

2015 PeNSE QUESTIONNAIRE – STUDENT

DATE OF SURVEY (variable filled in by IBGE technician)

MUNICIPALITY (variable selected by IBGE technician)

NEIGHBORHOOD (variable selected by IBGE technician)

SCHOOL NAME (variable chosen by IBGE technician)

SCHOOL ID (When choosing the school where the survey will be conducted, the school ID will be filled in automatically.)

CLASS ID (variable selected by IBGE technician)

SAMPLE TYPE – SCHOOL (When choosing the school where the survey will be conducted, the SAMPLE TYPE will be filled in automatically)

SAMPLE TYPE – CLASS (When selecting the class where the survey will be conducted, the sample TYPE will be filled in automatically)

B00003a (variable selected by the IBGE technician)

Does the student have any disability or disorder?

- Yes
- No

B00003b (variable selected by IBGE technician)

Does the disability or disorder prevent the student from answering the questionnaire on their own?

- Yes
- No

The student should check whether the school and class have been selected correctly. If not, the IBGE technician should be notified.

ATTENTION! Do you study at the school "xxx"?

- Yes → continue as normal
- No → alert "Notify the IBGE technician"

ATTENTION! Are you in class "xxx"?

- Yes → continue as normal
- No → alert "Notify the IBGE technician"

COLOR KEY:

Red: questions that have been changed

Green: new questions

Blue: skips, filters, criticisms, and alerts

B0. INFORMATION ABOUT THE SURVEY

This questionnaire is part of a survey to be conducted nationwide by the Brazilian Institute of Geography and Statistics (IBGE) in partnership with the Ministry of Health (MS) and the Ministry of Education (MEC), with the aim of helping to guide public policies focused on the health of Brazilian adolescents.

This questionnaire will collect data on topics such as sexual and reproductive health, oral health, food consumption, body image, and the use of cigarettes, alcohol, and drugs.

You will not be identified. Your answers will be kept confidential and only the overall results of the survey will be disclosed. Some questions are confidential and may cause some embarrassment. If you do not feel comfortable answering these questions, you can leave them blank or stop filling out the questionnaire at any time. You are not required to participate in this survey, and if you choose not to, it will not affect your relationship with the school.

There are no right or wrong answers. The questionnaire will take approximately 40 minutes to complete. Please answer carefully, as your answers will be very important for understanding the health of Brazilian adolescents.

B00004

00. Dear student, do you agree to participate in this survey?

- Yes
- No → alert: "Answer at least 3 questions" (but, in fact, we will let you answer more)

B1. GENERAL INFORMATION

Let's start with some questions about you, your home, and your family.

B01001 [required]

01. What is your gender?

- Male
- Female

B01002

02. What is your color or race?

- White
- Black
- Yellow
- Brown
- Indigenous

B01003 [required]

03. What is your age?

- 11 years old or younger
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 years old or older

B01004

04. What month is your birthday?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

B01005

05. What year were you born?

- Before 1996
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004 or later

Criticism comparing with B01003. Alert: "Age and year of birth do not match."

- Correct → return to question

Continue → continue questionnaire

B01021

06. What grade are you in?

- 6th grade / 5th grade of elementary school
- 7th grade / 6th grade of elementary school
- 8th grade / 7th grade of elementary school
- 9th grade / 8th grade of elementary school
- 1st year of high school
- 10th grade
- 12th grade

B01022

07. What shift do you study in?

- Morning
- Intermediate
- Afternoon
- Evening
- Full-time

If the student responded that they do not want to participate in the survey (B00004), alert:

"Do you want to continue answering the questionnaire?"

- Yes → continue as normal (question B01023)
- No → end the questionnaire

B01023

08. Do you study full-time (do you have school activities for 7 hours or more per day, throughout the school year)?

- Yes
- No

B01024

09. Do you study at a boarding school (does the school have accommodation where students stay and sleep every day throughout the school year)?

- Yes
- No

B01025

10. What is the highest level of education you intend to complete?

- Elementary
- High school
- Technical Secondary Education
- Higher Education

- Postgraduate
- I don't know

B01026

11. When you finish the cycle/course you are currently attending, do you intend to?

- Continue studying
- Only work
- Continue studying and work
- Follow another plan
- I don't know

B01006

12. Do you live with your mother?

- Yes
- No

B01007

13. Do you live with your father?

- Yes
- No

B01010a

14. Including yourself, how many people live in your house or apartment?

- 1 person (I live alone)
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people
- 10 people or more

If B01006 and B01007 = "Yes" then B01010 ≥ 3 ,
alert "You answered that you live with your parents or guardians"

- Correct → return to question
- Continue → continue questionnaire

If B01006 or B01007 = "Yes," then B01010 ≥ 2 ,
alert "You answered that you live with one of your parents or guardians"

- Correct → return to question
- Continue → continue questionnaire

If B01010 > 10 alert "Do 10 or more people live in your home?"

