Youth Health Survey

This is a questionnaire that is used to gather information about young people’s health. It is voluntary for you to participate in this study. You can withdraw from the study at any time, and you can also skip questions that you find too personal to answer. Please do not write your name on this questionnaire. All the information you give us will be kept private; nobody will know who filled in this questionnaire. Your teachers, neighbours, family and other learners will not see your answers.

We are trying to find out better ways of improving the health and oral health of young people. Your responses are of great value and will help to keep young people in this country healthy. Please help us by filling in this questionnaire.

This is not a test and there are no right or wrong answers. PLEASE BE HONEST IN YOUR ANSWERS.

Please take your time and answer carefully. In questions where there are boxes, please check the box next to the answer you want to give. If you have any questions, please raise your hand and ask the project staffs present in the classroom.

The present study is carried out by Muhimbili University of Health and Allied Sciences (MUHAS) and Centre for Educational Development in Health Arusha (CEDHA).

THANK YOU VERY MUCH FOR YOUR HELP!

School Name: _________________________________

Date: ________________________________
Question 1-20 are about you and your family background

1. What is your sex?
   1. Male
   2. Female
2. How old are you? ________________

3. What is your tribe?
   1. Chagga
   2. Arusha
   3. Meru
   4. Masai
   5. Pare
   6. Rangi
   7. Nyiramba
   8. Other (please specify)__________

4. What class are you in?
   1. Form I
   2. Form II

5. What is your religion?
   1. Roman catholic
   2. Lutheran
   3. Islam
   4. Pentecost
   5. Other (please specify)__________

6. Which of the following languages are spoken at home? Tick all that apply.
   1. English
   2. Swahili
   3. Other (please specify)__________

7. What is your place of residence?
   _______________________

8. Do you live with both parents?
   1. Yes
   2. No

9. If no why?
   1. divorce
   2. Father died
   3. Mother died
   4. Father and mother died
   5. Not applicable

10. What is the highest level of education your father has?
    1. No formal education
    2. Primary education
    3. Secondary education
    4. College/university education
    5. Father died
    6. I do not know

11. What is your mother’s the highest level of education?
    1. No formal education
    2. Primary education
    3. Secondary education
    4. College/university education
    5. Mother died
    6. I do not know

12. Do you have any of the following things in your home? Only answer “Yes” if you have them and they work.
    i) Television
       1. Yes
       2. No
    ii) Electricity
       1. Yes
       2. No
    iii) Bicycle
       1. Yes
       2. No
    iv) Tap water
       1. Yes
       2. No
    v) Motor car
       1. Yes
       2. No
    vi) Flush toilet
       1. Yes
       2. No

13. Which of the following best describes your home?
    1. Cemented brick house
    2. Burnt brick house
    3. Mud brick house
    4. mud house
    5. iron sheet house
    6. wood house

14. The roof of your house is made up of........
    1. Iron sheets
    2. Grass
    3. Tiles
    4. Others (mention)

15. How many people sleep in the same room with you at night when you are at home?
    _______________

16. Which of the following is true of your home?
    Please mark the statement that best describes your situation:
    1. Well off
    2. Moderate economical status
    3. Low economical status
17. Have you ever repeated a school year due to failing exams?
   1. Yes
   2. No

18. How many days were you absent from school during the last school term?
   1. _____________
   2. Never been absent

19. Do you think you will complete your schooling up to form four?
   1. Yes
   2. No
   3. I don’t know

20. What do you think you will do when you finish secondary school?
   1. Form v
   2. Go to trade school (VETA)
   3. Casual labour
   4. Start a business
   5. I don’t know
   6. Other, specify __________

21. Have you ever tasted alcohol?
   1. Yes
   2. No

22. During the past 30 days, on how many days did you have at least one drink containing alcohol?
   1. _____________
   2. I did not drink alcohol in the last 30 days

23. During the past 30 days, on the days you drank alcohol, how many drinks did you usually drink per day?
   1. I did not drink alcohol in the last 30 days
   2. Less than 1 drink
   3. 1 drink
   4. 2 drinks
   5. 3 drinks
   6. 4 drinks
   7. 5 or more drinks

