

QUESTIONNAIRE

Self-Reported Health Behaviors and Behavioral Drivers among Secondary School Students Attending Target and Non-Target Schools for the *Aksi Bergizi* Nutrition Promotion Program

Date: dd/mm/yyyy

Section A. Demographic characteristics

No	Questions	Answers (Please tick)
A1	Unique ID	[] [] [] [] []
A2	Sex	[] 1. Male [] 2. Female [] 9. Refuse to answer
A3	Date of Birth	Day: [] [] Month: [] [] Year: [] [] [] []
A4	Ethnicity	[] 1. Minangnese [] 2. Javanese [] 3. Bataknese [] 4. Sundanese [] 5. Others [] 88. Don't know [] 99. Refuse to answer
A5	Fathers' occupation	[] 1. Civil servant / state enterprise [] 2. Private sector employee [] 3. Small-scale vendors / service providers [] 4. Business owner / entrepreneur [] 5. Laborer / manual workers [] 6. Retired / homemaker [] 7. Agriculture / Fishery [] 8. Independent professions (e.g., lawyers, architects) [] 9. Unemployed [] 99. Refuse to answer [] 0. Deceased (<u><i>Skip to Question A7</i></u>)

A6	Fathers' education	<input type="checkbox"/> 1. Never went to school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 3. Junior high school <input type="checkbox"/> 4. High school <input type="checkbox"/> 5. Vocational certificate <input type="checkbox"/> 6. Associate's degree <input type="checkbox"/> 7. Vocational diploma <input type="checkbox"/> 8. Bachelor's degree <input type="checkbox"/> 9. Higher than bachelor's degree <input type="checkbox"/> 88. Not sure <input type="checkbox"/> 99. Refuse to answer
A7	Mothers' occupation	<input type="checkbox"/> 1. Housewife/ retired/ homemaker <input type="checkbox"/> 2. Civil servant / state enterprise <input type="checkbox"/> 3. Private sector employee <input type="checkbox"/> 4. Small-scale vendors / service providers <input type="checkbox"/> 5. Business owner / entrepreneur <input type="checkbox"/> 6. Laborer / manual workers <input type="checkbox"/> 7. Agriculture / Fishery <input type="checkbox"/> 8. Independent professions (e.g., lawyers, architects) <input type="checkbox"/> 9. Unemployed <input type="checkbox"/> 99. Refuse to answer <input type="checkbox"/> 0. Deceased (<i>Skip to Question A9</i>)
A8	Mothers' education	<input type="checkbox"/> 1. Never went to school <input type="checkbox"/> 2. Primary school <input type="checkbox"/> 3. Junior high school <input type="checkbox"/> 4. High school <input type="checkbox"/> 5. Vocational certificate <input type="checkbox"/> 6. Associate's degree <input type="checkbox"/> 7. Vocational diploma <input type="checkbox"/> 8. Bachelor's degree <input type="checkbox"/> 9. Higher than bachelor's degree <input type="checkbox"/> 88. Not sure <input type="checkbox"/> 99. Refuse to answer
A9	Household Monthly Income	<input type="checkbox"/> 1. No more than 1,000,000 IDR <input type="checkbox"/> 2. 1,000,000 to 2,000,000 IDR <input type="checkbox"/> 3. 2,000,001 to 3,000,000 IDR <input type="checkbox"/> 4. 3,000,001 to 4,000,000 IDR <input type="checkbox"/> 5. 4,000,001 to 5,000,000 IDR <input type="checkbox"/> 6. 5,000,001 to 6,000,000 IDR <input type="checkbox"/> 7. More than 6,000,000 IDR <input type="checkbox"/> 8. Not sure / Uncertain / Don't know <input type="checkbox"/> 9. Refuse to answer