- Correct → return to question
- Continue → continue questionnaire

B01013

15. Does your household have a landline (conventional) telephone?

- Yes
- No

B01014

16. Do you have a cell phone?

- Yes
- No

B01015a

17. Do you have a computer (desktop, netbook, laptop, etc.) at home?

- Yes
- No

B01016

18. Do you have internet access at home?

- Yes
- No

B01017

19. Does anyone who lives in your home own a car?

- Yes
- No

B01018

20. Does anyone living in your household own a motorcycle?

- Yes
- No

B01019

21. How many bathrooms with showers are there in your home?

- There are no bathrooms with showers in my home
- 1 bathroom
- 2 bathrooms
- 3 bathrooms
- 4 bathrooms or more

B01020a

22. Do you have a domestic worker who receives money to do work in your home three or more days a week?

- Yes

- No

B01008a

23. What level of education (grade) did your mother complete or is she currently pursuing?

- My mother did not attend school
- My mother started elementary school but did not finish
- My mother finished elementary school or middle school
- My mother started high school but did not finish
- My mother finished high school
- My mother started college (higher education), but did not finish
- My mother finished college (higher education)
- I don't know

B01011

24. Do you currently have a job, employment, or business?

- Yes
- No [skip to B02019a]

B01012

25. Do you receive money for this job, employment, or business?

- Yes
- No

B2. FOOD

~~The following questions are about your diet.~~ Think about everything you ate at home, at school, on the street, at snack bars, in restaurants, or anywhere else.

B02019a

01. Do you usually eat breakfast?

- Yes, every day
- Yes, 5 to 6 days a week
- Yes, 3 to 4 days a week
- Yes, 1 to 2 days a week
- Rarely
- No

B02017a

02. Do you usually have lunch or dinner with your

mother, father, or guardian?

- Yes, every day
- Yes, 5 to 6 days a week
- Yes, 3 to 4 days a week
- Yes, 1 to 2 days a week
- Rarely
- No

B02018a

03. Do you usually eat while watching TV or studying?

- Yes, every day
- Yes, 5 to 6 days a week
- Yes, 3 to 4 days a week
- Yes, 1 to 2 days a week
- Rarely
- No

B02021

04. Does your school offer food (school meals/lunch) to students in your class? (Do not include snacks/food purchased in the cafeteria)

- Yes
- No [\[skip to B02001\]](#)
- I don't know [\[skip to B02001\]](#)

B02020a

05. Do you usually eat the food (school meals/lunch) provided by the school? (Do not consider snacks/food purchased from the cafeteria)

- Yes, every day
- Yes, 3 to 4 days a week
- Yes, 1 to 2 days a week
- Rarely
- No

Now tell us what you have eaten in the LAST 7 DAYS. Consider a normal week of classes, without holidays or vacations.

B02001

06. IN THE LAST 7 DAYS, on how many days did you eat beans?

- I did not eat beans in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days

- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02002

07. IN THE LAST 7 DAYS, on how many days did you eat fried snacks? Example: French fries (not counting packaged potato chips) or fried snacks such as chicken coxinha, fried kibbeh, fried pastries, acarajé, etc.

- I haven't eaten fried snacks in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02004a

08. IN THE LAST 7 DAYS, on how many days did you eat at least one type of vegetable?

Examples: lettuce, pumpkin, broccoli, onion, carrot, chayote, kale, spinach, cucumber, tomato, etc. Do not include potatoes and cassava (manioc/tapioca).

- I did not eat any type of vegetable in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02010

09. IN THE LAST 7 DAYS, on how many days did you eat sweets (candy, chocolates, gum, bonbons, or lollipops)?

- I did not eat sweets in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02011

10. IN THE LAST 7 DAYS, on how many days did you eat fresh fruit or fruit salad?

- I did not eat fresh fruit or fruit salad in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02013

11. IN THE LAST 7 DAYS, on how many days did you drink soda?

- I did not drink soda in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02022

12. IN THE LAST 7 DAYS, on how many days did you eat salty processed/ultra-processed foods, such as hamburgers, ham, bologna, salami, sausage, hot dogs, instant noodles, packaged snacks, and salty crackers?

- I did not eat any salty processed/ultra-processed foods in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

B02023

13. IN THE LAST 7 DAYS, on how many days did you eat at *fast food* restaurants, such as snack bars, hot dog stands, pizza places, etc.?

- I did not eat at *fast food* restaurants in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 6 days in the last 7 days
- Every day in the last 7 days

Now try to remember what you ate in the last 30 days. Consider a normal month of classes, without holidays or vacations.

B02024

14. IN THE LAST 30 DAYS, how often did you go hungry because you didn't have enough food at home?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B02025

15. IN THE LAST 30 DAYS, how many times a day did you usually eat fresh fruit or fruit salad?

- I did not eat fruit in the last 30 days
- Less than once a day (did not eat every day)
- Once a day
- Twice a day
- 3 times a day
- 4 times a day
- 5 or more times a day

B02026

16. IN THE LAST 30 DAYS, how many times a day did you usually eat vegetables such as lettuce, pumpkin, broccoli, onion, carrot, chayote, kale, spinach, cucumber, tomato, etc.? Do not include potatoes and cassava (manioc/tapioca).