24. How many of your friends drink alcohol on a regular basis?
   1. None of them
   2. Some of them
   3. Most of them
   4. All of them
   5. I don’t know

25. Have you ever tried to use drugs/substances of abuse such as bangi, or cocaine?
   1. Yes
   2. No

26. During the past 30 days, how many times have you used drugs/substances of abuse such as such as bangi or cocaine?
   1. _____________
   2. Never

27. What types of drugs have you tried most times?
   1. _____________
   2. Never

28. How many of your friends have tried drugs/substances of abuse such as bangi or cocaine?
   1. None of them
   2. Some of them
   3. Most of them
   4. All of them
   5. I don’t know

29. During this school year, were you taught in any of your classes the dangers of drug use?
   1. Yes
   2. No

Questions 30-48 are on Dietary Behaviours

30. During the past 30 days, how often did you eat breakfast?
   1. _____________
   2. Never

31. During the past 30 days, how often did you bring lunch to school?
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the time
   5. Always

32. During the past 30 days, how often was breakfast offered to you at school?
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the time
   5. Always
33. During the past 30 days, how often were you hungry at school?
   1. Never
   2. Only a few times
   3. 1-2 days a week
   4. 3-4 days a week
   5. 5-6 days a week
   6. Every day

34. During the past 30 days, how often was a snack offered to you at school?
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the time
   5. Always

35. In the past 30 days, when you ate food at school, where did the food come from? Please mark all that apply
   1. I didn’t have any foods at school in the last 30 days
   2. I did bring food from home
   3. My school provides food for students
   4. Families provide foods for students
   5. Community members provide foods for students
   6. I bought food at school

36. During the past 7 days, on how many days did you eat fast foods such as Chips, eggs etc?
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the time
   5. Everyday

37. During the past 30 days, how often did you usually eat fruit such as ripe bananas, oranges, pawpaw, mangoes or pineapples?
   1. Never
   2. Once a day
   3. 2 times a day
   4. 3 times a day
   5. 4 times a day
   6. 5 or more times a day

38. During the past 30 days, how often did you usually eat vegetables such as amaranth, cassava leaves, pumpkin leaves, cabbage, spinach, occra or carrots?
   1. Never
   2. Once a day
   3. 2 times a day

39. During the past 30 days, how often do you drink sugar sweetened soft drinks, such as Coke or Mirinda?
   1. I have never
   2. Once every day
   3. Often every day
   4. Often per week
   5. Rarely

40. During the past 30 days, how often do you eat sweets like chocolate and candy?
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the time
   5. Always

41. During this school year, were you taught in any of your classes about the benefit of eating healthy food?
   1. Yes
   2. No

42. (a) “The food that we bought just didn’t last, and we didn’t have money to get more, how often did this happen – almost every month, some months but not every month, or in only one or two months?
   1. Almost every month
   2. Some months, but not every month
   3. In only 1 or 2 months
   4. Never happened

   (b) “We couldn’t afford to eat balanced meals, how often did this happen – almost every month, some months but not every month, or in only one or two months?
   1. Almost every month
   2. Some months, but not every month
   3. In only 1 or 2 months
   4. Never happened

   (c) In the last 12 months did you or adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food, how often did this happen – almost every month, some months but not every month, or in only one or two months?
   1. Almost every month
   2. Some months, but not every month
   3. In only 1 or 2 months
   4. Never happened
(d) If your family ever cut the size of meals or skip meals because there wasn’t enough money for schools, how often did this happen – almost every month, some months but not every month, or in only one or two months?
   1. Almost every month
   2. Some months, but not every month
   3. In only 1 or 2 months
   4. Never happened

43. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?
   1. Yes
   2. No
   3. Don’t know

44. In the last 12 months, were you ever hungry but didn’t eat because there wasn’t enough money for food?
   1. Yes
   2. No
   3. Don’t know

45. In the last 12 months, how often did you go hungry because there was not enough food in your home?
   1. Almost every month
   2. Some months, but not every month
   3. In only 1 or 2 months
   4. Never happened