A10	Religion	<input type="checkbox"/> 1. Islam <input type="checkbox"/> 2. Buddhism <input type="checkbox"/> 3. Christianity <input type="checkbox"/> 4. Others <input type="checkbox"/> 9. Refuse to answer
A11	What is your approximate weight (in kg.)? (if don't know, write 888; if refused to answer, write 999)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A12	What is your approximate height (in cm.)? (If don't know, write 888; if refused to answer, write 999)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A13	What are the main media sources that you often encounter for obtaining information about health behaviors?	<input type="checkbox"/> 1. Television advertisements <input type="checkbox"/> 2. Community events <input type="checkbox"/> 3. Informational brochures <input type="checkbox"/> 4. Family and/or friends <input type="checkbox"/> 5. Social media platforms (e.g., Facebook, Twitter, Instagram, etc)
A14	When getting and searching for health issues, how accurate do you think the information is?	<input type="checkbox"/> 1. Very accurate <input type="checkbox"/> 2. Somewhat accurate <input type="checkbox"/> 3. Very inaccurate
A15	Social media provides helpful resources for health information	<input type="checkbox"/> 1. Strongly agree <input type="checkbox"/> 2. Agree <input type="checkbox"/> 3. Disagree <input type="checkbox"/> 4. Strongly disagree

Section B. Exposures: *Aksi Bergizi* nutrition promotion program

No	Questions	Answer
B1	Did you participate in the activity of <i>Aksi Bergizi</i> session on visual replicas food shown and matched to nutritional needs?	<input type="checkbox"/> 0. No (skip to B3) <input type="checkbox"/> 1. Yes
B2	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B3	Did you participate in the activity of <i>Aksi Bergizi</i> session on personal hygiene and some examples of action?	<input type="checkbox"/> 0. No (skip to B5) <input type="checkbox"/> 1. Yes
B4	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B5	Did you participate in the activity of <i>Aksi Bergizi</i> session on myths and facts about HIV and became the subject of discussion on HIV?	<input type="checkbox"/> 0. No (skip to B7) <input type="checkbox"/> 1. Yes
B6	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B7	Did you participate in the activity of <i>Aksi Bergizi</i> session on the addictive substance poster functions as a trigger for discussion by presenting a third person as a form of self-projection regarding adolescents who are vulnerable to becoming drug users?	<input type="checkbox"/> 0. No (skip to B9) <input type="checkbox"/> 1. Yes
B8	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B9	Did you participate in the activity of <i>Aksi Bergizi</i> session on NCDs illustrations, and the participants can get to know NCDs more scientifically?	<input type="checkbox"/> 0. No (skip to B11) <input type="checkbox"/> 1. Yes

B10	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B11	Did you participate in the activity of <i>Aksi Bergizi</i> session on various examples of physical activity, and calculate various physical activities that are effective and that participants can easily do on a daily basis?	<input type="checkbox"/> 0. No (skip to B13) <input type="checkbox"/> 1. Yes
B12	If yes, did you attend the following activities?	<input type="checkbox"/> 1. Briefing <input type="checkbox"/> 2. Activity <input type="checkbox"/> 3. Discussion
B13	Which of the following would describe that you participated in the activities?	<input type="checkbox"/> 1. Full (paying close attention, looking, and listening everything) <input type="checkbox"/> 2. Relatively high (talked to friends occasionally, but looking, and listening everything)

Section C. Behavioral drivers for dietary and health

No	Questions	Answer
Cognitive biases		
C1	I am easily influenced by the first piece of nutritional information I come across when making food choice	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C2	To what extent are you influenced by health-related advertisements or endorsements, leading you to make choices that may not align with your best interests?	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C3	How often do you seek out information or arguments that confirm your belief that smoking is harmful to your health?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
C4	How likely are you to underestimate the health risks of alcohol consumption based on the fact that you know people who drink regularly without apparent negative consequences?	<input type="checkbox"/> 1. Very unlikely <input type="checkbox"/> 2. Unlikely <input type="checkbox"/> 3. Likely <input type="checkbox"/> 4. Very likely
C5	How often do you let social or peer influences sway your decision not to	<input type="checkbox"/> 1. Never