- I did not eat vegetables in the last 30 days
- Less than once a day (I did not eat them every day)
- Once a day
- Twice a day

- 3 times a day
- 4 times a day
- 5 or more times a day

- 40 to 49 minutes per day
- 50 to 59 minutes per day
- 1 hour or more per day

B02027

17. IN THE LAST 30 DAYS, how many times a day did you drink soda?

- I haven't had soda in the last 30 days
- Less than once a day (I didn't drink it every day)
- Once a day
- Twice a day
- 3 times a day
- 4 times a day
- 5 or more times a day

B3. PHYSICAL ACTIVITY

Now let's talk about the time you spend doing physical and leisure activities such as playing sports (soccer, volleyball, basketball, handball), playing with friends, walking, running, cycling, swimming, dancing, etc. Other types of leisure activities include watching television and using the computer (playing games, studying, surfing the internet, etc.).

In questions about the LAST 7 DAYS, consider a normal week of school, without holidays or vacations.

B03001a1

01. IN THE LAST 7 DAYS, on how many days did you walk or cycle to school?

- No days in the past 7 days (0 days) [\[skip to B03001a2\]](#)
- 1 day in the past 7 days
- 2 days in the past 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 5 days plus Saturday in the last 7 days
- 5 days plus Saturday and Sunday in the last 7 days

B03002a1

02. When you walk or cycle to school, how long does it take you?

- Less than 10 minutes per day
- 10 to 19 minutes per day
- 20 to 29 minutes per day
- 30 to 39 minutes per day

B03001a2

03. IN THE LAST 7 DAYS, on how many days did you walk or cycle home from school?

- No days in the last 7 days (0 days) [\[skip to B03003\]](#)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 5 days plus Saturday, in the last 7 days
- 5 days plus Saturday and Sunday, in the last 7 days

B03002a2

04. When you walk or cycle home from school, how long does it take you?

- Less than 10 minutes per day
- 10 to 19 minutes per day
- 20 to 29 minutes per day
- 30 to 39 minutes per day
- 40 to 49 minutes per day
- 50 to 59 minutes per day
- 1 hour or more per day

B03003a

05. IN THE LAST 7 DAYS, how many days did you have physical education classes at school?

- No days in the last 7 days (0 days) [\[skip to B03006a\]](#)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 5 days plus Saturday in the last 7 days
- 5 days plus Saturday and Sunday in the last 7 days

B03005a

06. IN THE LAST 7 DAYS, how much time per day did you spend doing physical activity or sports during physical education classes at school?

- I did not have physical education classes at school in the last 7 days.
- Less than 10 minutes per day

- 10 to 19 minutes per day
- 20 to 29 minutes per day
- 30 to 39 minutes per day
- 40 to 49 minutes per day
- 50 to 59 minutes per day
- 1 hour or more per day

B03006a

07. IN THE LAST 7 DAYS, not counting physical education classes at school, on how many days did you engage in physical activity, such as sports, dancing, gymnastics, weight training, martial arts, or other activities?

- No days in the last 7 days (0 days) [\[skip to B03011a\]](#)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days
- 5 days plus Saturday in the last 7 days
- 5 days plus Saturday and Sunday, in the last 7 days

B03007

08. NORMALLY, how long per day do these activities (such as sports, dancing, gymnastics, weight training, martial arts, or other activities) that you do last? (Not counting physical education classes)

- Less than 10 minutes per day
- 10 to 19 minutes per day
- 20 to 29 minutes per day
- 30 to 39 minutes per day
- 40 to 49 minutes per day
- 50 to 59 minutes per day
- 1 hour or more per day

B03011a

09. IN THE LAST 7 DAYS, on how many days did you engage in physical activity for at least 60 minutes (1 hour) per day? (Add up all the time you spent on any type of physical activity, ON EACH DAY)

- No days in the last 7 days (0 days)
- 1 day in the last 7 days
- 2 days in the last 7 days
- 3 days in the last 7 days
- 4 days in the last 7 days
- 5 days in the last 7 days

- 5 days plus Saturday in the last 7 days
- 5 days plus Saturday and Sunday in the last 7 days

B03008

10. If you had the opportunity to exercise most days of the week, what would your attitude be?

- I wouldn't do it anyway
- I would exercise on some days of the week
- I would exercise most days of the week
- I already exercise on some days of the week
- I already exercise most days of the week

B03009a

11. On a typical weekday, how many hours per day do you watch TV? (not counting Saturdays, Sundays, and holidays)

- I don't watch TV
- Up to 1 hour per day
- More than 1 hour up to 2 hours per day
- More than 2 hours up to 3 hours per day
- More than 3 hours to 4 hours per day
- More than 4 hours to 5 hours per day
- More than 5 hours to 6 hours per day
- More than 6 hours to 7 hours per day
- More than 7 hours to 8 hours per day
- More than 8 hours per day

B03010a

12. On a typical weekday, how much time do you spend sitting, watching television, using a computer, playing video games, chatting with friends, or doing other seated activities? (Do not count Saturdays, Sundays, holidays, or time spent sitting at school.)

- Up to 1 hour per day
- More than 1 hour up to 2 hours per day
- More than 2 hours up to 3 hours per day
- More than 3 hours up to 4 hours per day
- More than 4 hours up to 5 hours per day
- More than 5 hours up to 6 hours per day
- More than 6 hours to 7 hours per day
- More than 7 hours to 8 hours per day
- More than 8 hours per day

B4. CIGARETTE USE [if sample is type 2
AND B01003<13, skip this block]

Let's talk a little about your use of cigarettes and other tobacco products, and that of people close to you.