46. During the past 12 months, have you been weighed and measured?
   1. Yes
   2. No

47. How do you describe your weight?
   1. Very underweight
   2. Slightly underweight
   3. About the right weight
   4. Slightly overweight
   5. Very overweight

48. Which of the following are you trying to do about your weight?
   1. I am not trying to do anything about my weight
   2. Lose weight
   3. Gain weight
   4. Stay the same weight

Questions 49-60 are on Social network and decision-making

49. There are many different ways to make a decision or a choice. In the past 12 months, how often have you talked to the following people for help or help to make a decision?
   (i) Talked to your parents?
      1. Never
      2. Sometimes
      3. Often

   (ii) Talked to your best friend?
      1. Never
      2. Sometimes
      3. Often

   (iii) Talked to a teacher?
      1. Never
      2. Sometimes
      3. Often

   (iv) Talked to religious leader?
      1. Never
      2. Sometimes
      3. Often

   (v) Talked to a health person like a doctor or a nurse or a healer?
      1. Never
      2. Sometimes
      3. Often

   (vi) Talked to some other adult in your family besides your parent (for example, your grandmother, an uncle, your older sister?)
      1. Never
      2. Sometimes
      3. Often

50. How confident are you that you could say no to drink alcohol when you do not want to drink alcohol?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident

51. How confident are you that you could say “no” if you were offered a cigarette?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident
Questions 52-60 are on Conscientiousness

52. How confident are you that you could say “no” if you were offered marijuana?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident

53. How confident are you that you could avoid a physical fight if someone wanted to start a fight with you?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident

54. How confident are you that you could say “no” to have sexual intercourse against your will?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident

55. How confident are you that you could ask a person who is bothering you to stop?
   1. Very confident
   2. Somewhat confident
   3. Not very confident
   4. Not at all confident

56. How easy or hard is it for you to do physical activities?
   1. Very hard
   2. Hard
   3. Easy
   4. Very easy
   5. Not sure

57. How easy or hard is it for you to eat a healthy amount of fruits and vegetables?
   1. Very hard
   2. Hard
   3. Easy
   4. Very easy
   5. Not sure

58. How easy or hard is it for you to avoid eating too many sweets?
   1. Very hard
   2. Hard
   3. Easy
   4. Very easy
   5. Not sure

Questions 61-68 are on Hygiene

59. How easy or hard is it for you to avoid eating too many fried foods?
   1. Very hard
   2. Hard
   3. Easy
   4. Very easy
   5. Not sure

60. How easy or hard is it for you to use a condom when having sexual intercourse?
   1. Very hard
   2. Hard
   3. Easy
   4. Very easy
   5. Not sure

61. Is there a source of clean water for drinking at your school?
   1. Yes
   2. No

62. During this school year, were you taught in any of your classes how to avoid worm infections?
   1. Yes
   2. No

63. During this school year, were you taught in any of your classes where to get treatment for a worm infection?
   1. Yes
   2. No

64. During the past 30 days, how often did you use the toilets or latrines at school?
   1. Never
   2. Rarely
   3. Sometimes
   4. Everyday

65. During the past 30 days, how often did you wash your hands after using the toilet or the latrine
   1. Never
   2. Rarely
   3. Sometimes
   4. Most of the times
   5. Always

66. During the past 30 days, how often did you wash your hands before eating?
   1. Never
   2. Rarely
   3. Sometimes
4. Most of the times
5. Always

During the past 30 days, how often did you use soap when washing your hands?
1. Never
2. Rarely
3. Sometimes
4. Most of the times
5. Always

During this school year, were you taught in any of your classes the importance of hand washing?
1. Yes
2. No

Questions 69-80 are on Oral Health

During the past 3 months—how often have problems with your mouth or teeth for example such as mentioned above or other caused you any difficulty with eating and enjoying food?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with speaking and pronouncing clearly?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with cleaning teeth?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with sleeping and relaxing?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with smiling, laughing and showing teeth without embarrassment?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with maintaining usual emotional state without being irritable?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with carrying out major school work or social role?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

During the past 3 months—how often have problems with your mouth or teeth caused you any difficulty with enjoying contact with people?
1. Never
2. Once or twice a month
3. Once or twice a week
4. Every or nearly every day

