
 - C. No

The next 4 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.

22. 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
23. 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

24. 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

25. During the past 12 months, **where** did the most serious injury that happened to you occur?

- A. I was not seriously injured during the past 12 months
- B. At home
- C. At school
- D. At work
- E. On a playing field or court or in a gymnasium
- F. On or near a road
- G. In a park
- H. Somewhere else

The next question asks about physical attacks. A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other.

26. During the past 12 months, how many times were you physically attacked?

- 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

The next question asks about physical fights. A physical fight occurs when two students of about the same strength or power choose to fight each other.

27. During the past 12 months, how many times were you in a physical fight?

- 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

The next 3 questions ask about bullying. Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumors about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.

28. During the past 12 months, have you ever been bullied **on school property**?

- A. Yes
- B. No

29. During the past 12 months, have you ever been bullied when you were **not on school property**?

- A. Yes
- B. No

30. During the past 12 months, have you ever been **cyber** bullied? (Count being bullied through texting, Instagram, Snapchat, Facebook, Twitter, TikTok, or other social media.)

- A. Yes
- B. No

The next 3 questions ask about motor vehicle safety.

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

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**?

- A. I did not ride in motor vehicle driven by someone else
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

33. During the past 30 days, how often did you wear a helmet when riding a motorcycle?

- A. I did not ride a motorcycle
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

The next 6 questions ask about your feelings and friendships.

34. During the past 12 months, how often have you felt lonely?

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

35. 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

36. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

37. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

38. 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

39. How many close friends do you have?

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

The next 3 questions ask about what you learned in school.

40. During this school year, were you taught in any of your classes signs of depression and suicidal behavior?

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

41. During this school year, were you taught in any of your classes what to do if a friend is thinking about suicide?

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

42. 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

The next 7 questions ask about cigarette and other tobacco use.

43. 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

44. 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

45. During the past 30 days, on how many days did you use electronic 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

46. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as roll-your-own tobacco or baraku?
- 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
47. During the past 12 months, have you ever tried to stop smoking cigarettes?
- A. I have never smoked cigarettes
 - B. I did not smoke cigarettes during the past 12 months
 - C. Yes
 - D. No
48. During the past 7 days, on how many days have people smoked in your presence?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 or 4 days
 - D. 5 or 6 days
 - E. All 7 days
49. Which of your parents or guardians use any form of tobacco?
- A. Neither
 - B. My father or male guardian
 - C. My mother or female guardian
 - D. Both
 - E. I do not know

The next 7 questions ask about drinking alcohol. This includes drinking liquor, spirit, beer, wine, brandy, palm wine, white spirit, and herbal liquor. 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.

50. 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
51. 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
52. 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

53. 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

54. If one of your best friends offered you a drink of alcohol, would you drink it?

- A. Definitely not
- B. Probably not
- C. Probably yes
- D. Definitely yes

Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.

55. 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

56. 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 4 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, and methamphetamines.

57. How old were you when you first used drugs?

- A. I have never used drugs
- 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

58. During your life, how many times have you used marijuana (also called weed)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

59. During the past 30 days, how many times have you used marijuana (also called weed)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

60. During your life, how many times have you used amphetamines or methamphetamines (also called ice or yaba)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

The next 7 questions ask about sexual intercourse.

61. Have you ever had sexual intercourse?

- A. Yes
- B. No

62. 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

63. 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

64. 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

65. 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

66. How often do you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM] when you have sexual intercourse?

- A. I have never had sexual intercourse
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

67. 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

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, and aerobic dance.

68. 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

69. 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?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

70. 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

71. 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 question asks about the time you spend mostly sitting when you are not in school or doing homework.

72. 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 using social media, chatting on the phone, and reading books?

- 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

The next question asks about how much sleep you get.

73. 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

The next 7 questions ask about your experiences at school and at home.

74. 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
75. 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
76. 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

77. 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
78. During the past 30 days, how often did your parents or guardians support and encourage you?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
79. 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
80. 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

The next 2 questions ask about what you did during the COVID-19 pandemic.

81. During the COVID-19 pandemic, how often did you keep your distance from other students during joint activities such as morning gathering, queuing for food in the canteen, or between classes?

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

82. During the COVID-19 pandemic, how often did you wear a fabric mask or medical mask when you went to crowded places such as markets or concerts or when riding on the bus, train, or subway?

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