	consume substances, such as feeling pressured to use substances in certain social settings?	<input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
C6	To what extent do you prioritize immediate comfort or convenience over the potential long-term health benefits associated with physical activity?	<input type="checkbox"/> 1. Not at all <input type="checkbox"/> 2. Slightly <input type="checkbox"/> 3. Moderate <input type="checkbox"/> 4. Completely
Interest		
C7	How interested are you in learning about the impact of dietary choices on your overall health and well-being?	<input type="checkbox"/> 1. Not at all interested <input type="checkbox"/> 2. Not very interested <input type="checkbox"/> 3. Somewhat interested <input type="checkbox"/> 4. Very interested
C8	How excited are you about the potential health benefits and improved quality of life that come with not smoking?	<input type="checkbox"/> 1. Not at all excited <input type="checkbox"/> 2. Not very excited <input type="checkbox"/> 3. Somewhat excited <input type="checkbox"/> 4. Very excited
C9	How motivated are you to reduce or eliminate your alcohol consumption for the sake of your health and well-being?	<input type="checkbox"/> 1. Not at all motivated <input type="checkbox"/> 2. Not very motivated <input type="checkbox"/> 3. Somewhat motivated <input type="checkbox"/> 4. Very motivated
C10	How willing are you to seek support and resources to help you resist the temptation to use drugs?	<input type="checkbox"/> 1. Not willing at all <input type="checkbox"/> 2. Not very willing <input type="checkbox"/> 3. Somewhat willing <input type="checkbox"/> 4. Very willing
C11	How curious are you about the benefits and improvements you could experience in your life by being physically active?	<input type="checkbox"/> 1. Not curious at all <input type="checkbox"/> 2. Not very curious <input type="checkbox"/> 3. Somewhat curious <input type="checkbox"/> 4. Very curious
C12	How interested are you in learning about methods and practices to protect your reproductive health?	<input type="checkbox"/> 1. Not at all interested <input type="checkbox"/> 2. Not very interested <input type="checkbox"/> 3. Somewhat interested <input type="checkbox"/> 4. Very interested
Attitude		
C13	How likely are you to believe that a healthy diet can contribute to overall well-being and prevent diseases?	<input type="checkbox"/> 1. Very unlikely <input type="checkbox"/> 2. Unlikely <input type="checkbox"/> 3. Likely <input type="checkbox"/> 4. Very likely
C14	To what extent do you believe that not smoking is important for your health?	<input type="checkbox"/> 1. Not important <input type="checkbox"/> 2. Slightly important <input type="checkbox"/> 3. Quite important

		<input type="checkbox"/> 4. Very important
C15	How confident are you in your ability to resist the temptation to consume alcohol?	<input type="checkbox"/> 1. Not committed <input type="checkbox"/> 2. Slightly committed <input type="checkbox"/> 3. Quite committed <input type="checkbox"/> 4. Very committed
C16	How enjoyable do you find a drug-free lifestyle compared to consuming drugs?	<input type="checkbox"/> 1. Not enjoyable <input type="checkbox"/> 2. Slightly enjoyable <input type="checkbox"/> 3. Quite enjoyable <input type="checkbox"/> 4. Very enjoyable
C17	How important is it for you to incorporate regular physical activity into your daily routine?	<input type="checkbox"/> 1. Not important <input type="checkbox"/> 2. Slightly important <input type="checkbox"/> 3. Quite important <input type="checkbox"/> 4. Very important
C18	How likely are you to seek regular check-ups and screenings to ensure your reproductive health is in good condition?	<input type="checkbox"/> 1. Very unlikely <input type="checkbox"/> 2. Unlikely <input type="checkbox"/> 3. Likely <input type="checkbox"/> 4. Very likely
Self-efficacy		
C19	I am confident that I can maintain a healthy and balanced diet that includes fruits, and vegetables	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C20	I am confident that I can limit my consumption of sugary drinks (e.g., soda, energy drinks) to one per week or less	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C21	I am confident that I can resist the temptation to engage in unhealthy behaviors (e.g., excessive snacking, skipping exercise)	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C22	I am confident that I can do jogging three days or more per week instead of bicycling at regular pace	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C23	I am confident that I can do walking five days or more per week instead of sitting or laying down to watch television	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C24	I am confident that I can quit smoking (if applicable) and remain smoke-free	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree

C25	I am confident that I can manage my time effectively to prioritize and engage in healthy behaviors regularly	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C26	I am confident that I can seek social support and engage in healthy activities with friends or family members	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
C27	I am confident that I can cope with stress or negative emotions without relying on alcohol and substance use as a coping mechanism	<input type="checkbox"/> 1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Agree <input type="checkbox"/> 4. Strongly agree
Intent		
C28	How determined are you to make changes in your dietary and health behaviors?	<input type="checkbox"/> 1. Not determined at all <input type="checkbox"/> 2. Slightly determined <input type="checkbox"/> 3. Moderately determined <input type="checkbox"/> 4. Very determined
C29	How likely are you to actively pursue and incorporate healthy dietary and health behaviors into your daily life	<input type="checkbox"/> 1. Very unlikely <input type="checkbox"/> 2. Unlikely <input type="checkbox"/> 3. Likely <input type="checkbox"/> 4. Very likely
C30	How committed are you to making long-term changes in your dietary and health behaviors?	<input type="checkbox"/> 1. Not committed <input type="checkbox"/> 2. Slightly committed <input type="checkbox"/> 3. Quite committed <input type="checkbox"/> 4. Very committed
Limited rationality		
C31	To what extent do you rely on shortcuts or simplified thinking when making decisions about your dietary and health behaviors?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
C32	How much do you tend to make decisions about your dietary and health behaviors based on limited information or incomplete understanding?	<input type="checkbox"/> 1. Not at all <input type="checkbox"/> 2. Very little <input type="checkbox"/> 3. Moderately <input type="checkbox"/> 4. Quit a bit <input type="checkbox"/> 5. A lot
C32	Do you find it challenging to consider all available options and make fully informed choices regarding your dietary and health behaviors?	<input type="checkbox"/> 1. Not at all <input type="checkbox"/> 2. Very little <input type="checkbox"/> 3. Moderately <input type="checkbox"/> 4. Quit a bit <input type="checkbox"/> 5. A lot

Section D. Dietary habits

No	Questions	Answers (Please tick)
note_ ffq	Food Frequency Questionnaire How often do you eat the following food?	
D1	Rice (white rice)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D2	Refined wheat products (white bread, noodles)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D3	Coarse grain (brown rice)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D4	Whole grain wheat products (e.g., brown bread, whole wheat noodles)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day

No	Questions	Answers (Please tick)
		<input type="checkbox"/> 99. Refuse to answer
D5	Tubers (cassava, taro, white yams, white potato)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D6	Meat (beef, mutton)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D7	Poultry (duck, chicken)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D8a	Fish (raw, grilled, soup, not deep-fried)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D8b	Fresh seafood (e.g., clams, prawns, crabs, octopus)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day

No	Questions	Answers (Please tick)
		<input type="checkbox"/> 99. Refuse to answer
D9	Eggs	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D10	Leafy green vegetables (e.g., Chinese cabbage, long bean, kale, spinach, yu choy, cucumber)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D11	Yellow or orange vegetables (e.g., pumpkin, sweet potatoes, carrots, ripened papaya)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 9. Refuse to answer
D12	Soybean products (e.g., tofu)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D13	Preserved vegetables (e.g., canned pickled vegetables)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week

No	Questions	Answers (Please tick)
		<input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D14	Fresh fruits	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D15	Dairy products (fresh milk, powdered milk, boxed milk)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D16	Packaged snacks (e.g., corn puffs, Lay potato chips)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D17	Unpackaged snacks (donuts, french fries, roti, etc.)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D18	Sweetened drinks or condiments (soy milk, soft drinks, coke, coffee or tea with sugar, sweetened condensed milk)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week

No	Questions	Answers (Please tick)
		<input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D19	Processed or ultra-processed foods (canned fish, sausages, canned vegetables, frozen food, etc.)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D20	Dessert (e.g., ice cream, cake, candy, cookies, sticky rice with mango, other sweets)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer
D21	Deep-fried meat or fish (fried, fish, fried chicken, fried beef)	<input type="checkbox"/> 1. Never or less than once per month <input type="checkbox"/> 2. 1-3 times per month <input type="checkbox"/> 3. Once a week <input type="checkbox"/> 4. 2-4 times per week <input type="checkbox"/> 5. 5-6 times per week <input type="checkbox"/> 6. Once a day <input type="checkbox"/> 7. More than once a day <input type="checkbox"/> 99. Refuse to answer

Section E. Personal Hygiene

Please answer to what extent do you practice with the following statements?