How would you describe the health of your teeth and gums?
1. Very poor
2. Poor
3. Good
4. Very good

How satisfied are you with the appearance of your teeth?
1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

How often do you brush your teeth?
1. Never
2. Rarely
3. Most of the times
4. Every day
5. I don’t brush my teeth

80. What type of toothpaste do you use?
   1. _______________________
   2. Do not use tooth paste

Questions 81- 87 are on Mental Health

81. During this school year, were you taught in any of your classes how to handle stress in healthy ways?
   1. Yes
   2. No

82. In general, how do you feel about your life?
   1. I feel very happy
   2. I feel happy
   3. I feel not very happy
   4. I do not feel happy at all

83. In general, how do you think about yourself?
   1. I am very satisfied
   2. I am quite satisfied
   3. I am not very satisfied
   4. I am not satisfied at all

84. I often feel sad (depressed) without knowing why.
   1. I strongly agree
   2. I agree
   3. I disagree
   4. I strongly disagree

85. Sometimes I feel everything is so hopeless, that I do not want to do anything.
   1. I strongly agree
   2. I agree
   3. I disagree
   4. I strongly disagree

86. Sometimes I have been thinking that my life is not worth living.
   1. I strongly agree
   2. I agree
   3. I disagree
   4. I strongly disagree

87. During this school year, were you taught in any of your classes how to deal with mental health issues?
   1. Yes
   2. No

Questions 88- 94 are on Physical Activity

88. During this school year, on how many days did you go to physical education class each week?
   1. Never
   2. 1 day
   3. 2 days
   4. 3 days
   5. 4 days
   6. 5 or more days

89. Outside school hours, how often do you usually exercise so much that you get out of breath or sweat?
   1. Every day
   2. 4-6 times a week
   3. 2-3 times a week
   4. Once a week
   5. Once or twice a month
   6. Never

90. During this school year, were you taught in any of your classes the benefits of physical activity?
   1. Yes
   2. No

91. How do you normally get to and from school?
   1. Walking
   2. Cycling
   3. Bus
   4. Private car
   5. Other (specify)___________

92. If you walk to school, about how long does it take you to walk EACH WAY?
   1. Never walked to school
   2. Less than 9 minutes each way
   3. 10 to 19 minutes each way
   4. 20 to 29 minutes each way
   5. 30 to 39 minutes each way
   6. 40 to 49 minutes each way
   7. 50 to 59 minutes each way
   8. 60 or more minutes each way

93. During a week how many hours do you spend watching television or videos/DVD?
   1. Less than ½ hour
   2. ½ to 2 hours
   3. 2 ½ to 4 hours
   4. 4 ½ to 6 hours
   5. More than 6 hours
   6. I don’t watch television or videos/DVD
94. During a week how many hours do you spend on the computer or internet?
   1. Less than ½ hour
   2. ½ to 2 hours
   3. 2 ½ to 4 hours
   4. 4 ½ to 6 hours
   5. More than 6 hours
   6. Never used a computer or internet

Questions 95-108 are on Sexual Behaviors

95. Have you ever had a girl-/boyfriend?
   1. Yes
   2. No

96. Have you ever had more than one girl-/boyfriend at the same time?
   1. Yes
   2. No

97. Have you ever had vaginal sexual intercourse? This meaning intimate contact with someone during which the penis enters the vagina (female private parts).
   1. Yes
   2. No

98. Have you ever had oral sex? This meaning intimate contact with someone during which penis is in the mouth or mouth to vagina or mouth to anus.
   1. Yes
   2. No

99. Have you ever had anal sex? This means sexual intercourse during which the penis enters the anus
   1. Yes
   2. No

100. During the past 12 months, how many times did you have sexual intercourse?
    1. __________________________
    2. I have never had sexual intercourse

101. Have you ever used a condom during sexual intercourse?
    1. I have never had sexual intercourse
    2. Yes
    3. No
    4. I don’t know

102. The last time you had sexual intercourse, did you or your partner use any method to prevent pregnancy?
    1. I have never had sexual intercourse
    2. Yes
    3. No
    4. I don’t know