In the questions about the LAST 30 DAYS, consider a normal month of classes, without holidays or vacations.

B04001

01. Have you ever smoked a cigarette, even just one or two puffs?

- Yes
- No [skip to B04008a]

B04002

02. How old were you when you first tried smoking cigarettes?

- 7 years old or younger
- 8
- 9
- 10
- 11
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

Criticism comparing with B01003. Alert: "Age does not match"

- Correct → return to question
- Continue → continue questionnaire

B04003

03. IN THE LAST 30 DAYS, on how many days did you smoke cigarettes?

- No days in the last 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 5 days in the last 30 days
- 6 to 9 days in the last 30 days
- 10 to 19 days in the last 30 days
- 20 to 29 days in the last 30 days
- Every day in the last 30 days

B04009

04. IN THE PAST 30 DAYS, in general, how did you obtain your own cigarettes?

- I haven't smoked cigarettes in the last 30 days

- I bought them at a store or bar
- I bought them from a street vendor
- I gave money to someone to buy them for me
- I asked someone for them
- I took them secretly
- An older person gave them to me
- I got them some other way

B04010

05. IN THE LAST 30 DAYS, has anyone refused to sell you cigarettes because of your age?

- I haven't tried to buy cigarettes in the last 30 days
- Yes, someone refused to sell me cigarettes because of my age
- No, my age did not prevent me from buying cigarettes

B04008a

06. IN THE LAST 30 DAYS, on how many days did you use other tobacco products: straw or hand-rolled cigarettes, cigars, pipes, cigarillos, Indian or Bali cigarettes, hookahs, snuff, chewing tobacco, etc.? (do not include regular cigarettes)

- I do not use other tobacco products [skip to B04005]
- None of the days in the past 30 days (0 days) [skip to B04005]
- 1 or 2 days in the last 30 days
- 3 to 5 days in the last 30 days
- 6 to 9 days in the last 30 days
- 10 to 19 days in the last 30 days
- 20 to 29 days in the last 30 days
- Every 30 days in the last 30 days

B04011

07. What other tobacco product have you used most frequently in the LAST 30 DAYS?

- Clove cigarettes (Bali cigarettes)
- Hand-rolled cigarettes (straw or paper)
- Cigarillos
- Cigars, small cigars
- Chewing tobacco
- Hookah (water pipe)
- Indian cigarettes (bidis)
- Electronic cigarettes (e-cigarettes)
- Other

Now tell me about the use of cigarettes and other tobacco products by people close to you. When answering the question about the LAST 7 DAYS, consider a normal week of classes, without holidays or vacations.

B04005

08. IN THE LAST 7 DAYS, on how many days did people smoke in your presence?

- No days in the last 7 days (0 days)
- 1 or 2 days in the last 7 days
- 3 or 4 days in the LAST 7 DAYS
- 5 or 6 days in the last 7 days
- All 7 days

B04006a

09. Do any of your parents or guardians smoke?

- Neither of them
- Only my father or male guardian
- Only my mother or female guardian
- My father and mother or guardians
- I don't know

B5. ALCOHOLIC BEVERAGES [if sample is type 2 AND B01003<13, skip this block]

The following questions refer to the consumption of alcoholic beverages by you and people close to you.

To answer them, consider that ONE DRINK corresponds to a can of beer or a glass of draft beer, or a glass of wine, or a shot of cachaça/pinga, or vodka, or vodka-ice, or whiskey, etc.

ATTENTION! Alcohol consumption does not include tasting or taking a few sips, such as wine for religious purposes.

B05002

01. Have you ever had a drink of alcohol (one drink equals a can of beer or a glass of wine or a shot of cachaça or whiskey, etc.)?

- Yes
- No

B05003

02. How old were you when you had your

first alcoholic drink (one drink equals one can of beer or one glass of wine or one shot of cachaça or whiskey, etc.)?

- I have never had an alcoholic drink
- 7 years old or younger
- 8 years
- 9
- 10
- 11
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17
- 18 years or older

[Criticism comparing with B01003. Alert: "Age does not match"](#)

- [Correct → return to question](#)
- [Continue → continue questionnaire](#)

[If B05002 = "No" and B05003 = "Never..." skip to B05010](#)

Now try to remember what you drank in the LAST 30 DAYS. Consider a normal month of classes, without holidays or vacations.

B05004

03. IN THE LAST 30 DAYS, on how many days did you have at least one glass or one serving of alcohol (one serving equals one can of beer or one glass of wine or one shot of cachaça or whiskey, etc.)?