No	Questions	Answer
E1	During the past 30 days, how often did you wash your hands before eating?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
E2	During the past 30 days, how often did you wash your hands after using the toilet or latrine?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes

		<input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
E3	During the past 30 days, how often did you use soap when washing your hands?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Rarely <input type="checkbox"/> 3. Sometimes <input type="checkbox"/> 4. Most of the time <input type="checkbox"/> 5. Always
E4	During the past 30 days, how many times per day did you usually clean or brush your teeth?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Not every day <input type="checkbox"/> 3. Every day, once per day <input type="checkbox"/> 4. Every day, twice per day <input type="checkbox"/> 5. Every day, more than twice per day
E5	During the past 30 days, how often did you use a toothpaste that contains fluoride when you cleaned or brushed your teeth?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. Not every day <input type="checkbox"/> 3. Every day, once per day <input type="checkbox"/> 4. Every day, twice per day <input type="checkbox"/> 5. Every day, more than twice per day
E6	During the past 30 days, how often did you clip your nails?	<input type="checkbox"/> 1. Never <input type="checkbox"/> 2. One time per week <input type="checkbox"/> 3. One time per two weeks <input type="checkbox"/> 4. One time per three weeks <input type="checkbox"/> 5. One time per four weeks or did not clip

Section F. Perception of Non Communicable Diseases (NCDs)

Please indicate how much do you agree with the following statements:

No	Questions	Strongly agree	Agree	Disagree	Strongly Disagree
F1	I feel that I can effectively tell parents to do not smoke				
F2	I feel that I can remind my family member to maintain suitable bodyweight				
F3	I feel that I can remind my family member to do physical activities actively				

F4	I feel that I can effectively remind my family member to eat a healthy balanced diet (or) maintain an eating healthy balanced diet to prevent NCDs				
F5	I feel that I can effectively remind my family member to take prescribed drugs regularly, if they have either hypertension or hyperlipidemia or diabetes				

F6. In your opinion, how can young people help Indonesia fight NCDs?

[.....]

Section G. Physical Activity

Think about all the **vigorous** activities that you did in the **last 7 days**. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time?

G1. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ days per week (range 1-7)

[] No vigorous physical activities → **Skip to question G3**

G2. How much time did you usually spend doing vigorous physical activities on one of those days?

_____ hours per day

_____ minutes per day

[] Don't know/ not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

G3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ days per week (range 1-7)

☐ No moderate physical activities → **Skip to question G5**

- G4. How much time did you usually spend doing moderate physical activities on one of those days?

_____ hours per day

_____ minutes per day

☐ Don't know/ not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

- G5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_____ days per week (range 1-7)

☐ No walking → **Skip to question G7**

- G6. How much time did you usually spend walking on one of those days?

_____ hours per day

_____ minutes per day

☐ Don't know/ not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

- G7. During the last 7 days, how much time did you spend sitting on a week day?

_____ hours per day

_____ minutes per day

☐ Don't know/ not sure

Section H. Alcohol, Tobacco, and Substance Use

H1. In your opinion, why do young people use addictive substances? Why do some of those who use addictive substances do so excessively, to the point where there is a substance use disorder?

[.....]

H2. In your opinion, how can the young generation avoid using addictive substances?

[.....]

Instructions Please mark ✓ in the blank space that corresponds to your answer

Alcohol Use	
H3. In your lifetime, have you ever drank alcohol (not including sipping or tasting in very small amount)?	<input type="checkbox"/> 0) Never drank <u>(Skip to Question H8)</u> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 88) Not sure <u>(Skip to Question H8)</u> <input type="checkbox"/> 99) Refuse to answer <u>(Skip to Question H8)</u>
H4. When did you start drinking alcohol for the first time?	Started drinking at age.....years <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H5. When was the <u>most recent occasion</u> that you drank (not including sipping or tasting in very small amount)?	<input type="checkbox"/> 1) More than 12 months ago <input type="checkbox"/> 2) More than 30 days ago but within past 12 months <input type="checkbox"/> 3) More than 1 week ago but within past 30 days <input type="checkbox"/> 4) Within the past 1 week
H6. If you wanted to drink alcohol, how long would it take you to buy/find a drink?	It would take..... minutes <input type="checkbox"/> 77) More than 1 day <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H7. In the past 30 days , how many times did you drink?	<input type="checkbox"/> 0) None <input type="checkbox"/> 1) 1-2 times <input type="checkbox"/> 2) 3-5 times <input type="checkbox"/> 3) 6-9 times