103. During the past 12 months, with how many people have you had sexual intercourse?
    1. I have never had sexual intercourse
    2. I have had sexual intercourse, but not during the past 12 months
    3. 1 person
    4. 2 people
    5. 3 people
    6. 4 people
    7. 5 people
    8. 6 or more people

104. How many of your friends have had sexual intercourse?
    1. None of them
    2. Some of them
    3. Most of them
    4. All of them
    5. I don’t know

105. During this school year, were you taught in any of your classes how to use a condom?
    1. Yes
    2. No

106. During this school year, were you taught in any of your classes about sexuality?
    1. Yes
    2. No

107. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?
    1. Yes
    2. No

108. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?
    1. Yes
    2. No

Questions 109-115 are on Tobacco Use

109. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
    1. Yes
    2. No
110. During the past 30 days, on how many days did you smoke cigarettes?
   1. _______________________
   2. Never tried cigarette smoking

111. During the past 30 days, on how many days did you use any other form of tobacco, such as tobacco roll, snuff, or chew tobacco?
   1. _______________________
   2. Never tried or experimented cigarette smoking

112. Has a cigarette company representative ever offered you a free cigarette?
   1. Yes
   2. No

113. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?
   1. Never tried or experimented cigarette smoking
   2. I did not try to buy cigarettes during the past 30 days
   3. Yes, someone refused to sell me cigarettes because of my age
   4. No, my age did not keep me from buying cigarettes

114. How many of your friends smoke cigarettes on a regular basis?
   1. None of them
   2. Some of them
   3. Most of them
   4. All of them

115. During this school year, were you taught in any of your classes the dangers of tobacco use?
   1. Yes
   2. No

**Questions 116-124 are on Violence**

116. During the past 12 months, how many times were you physically attacked?
   1. ________________________
   2. Never

117. During the past 12 months, how many times were you in a physical fight?
   1. ________________________
   2. Never

118. During the past 30 days, on how many days were you bullied?
   1. ________________________
   2. Never

119. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, club etc.?
   1. ________________________
   2. Never

120. During the past 12 months, how many times were you seriously injured?
   1. ________________________
   2. Never

121. During the past 12 months, has someone ever threatened to use knife or other weapon against you?
   1. Yes
   2. No

122. During the past 12 months, have you ever threatened someone with knife or other weapon? s a girl-/boyfriend ever threatened to
   1. Yes
   2. No

123. During the past 12 months, have you been physically forced to have sexual intercourse when you did not want to?
   1. Yes
   2. No

124. During this school year, were you taught in any of your classes how to reduce and avoid violence?
   1. Yes
   2. No

**Questions 125-152 are on School environment. Please agree or disagree with the following statements about your school**

125. I like to go to school
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
   4. Disagree
   5. Strongly disagree

126. There are enough toilets or latrines at my school
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 11 | 4. Disagree  
   | 5. Strongly disagree  
| 127. | The toilets and latrines at my school are easy to get to  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 128. | There is water to wash my hands after using the toilet at my school  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 129. | There is water to wash my hands before I eat meals or snacks at my school.  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 130. | I have the freedom to express my own meanings and opinions at school.  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 131. | My school is concerned about my health and well-being.  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 132. | Students at my school are involved in planning health education programs for youth.  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 133. | I have chances to play and be active while I am at school  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 134. | My school discourages students from using tobacco  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 135. | My school discourages students from drinking alcohol  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 136. | My school discourages students from using drugs  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 137. | I have chances to play and be active while I am at school  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 138. | I feel safe at school  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 139. | My school expects students to be respectful to each other  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  
|   | 4. Disagree  
|   | 5. Strongly disagree  
| 140. | My school expects that teachers are respectful of students  
|   | 1. Strongly agree  
|   | 2. Agree  
|   | 3. Neither agree or disagree  

4. Disagree
5. Strongly disagree

141. My school cares if students are hungry during the day
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
   4. Disagree
   5. Strongly disagree

142. If I was sick or needed help when I was at school, my teachers would help me
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
   4. Disagree
   5. Strongly disagree

143. Girls are treated the same as boys at my school
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
   4. Disagree
   5. Strongly disagree