- No days in the last 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 5 days in the last 30 days
- 6 to 9 days in the last 30 days
- 10 to 19 days in the last 30 days
- 20 to 29 days in the last 30 days
- Every day in the last 30 days

B05005

04. IN THE LAST 30 DAYS, on the days when you drank alcohol, how many glasses or servings did you drink per day?

- I have not had any alcoholic drinks in the last 30 days (0 days)
- Less than one glass or serving in the last 30 days
- 1 drink or 1 serving in the last 30 days

- 2 drinks or 2 servings in the last 30 days
- 3 drinks or 3 servings in the last 30 days
- 4 drinks or 4 servings in the last 30 days
- 5 glasses or more or 5 servings or more in the last 30 days

B05006a

05. IN THE LAST 30 DAYS, most of the time, how did you get the drink you had?

- I have not had any alcoholic drinks in the last 30 days (0 days)
- I bought it at the market, store, bar, or supermarket
- I bought it from a street vendor
- I gave money to someone who bought it for me
- I got it from my friends
- I took it from my house without permission
- I got it from someone in my family
- At a party
- I got it some other way

B05007

06. In your life, how many times have you drunk so much that you became really drunk?

- Never in my life (0 times)
- 1 or 2 times in my life
- 3 to 5 times in my life
- 6 to 9 times in my life
- 10 or more times in my life

B05009

07. How many times in your life have you had problems with your family or friends, missed classes, or gotten into fights because you had been drinking?

- Never in my life (0 times)
- 1 or 2 times in my life
- 3 to 5 times in my life
- 6 to 9 times in my life
- 10 or more times in my life

The next question refers to the consumption of alcoholic beverages by people close to you.

B05010

08. How many of your friends consume alcoholic beverages?

- None
- A few
- Some

- Most
- All
- I don't know

B6. ILLEGAL DRUGS [if sample is type 2 AND B01003<13, skip this block]

Let's talk a little about the use of certain drugs such as marijuana, cocaine, crack, glue, lolo, poppers, ecstasy, oxy, etc.

B06001

01. Have you ever used drugs such as marijuana, cocaine, crack, glue, lolo, lança-perfume, ecstasy, oxy, etc.?

- Yes
- No [skip to B06006]

B06002

02. How old were you when you first used drugs such as marijuana, cocaine, crack, glue, loló, lança-perfume, ecstasy, oxy, or others?

- 7 years old or younger
- 8
- 9
- 10
- 11
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17
- 18 years or older

Criticism comparing with B01003. Alert: "Age does not match"

- Correct → return to question
- Continue → continue questionnaire

For questions about the LAST 30 DAYS, consider a normal month of classes, without holidays or vacations.

B06003a

03. IN THE LAST 30 DAYS, how many days did you use drugs such as marijuana, cocaine, crack, glue, loló, lança-perfume, ecstasy, oxy, etc.?

- No days in the last 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 5 days in the last 30 days

- 6 to 9 days in the last 30 days
- 10 or more days in the last 30 days

B06004a

04. IN THE LAST 30 DAYS, how many days did you use marijuana?

- No days in the last 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 9 days in the last 30 days
- 10 or more days in the last 30 days

B06005a

05. IN THE LAST 30 DAYS, how many days did you use crack?

- No days in the past 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 9 days in the last 30 days
- 10 or more days in the last 30 days

B06006

06. How many of your friends use drugs?

- None
- A few
- Some
- Most
- All
- I don't know

B7. SITUATIONS AT HOME AND AT SCHOOL

The following questions refer to situations you have experienced at home and at school, and how much your parents or guardians know about what happens to you.

For questions about the LAST 30 DAYS, consider a normal month of school, without holidays or vacations.

B07001

01. IN THE LAST 30 DAYS, how many days did you miss class or school without permission from your parents or guardians?

- No days in the last 30 days (0 days)
- 1 or 2 days in the last 30 days
- 3 to 5 days in the last 30 days
- 6 to 9 days in the last 30 days
- 10 or more days in the last 30 days

B07002

02. IN THE LAST 30 DAYS, how often frequency did your parents or guardians know

what you were doing in your free time?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B07003

03. IN THE LAST 30 DAYS, how often did your parents or guardians check that your homework had been done?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B07004

04. IN THE LAST 30 DAYS, how often did your parents or guardians understand your problems and concerns?

how often did your parents or guardians understand your problems and concerns?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B07005

05. IN THE LAST 30 DAYS, how often did your parents or guardians go through your things without your permission?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B07006

06. IN THE LAST 30 DAYS, how often have your schoolmates treated you well and/or been helpful to you?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B07007

07. IN THE LAST 30 DAYS, how often how often have any of your schoolmates teased, mocked, bullied, or made fun of you so much that you felt hurt, upset, annoyed, offended, or humiliated?

Never [skip to B07009]

Rarely

Sometimes

Most of the time

Always

B07008

08. IN THE LAST 30 DAYS, what was the reason/cause for your colleagues to have insulted, mocked, teased, ridiculed, bullied, intimidated, or humiliated you?

My color or race

My religion

The appearance of my face

The appearance of my body

My sexual orientation

My region of origin

Other reasons/causes

B07009

09. IN THE LAST 30 DAYS, have you insulted, mocked, teased, intimidated, or bullied any of your schoolmates to the point that they felt hurt, upset, offended, or humiliated?

Yes

No

B07010

10. Have you ever been bullied?

Yes

No

I don't know what bullying is

B12. MENTAL HEALTH

The following questions refer to your feelings.