	<input type="checkbox"/> 4) 10-19 times <input type="checkbox"/> 5) 20 times or more <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
Tobacco use	
H8. In your lifetime, have you smoked more than 5 packs or 100 sticks of cigarettes?	<input type="checkbox"/> 0) Never smoked (<u>skip to Question H16</u>) <input type="checkbox"/> 1) Yes, but not more than 5 packs or 100 sticks <input type="checkbox"/> 2) Yes <input type="checkbox"/> 88) Not sure (<u>skip to Question H16</u>) <input type="checkbox"/> 99) Refuse to answer (<u>skip to Question H16</u>)
H9. How old were you when you <i>started</i> smoking entire cigarettes or other tobacco products	Started smoking at.....years of age <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H10. When was the <u>most recent</u> occasion when you smoked cigarette?	<input type="checkbox"/> 1) More than 12 months ago (<u>skip to Question H16</u>) <input type="checkbox"/> 2) More than 30 days ago but within past 12 months <input type="checkbox"/> 3) More than 1 week ago but within past 30 days <input type="checkbox"/> 4) Within the past 1 week <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H11. If you wanted to smoke a cigarette, how long would it take you to buy/find one?	It would take..... minutes <input type="checkbox"/> More than 1 day <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H12. <u>In the past 12 months</u> , have you ever tried to quit smoking cigarettes?	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes <input type="checkbox"/> 99) Refuse to answer
H13. <u>In the past 12 months</u> , have you ever stopped smoking cigarettes?	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes, for days <input type="checkbox"/> 99) Refuse to answer
H14. <u>In the past 30 days</u> , how many days did you smoke?	<input type="checkbox"/> 0) None (<u>Skip to Question H16</u>) <input type="checkbox"/> 1) 1-2 days <input type="checkbox"/> 2) 3-5 days <input type="checkbox"/> 3) 6-9 days <input type="checkbox"/> 4) 10-19 days <input type="checkbox"/> 5) 20 days or more <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer

H15. <u>In the past 30 days, on the days that you smoked</u> , how many cigarettes did you use?	<input type="checkbox"/> 1) Less than 1 per day <input type="checkbox"/> 2) 1 per day <input type="checkbox"/> 3) 2-5 per day <input type="checkbox"/> 4) 6-10 per day <input type="checkbox"/> 5) 11-20 per day <input type="checkbox"/> 6) More than 20 per day <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H16. In your lifetime, have you ever used an <u>electronic cigarette</u> ?	<input type="checkbox"/> 0) Never smoked <u>(Skip to Question H22)</u> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 99) Refuse to answer <u>(Skip to Question H22)</u>
H16a. If yes, how old were you when you first used an <u>electronic cigarette</u> ?	a) I started when I was years old <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H17. When was the most recent occasion when you used an <u>electronic cigarette</u> ?	<input type="checkbox"/> 1) More than 12 months ago <u>(Skip to Question H22)</u> <input type="checkbox"/> 2) More than 30 days ago but within past 12 months <input type="checkbox"/> 3) More than 1 week ago but within past 30 days <input type="checkbox"/> 4) Within the past 1 week <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H18. <u>In the past 12 months</u> , have you ever tried to quit using electronic cigarette?	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes <input type="checkbox"/> 99) Refuse to answer
H19. <u>In the past 12 months</u> , have you ever stopped using electronic cigarette?	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes, for days <input type="checkbox"/> 99) Refuse to answer
H20. <u>In the past 30 days</u> , how many days did you use <u>electronic cigarette</u> ?	<input type="checkbox"/> 0) None <u>(Skip to Question H22)</u> <input type="checkbox"/> 1) 1-2 days <input type="checkbox"/> 2) 3-5 days <input type="checkbox"/> 3) 6-9 days <input type="checkbox"/> 4) 10-19 days <input type="checkbox"/> 5) 20 days or more <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer
H21. <u>In the past 30 days, on the days that you used electronic cigarette</u> , how many times per day did you use <u>electronic</u>	<input type="checkbox"/> 1) Less than 1 per day <input type="checkbox"/> 2) 1 per day <input type="checkbox"/> 3) 2-5 per day <input type="checkbox"/> 4) 6-10 per day