144. My school cares about my sexual health
   1. Strongly agree
   2. Agree
   3. Neither agree or disagree
   4. Disagree
   5. Strongly disagree

145. During the past 30 days, on how many days did you feel unsafe at school or on your way to and/or from school?
   1. Never
   2. 1 time
   3. 2 or 3 times
   4. 4 or 5 times
   5. 6 or more times

146. To what extent do people of your age in your village participate in sport and recreation?
   1. To very large extent
   2. To a large extent
   3. To some extent
   4. Not at all

147. To what extent do people of your age in your village participate in economic activities in the village?
   1. To very large extent
   2. To a large extent
   3. To some extent

148. To what extent do people of your age in your village participate in health promoting activities?
   1. To very large extent
   2. To a large extent
   3. To some extent
   4. Not at all

149. To what extent do people of your age in your village participate in defense and security of the community?
   1. To very large extent
   2. To a large extent
   3. To some extent
   4. Not at all

150. To what extent do people of your age in your village participate in leadership and community management?
   1. To very large extent
   2. To a large extent
   3. To some extent
   4. Not at all

151. People of my age are involved in planning and setting priorities regarding community activities concerning youth?
   1. I strongly agree
   2. I agree
   3. I neither agree or disagree
   4. I disagree
   5. I strongly disagree

152. People of my age play an important role in how my community runs?
   1. I strongly agree
   2. I agree
   3. I neither agree or disagree
   4. I disagree
   5. I strongly disagree

Questions 153-156 are generally about your health

153. How satisfied are you with your health?
   1. Very satisfied
   2. Satisfied
   3. Dissatisfied
   4. Very dissatisfied

154. During past 3 months, how often has your health, or how you are feeling, made it difficult for you to get to school?
   1. Never
155. During the past 3 months, how often has your health, or how you are feeling, made it difficult for you to spend time with your friends?
   1. Never
   2. Rarely
   3. One to two times a month
   4. Once or twice a week
   5. Every day

156. During the past 3 months, how often has your health, or how you are feeling, made it difficult to participate in activities with your family?
   1. Never
   2. Rarely
   3. One to two times a month
   4. Once or twice a week
   5. Every day

Questions 157-163 are on Health services

157. During the past 12 months, did you ever consult anyone with an issue regarding your health?
   1. Yes
   2. No

158. If you need health care service, how easy would it be for you to obtain such service?
   1. Very easy
   2. Easy
   3. Neither easy or difficult
   4. Difficult
   5. Very difficult

159. Can your parents afford to pay for health services?
   1. Yes
   2. No
   3. I don’t know

160. If you need oral health care service, how easy would it be for you to obtain such service?
   1. Very easy
   2. Easy
   3. Neither easy or difficult
   4. Difficult
   5. Very difficult

161. If you needed oral health care service, would your parents be able to afford these services?
   1. Yes
   2. No

162. During the past 2 years have you attended a dental clinic in order to receive help or treatment?
   1. Yes
   2. No

163. Who would you prefer to talk to if you had a health problem (tick of more than one alternative if necessary)?
   1. Someone at a health clinic
   2. A medical doctor
   3. Traditional healer
   4. My mother/female guardian
   5. My father/male guardian
   6. A relative
   7. A teacher
   8. A friend
   9. Other (specify)

After filling this questionnaire please go where your weight and height will be measured

Weight _______________ Kg
Height _______________ cm

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!
DENTAL CLINICAL EXAMINATION FORM FOR SECONDARY SCHOOL STUDENTS

Consent of Participating student/parent

1. I confirm that I have been informed about the present study. I also confirm that I had the opportunity to ask questions and that I fully understand the information provided.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I accept the invitation to participate in the above study.