B12001

01. IN THE LAST 12 MONTHS, how how often have you felt lonely?

Never

Rarely

Sometimes

Most of the time

Always

B12002

02. IN THE LAST 12 MONTHS, how often have you been unable to sleep at night because something was worrying you a lot?

Never

Rarely

Sometimes

Most of the time

Always

B12003

03. How many close friends do you have?

No friends (0)

1 friend

2 friends

3 or more friends

B8. SEXUAL AND REPRODUCTIVE HEALTH

[if

sample is type 2 AND B01003<13, skip this block]

Now let's talk about sex, contraception, sexual and reproductive health.

B08001

01. Have you ever had sexual intercourse (had sex)?

Yes

No [skip to B08008]

B08002

02. How old were you when you had sex (had oral sex) for the first time?

9 years old or younger

10

11

12

13

14

15 years

16 years

17

18 years or older

Criticism comparing with B01003. Alert: "Age does not match"

Correct → return to question

Continue → continue questionnaire

B08011

03. Did you use a condom during your first sexual intercourse?

- Yes
- No

B08003a

04. How many people have you had sex with in your life?

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

B08005

05. The last time you had sex, did you or your partner use any method to prevent pregnancy and/or sexually transmitted diseases (STDs)?

- Yes
- No
- I don't know

B08006

06. The last time you had sex (oral sex), did you or your partner use a condom?

- Yes
- No
- I don't know

B08007

07. The last time you had sex (oral sex), did you or your partner use any other method to prevent pregnancy (not counting condoms)?

- Yes
- No
- I don't know

If B01001=Female and (B08007= "No" or "Don't know"), skip to B08013

If B01001=Male and (B08007= "No" or "Don't know"), go to B08008

B08012

08. The last time you had sexual intercourse, what other method did you or your partner use to prevent pregnancy?

- Birth control pill

- Monthly injection
- Quarterly injection
- Diaphragm
- IUD
- Other

B08013 [filter B01001=Female]

09. Have you ever been pregnant?

- Yes
- No

B08008

10. At school, have you ever received guidance on pregnancy prevention?

- Yes
- No
- I don't know

B08009

11. At school, have you ever received guidance on AIDS or other sexually transmitted diseases (STDs)?

- Yes
- No
- I don't know

B08010

12. At school, have you ever received guidance on how to obtain condoms for free?

- Yes
- No
- I don't know

B10. ORAL HYGIENE AND HEALTH

Now let's talk about how you take care of yourself.

For questions about the LAST 30 DAYS, consider a normal month of classes, without holidays or vacations.

B10004

01. IN THE LAST 30 DAYS, how often did you wash your hands before eating?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B10005

02. IN THE LAST 30 DAYS, how
how often did you wash your hands after using the
bathroom or toilet?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B10006

03. IN THE LAST 30 DAYS, how
how often did you use soap or soap when washing
your hands?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

B10001a

04. IN THE LAST 30 DAYS, how many times a
day did you usually brush your teeth?

- I did not brush my teeth in the last 30 days
- I did not brush my teeth daily
- Once a day in the last 30 days
- Twice a day for the past 30 days
- 3 times a day in the last 30 days
- 4 or more times a day in the last 30 days

B10002

05. IN THE LAST 6 MONTHS, have you had
toothache? (exclude toothache caused by
wearing braces)

- Yes
- No
- I don't know / I don't remember

B10003

06. IN THE LAST 12 MONTHS, how many
times have you been to the dentist?

- Not at all in the last 12 months (0 times)
- Once in the last 12 months
- Twice in the last 12 months
- 3 or more times in the last 12 months

B9. SAFETY

In the following questions, you will answer about
aspects of your safety related to the environment in
which you live (community, school,

family), traffic safety, and violence. For
questions about the LAST 30 DAYS,
consider a normal month of school, without
holidays or vacations.

B09001

01. IN THE LAST 30 DAYS, how many days
did you miss school because you did not feel
safe on your way to or from school?

- No days in the last 30 days (0 days)
- 1 day in the last 30 days
- 2 days in the last 30 days
- 3 days in the last 30 days
- 4 days in the last 30 days
- 5 days or more in the last 30 days

B09002

02. IN THE LAST 30 DAYS, how many days did
you miss school because you did not feel safe at
school?

- No days in the past 30 days (0 days)
- 1 day in the last 30 days
- 2 days in the last 30 days
- 3 days in the last 30 days
- 4 days in the last 30 days
- 5 days or more in the last 30 days

B09006a1

03. IN THE LAST 30 DAYS, how
frequency did you wear a seat belt while riding as
a passenger IN THE FRONT SEAT of a car, van,
or taxi?

- I have not ridden in the front seat of this type
of vehicle in the last 30 days
- I never wear a seatbelt
- Rarely
- Sometimes
- Most of the time
- Always

B09006a2

04. IN THE LAST 30 DAYS, how
how often did you wear a seat belt while riding as
a passenger in the BACK SEAT of a car, van, or
taxi?