cigarette? cigarettes did you use? (one "TIME" consists of around 15 puffs)	<input type="checkbox"/> 5) 11-20 per day <input type="checkbox"/> 6) More than 20 per day <input type="checkbox"/> 88) Not sure <input type="checkbox"/> 99) Refuse to answer					
Substance Use						
H22. Have you ever used the following drug or substance?	1) In your lifetime (if "No", go to the next row) or (if "Yes", go to the column to the right)		2) In the past 12 months (if "No", go to the next row) or (if "Yes", go to the column to the right)		3) In the past 30 days	
	No	Yes	No	Yes	No	Yes
a. Analgesic (not as medication) (<i>parasetamol</i>)						
b. Antihistamine (not as medication) (<i>cetirizine</i>)						
c. Cough syrup (not as medication) (<i>obat batuk</i>)						
d. Anxiolytics (<i>obat anti depresi</i>)						
e. Sedatives (<i>obat penenang</i>)						
f. Energy drinks (<i>extra joss, M-150, kratingdaeng, hemaviton, lainnya</i>)						
g. <i>PRO</i> [procodyl, promethazine] (<i>obat anti mabok/ antimo</i>)						
h. <i>LEAN</i> [purple drank] (<i>racikan dari obat demam dengan dosis tinggi yang dicampur dengan minuman soda, es, dan juga permen sebagai penambah rasa</i>)						
i. Poppers (produk kimia yang mengandung zat Amyl nitrite yang digunakan dengan cara dihirup)						
j. Kratom leaf (<i>daun kratom, ketum, purik, sepat, kedamba, ithang, kakuan, thom, atau biak</i>)						
k. Kratom leaf tea mixed with other substance (<i>daun kratom, ketum, purik, sepat, kedamba, ithang, kakuan, thom, atau</i>						

biak yang dicampur dengan zat lain)						
l. Cannabis (<i>Ganja</i>)						
m. Opium (<i>Candu</i>)						
n. Ecstasy / Love Drug (<i>Inex</i>)						
o. Ketamine (<i>K khusus</i>)						
p. Heroin (<i>Putau</i>)						
q. Inhalants (paint thinner, glue, benzene) (<i>menghirup cairan tiner, lem, dan lainnya</i>)						
r. Methamphetamine (<i>Sabu</i>)						
s. Crystal methamphetamine (<i>Narkoba Kristal</i>)						

Section I. Reproductive Health and Prevention of Sexually Transmitted Diseases (STDs)

Please indicate how much do you agree with the following statements:

No	Questions	Strongly agree	Agree	Disagree	Strongly Disagree
I1	I do not want to give salaam when greeting someone who is HIV/AIDS positive				
I2	Adolescents who are HIV-positive should be banned from attending schools with HIV-negative students				
I3	Adolescents who are HIV-positive should not swim in a pool with HIV-negative students				
I4	Adolescents who are HIV-positive should not take part in sports competitions with HIV-negative students				

15. If you have a friend who is HIV positive, you went swimming with them and someone said something against your friend using the pool. What would you do?
[.....]

Instructions Please mark ✓ in the blank space that corresponds to your answer

I6a. Have you ever had a romantic partner?	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes <input type="checkbox"/> 9) Refuse to answer
I6b. To which gender are you attracted? (multiple answers allowed)	<input type="checkbox"/> 1) Male (cisgender) <input type="checkbox"/> 2) Female (cisgender) <input type="checkbox"/> 3) Transgender female (<i>Bencong</i>) <input type="checkbox"/> 4) Transgender male (Tomboy) <input type="checkbox"/> 5) Neither male nor female <input type="checkbox"/> 6) I'm not sure to whom I am attracted <input type="checkbox"/> 7) I'm not attracted to any gender <input type="checkbox"/> 9) Refuse to answer
I7. What method of safe sex or prevention from STDs did you know? (More than 1 answer allowed)	<input type="checkbox"/> 0) None <input type="checkbox"/> 1) Absitinance <input type="checkbox"/> 2) Avoiding activities high risk with mucosal tear <input type="checkbox"/> 3) Wore condom <input type="checkbox"/> 4) Suppository <input type="checkbox"/> 5) Taking Pre-exposure prophylaxis (PreP) <input type="checkbox"/> 6) Taking Post-exposure prophylaxis (PEP) <input type="checkbox"/> 7) Other methods, specify..... <input type="checkbox"/> 88) Don't know / Not sure <input type="checkbox"/> 99) Refuse to answer
I8. Have you ever been taught about AIDS or HIV at school?	<input type="checkbox"/> 0) Never <input type="checkbox"/> 1) Yes <input type="checkbox"/> 8) Don't know / Not sure <input type="checkbox"/> 9) Refuse to answer
I9. Have you ever been taught about birth control at school?	<input type="checkbox"/> 0) Never <input type="checkbox"/> 1) Yes <input type="checkbox"/> 8) Don't know / Not sure <input type="checkbox"/> 9) Refuse to answer