Name of participant/parent                          Date                         Signature (of parent)
________________________________________       ____/____/____           __________________

Name of interviewer/examiner                             Date                                     Signature
________________________________________        ____/____/____           __________________

Date of interview -------------------------------------

ID NO ---------------------------- Gender     □ (M= 1, F= 2)

DATE OF BIRTH: ____ / ____ / ______

School ---------------------------- Class ------   Stream -------

District □

Place of residence □ (1= Urban, 2= rural)
DENTITION STATUS (DMFT) WHO 1997

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>16</td>
<td>15</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>11</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>46</td>
<td>45</td>
<td>44</td>
<td>43</td>
<td>42</td>
<td>41</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DENTITION STATUS (DMFT) WHO 1997

0=Sound tooth
1=Decayed
2=Filled with decay
3=Filled no decay
4=Missing due to caries
5=Missing any other reason
6=Fissure sealant
7=Bridge abutment, special crown veneer
8=Un-erupted crown
9=Not recorded
T=Trauma/fracture

ORAL HYGIENE STATUS AND GINGIVAL BLEEDING SCORES

<table>
<thead>
<tr>
<th>Plaque</th>
<th>Calculus</th>
<th>Gingival Bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>16(B)</td>
<td>11(L)</td>
<td>26(B)</td>
</tr>
<tr>
<td>46(L)</td>
<td>31(L)</td>
<td>36(L)</td>
</tr>
<tr>
<td>46(L)</td>
<td>31(L)</td>
<td>36(L)</td>
</tr>
<tr>
<td>46(L)</td>
<td>31(L)</td>
<td>36(L)</td>
</tr>
</tbody>
</table>
ORAL HYGIENE STATUS AND GINGIVAL BLEEDING SCORES

**Oral Debris:**

0 = No debris or stain present

1 = Soft debris covering not more than one $\frac{1}{3}$rd of the tooth surface being examined/the presence of extrinsic stains without debris regardless of surface area covered

2 = Soft debris covering more than one $\frac{1}{3}$rd but not more than two $\frac{2}{3}$rds of the exposed tooth surface.

3 = Soft debris covering more than two $\frac{2}{3}$rds of the exposed tooth surface.

**Oral Calculus:**

0 = No calculus present

1 = Supragingival calculus covering not more than one $\frac{1}{3}$rd of the exposed tooth surface being examined.

2 = Supragingival calculus covering more than one $\frac{1}{3}$rd but not more than two $\frac{2}{3}$rds of the exposed tooth surface or the presence of individual flecks of subgingival calculus around the cervical portion of the tooth.

3 = Supragingival calculus covering more than one $\frac{2}{3}$rd of the exposed tooth surface or a continuous heavy band of subgingival calculus around the cervical portion of the tooth.

**Gingival Bleeding**

0 = no bleeding

1 = Bleeding on gentle probing
Anne Nordrehaug Åstrøm
Institutt for klinisk odontologi
Universitetet i Bergen
Årstadveien 17
5020 Bergen

Deres ref Vår ref Dato
2009/2292-ØYSV 27.03.2009

Ad. prosjekt: Oral helse og helsefremmende skoler i Tanzania (050.09).

Det vises til din søknad om godkjenning av forskningsprosjekt, datert 02.03.09.

Komiteen behandlet søknaden i møte den 19.03.09.

Konsulentuttalelse foreligger, og vil ble sendt søker til orientering.


Det fremgår ikke av søknaden når data skal slettes. Komiteen ber om at det avklares, og at deltakerne blir informert om dette i forespørselen.

Et eget tilpasset informasjonsskriv til barna mellom 13 og 16 år må også utarbeides.

Noen formelle feil/unøyaktigheter i informasjonsskrivet bes korrigert – se vedlegg

Vedtak: Prosjektet godkjennes på vilkår av at ovennevnte merknader tas til følge.

Komiteen ber om å få tilsendt sluttrapport evt. trykt publikasjon for studien.
Vennlig hilsen

Jon Lekven
leder

Øystein Svindland
førstekonsulent

Vedlegg: "Korreksjon av informasjonsskriv og samtykkeerklæring"


ERRATA

A. SUMMARY

• PAGE 7 (INTRODUCTION)
  o Reference no. 14 is supposed to appear at the end of the second sentence on the last paragraph “Thus, the level of caries in ………. in 12-year-olds by 2000 (9,10, 14)”.

B. APPENDICES

• PAPER I
  o PAGE 6 (Results)
    ▪ Table 2: The number that appears as 8546) ** on the last column and last row is supposed to read as (546).

• PAPER III
  o Page 306 (Discussion)