- I have not ridden in the back seat of this type
of vehicle in the last 30 days

- I never wear a seat belt
- Rarely
- Sometimes
- Most of the time
- Always

B09007a

05. IN THE LAST 30 DAYS, how often have you worn a helmet when riding a motorcycle?

- I have not ridden a motorcycle in the last 30 days.
- I never wear a helmet
- Rarely
- Sometimes
- Most of the time
- Always

B09008

06. IN THE LAST 30 DAYS, how many times have you driven a motorized vehicle (car, motorcycle, jet ski, boat)?

- Not at all in the last 30 days (0 times)
- Once in the last 30 days
- 2 or 3 times in the last 30 days
- 4 or 5 times in the last 30 days
- 6 or more times in the last 30 days

B09009

07. IN THE LAST 30 DAYS, how many times have you ridden in a car or other motor vehicle driven by someone who had been drinking alcohol?

- Never in the last 30 days (0 times)
- Once in the last 30 days
- 2 or 3 times in the last 30 days
- 4 or 5 times in the last 30 days
- 6 or more times in the last 30 days

B09003

08. IN THE LAST 30 DAYS, how many times have you been physically assaulted by an adult in your family?

- Never in the last 30 days (0 times)
- Once in the last 30 days
- 2 or 3 times in the last 30 days
- 4 or 5 times in the last 30 days
- 6 or 7 times in the last 30 days
- 8 or 9 times in the last 30 days
- 10 or 11 times in the last 30 days
- 12 times or more in the last 30 days

B09004

09. IN THE PAST 30 DAYS, have you been involved in any fights where someone used a firearm, such as a pistol or rifle?

- Yes
- No

B09005

10. IN THE LAST 30 DAYS, have you been involved in any fights in which someone used another weapon, such as a knife, pocketknife, fish knife, rock, stick, or bottle?

- Yes
- No

B09010

11. IN THE LAST 12 MONTHS, how many times have you been physically assaulted?

- Never in the last 12 months (0 times)
- Once in the last 12 months
- 2 to 3 times in the last 12 months
- 4 to 5 times in the last 12 months
- 6 to 7 times in the last 12 months
- 8 to 9 times in the last 12 months
- 10 to 11 times in the last 12 months
- 12 or more times in the last 12 months

B09011

12. IN THE LAST 12 MONTHS, how many times have you been involved in a fight (a physical fight)?

- Never in the past 12 months (0 times)
- Once in the past 12 months
- 2 to 3 times in the past 12 months
- 4 to 5 times in the last 12 months
- 6 to 7 times in the last 12 months
- 8 to 9 times in the last 12 months
- 10 to 11 times in the last 12 months
- 12 or more times in the last 12 months

B09012

13. IN THE LAST 12 MONTHS, how many times have you been seriously injured?

- Not once in the last 12 months (0 times)
- Once in the last 12 months
- 2 or 3 times in the last 12 months
- 4 or 5 times in the last 12 months
- 6 or 7 times in the last 12 months

- 8 or 9 times in the last 12 months
- 10 or 11 times in the last 12 months
- 12 or more times in the last 12 months

B09013a

14. IN THE LAST 12 MONTHS, what was the What was the most serious injury or illness you have had?

- I have not had a serious injury in the past 12 months [\[skip to B09015\]](#)
- I had a broken bone or dislocated joint
- I had a cut or puncture wound
- I had a head or neck injury or other trauma and lost consciousness or was unable to breathe
- I had a gunshot wound
- I had a severe burn
- I was poisoned or had an overdose (I consumed drugs in excess)
- I had another injury or wound

B09014a

15. IN THE LAST 12 MONTHS, what was the MAIN CAUSE of the most serious injury or wound you suffered?

- Was it an accident or a hit-and-run caused by a motor vehicle?
- Something fell on me or hit me
- It was an attack I suffered or a fight with someone (with or without the use of a weapon)
- It was a fire or proximity to something hot
- It was inhalation or something I swallowed that made me sick
- It was while practicing some physical activity/exercise/sport
- It was an accident I suffered while working
- It was an accident while riding a bicycle
- It was a fall
- It was another cause

B09015

16. IN THE LAST 12 MONTHS, have you had any bicycle accidents (fallen and injured yourself)?

- I haven't ridden a bike in the last 12 months
- I rode a bike and did not have an accident
- I rode a bicycle and had an accident

B09016 [\[if sample is type 2 AND B01003<13, skip this question\]](#)

17. Have you ever been forced to have sexual intercourse?

- Yes
- No [\[skip to B13005\]](#)

B09017 [\[if sample is type 2 AND B01003<13, skip this question\]](#)

18. Who forced you to have sexual intercourse?

- Boyfriend/girlfriend/ex-boyfriend/ex-girlfriend
- Friend
- Father/mother/stepfather/stepmother
- Other family members
- Stranger
- Other

[\[allow multiple answers\]](#)

B13. USE OF HEALTH SERVICES

Let's talk now about your health.

B13005

01. How would you rate your health?

- Very good
- Good
- Fair
- Poor
- Very poor

B13006

02. IN THE LAST 12 MONTHS, how many days did you miss school for health-related reasons?

- I did not miss school in the last 12 months for health reasons
- 1 to 3 days in the last 12 months
- 4 to 7 days in the last 12 months
- 8 to 15 days in the last 12 months
- 16 days or more in the last 12 months

B13001

03. IN THE LAST 12 MONTHS, did you seek any health services or professionals for health-related care?

- Yes
- No [\[skip to B13004a\]](#)

B13002a

04. IN THE LAST 12 MONTHS, what was the Which health service did you seek out MOST OFTEN?

- Basic Health Unit (Health Center or Health Post

or Family Health Unit/PSF)

- Private doctor's office or private clinic
- Dental office
- Office of another health professional (speech therapist, psychologist, etc.)
- Medical specialty service or polyclinic
- Emergency room, emergency care, or urgent care center
- Hospital
- Laboratory or clinic for complementary tests
- Home care service
- Pharmacy
- Other

B13004a

05. Were you seen the LAST TIME you visited a Basic Health Unit (Health Center or Health Post or Family Health Unit/PSF) IN THE LAST 12 MONTHS?

- Yes
- No
- I did not seek care at a Basic Health Unit
[skip to B13008]

B13007

06. What was the MAIN REASON for your visit to the Basic Health Unit (Health Center or Health Post or Family Health Unit/PSF) THIS LAST TIME?

- Support for weight control (gaining or losing)
- Support to quit smoking
- Accident or injury
- Rehabilitation or therapy
- Illness
- Dental problem
- Vaccination
- Consultation for contraceptive methods (condoms, birth control pills, IUDs, etc.)
- Seeking emergency contraception (morning-after pill)
- Test for HIV, syphilis, or hepatitis B
- Prenatal care/pregnancy test
- Request for medical certificate
- Other

B13008

07. Do you know/have you heard about the campaign?

HPV vaccination?

- Yes
- No

B13009 [filter B01001=Female]

08. Have you been vaccinated against HPV?

- Yes
- No

B14. ASTHMA

B14001

01. IN THE LAST 12 MONTHS, have you had wheezing (or whistling) in your chest?

- Yes
- No

B14002

02. Have you ever had asthma in your life?

- Yes
- No

B11. BODY IMAGE

Now answer what you think about your own image.

B11006

01. Do you consider your body image to be:

- Very important
- Important
- Not very important
- Unimportant

B11007

02. How do you feel about your body?

- Very satisfied
- Satisfied
- Indifferent
- Dissatisfied
- Very dissatisfied

B11001

03. Regarding your body, do you consider yourself:

- Very thin
- Thin
- Normal
- Fat
- Very fat

B11002

04. What are you doing about your weight?

- I'm not doing anything
- I'm trying to lose weight
- I'm trying to gain weight
- I am trying to maintain my current weight

B11003

05. IN THE LAST 30 DAYS, have you vomited or taken laxatives to lose weight or avoid gaining weight?

- Yes
- No

B11004a

06. IN THE LAST 30 DAYS, have you taken any medicine, formula, or other product to lose weight without medical supervision?

- Yes
- No

B11005

07. IN THE LAST 30 DAYS, have you taken any medication, formula, or other product to gain weight or muscle mass without medical supervision?

- Yes
- No

B15. WEIGHT AND HEIGHT

We're almost done.

Now answer what your weight and height are.

To write your weight, you will see a table like the one below where you should mark HOW MANY KILOS you weigh.

For example: if you weigh 46 kilograms, you should mark it like this:

0	0	0
1	1	1
2	2	2
3	3	3
4	4	
5	5	
6	6	
7	7	

	8	8
	9	9

Now answer:

B15001

01. What is your weight?

0	0	0
1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

_____ kilograms

- I don't know

To write your height, you will see a box like the one below where you should mark YOUR HEIGHT.

For example: if you are 1 meter and 52 centimeters tall, you should mark it like this:

0	0	0
1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

Now answer:

B15002

02. How tall are you?

0	0	0
---	---	---

1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

_____ centimeters

I don't know

B16. YOUR OPINION

Express your opinion by evaluating this questionnaire.

B16001a

01. What did you think of this questionnaire?

- Easy
- Difficult
- Boring
- Cool
- Interesting
- Informative
- Tiring
- Awkward

[allow multiple answers]

End of the Student questionnaire. Please remain in your seat and inform the IBGE technician that you have finished answering the questionnaire.

Thank you for your participation. Data successfully saved!

FOR TYPES 2 AND 3 SAMPLES:

End of the Student questionnaire. **Now your weight and height will be measured by the IBGE Technician.**

Please remain in your seat and inform the IBGE technician that you have finished answering the questionnaire.

Thank you for your participation.

B17001

01. What is the student's weight?

0	0	0	.0
1	1	1	.1
2	2	2	.2
	3	3	.3
	4	4	.4
	5	5	.5
	6	6	.6
	7	7	.7
	8	8	.8
	9	9	.9

_____ , _____ kilograms

Refusal or inability to measure

B17002

02. How tall is the student?

0	0	0	.0
1	1	1	.1
2	2	2	.2
	3	3	.3
	4	4	.4
	5	5	.5
	6	6	.6
	7	7	.7
	8	8	.8
	9	9	.9

_____ . _____ centimeters

Refusal or inability to measure

If the student leaves a question blank, warn them:
"Current question has not been answered. Do you want to continue?"

- Yes → continue questionnaire
- No → return to question

If there are blank questions at the end of the questionnaire, warn:

"Question 'xxx' has not been answered. Would you like to go back and answer it?"

- Yes → go to the question
- No → notify about the next blank question or end the questionnaire, depending on the case