

2025 National College Student Sexual and Reproductive Health Survey - THU

Informed Consent

Hello student, we are a research team from the Vanke School of Public Health at Tsinghua University. We sincerely invite you to participate in this important study concerning youth health! Before you begin answering, please carefully read the following survey instructions:

(1) Participation in this survey is voluntary. The content involves issues related to sexual and reproductive health. **If you feel uncomfortable during the process, you may pause or withdraw from the survey at any time**, and the data will be automatically deleted.

(2) **Your privacy will be fully protected:** This is an anonymous survey used solely for academic research purposes. The questionnaire does not record names, WeChat IDs, IP addresses, or any other information that could identify specific individuals. Please do not worry about any privacy or security issues.

(3) **Your voice will change the future:** Your valuable participation will help us better understand the concepts, attitudes, and demands of contemporary college students, providing a basis for establishing more scientific policies to benefit the wider youth population.

(4) **The entire process will take 10-20 minutes. If you exit halfway using the same WeChat account, previously entered content will be automatically saved, and you can enter multiple times to fill it out.** Please try to complete the questionnaire as fully as possible.

(5) This survey is for research purposes only and does not involve any medical or treatment procedures. If you have specific needs or questions regarding sexual and reproductive health, it is recommended to consult professional medical institutions or related service organizations.

Thank you sincerely again for your participation! We wish you success in your studies and happiness and health!

If you have any questions or difficulties regarding this survey, please contact the project managers:

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1. Do you agree to participate in this survey and provide anonymized information? *(Single Choice) **

☐ Agree

☐ Disagree *(Please skip to the end and submit)*

2. What is your biological sex? *(Single Choice) **

☐ Male ☐ Female

3. What is your age? *(Single Choice) **

☐ Under 15

☐ 19

☐ 23

☐ 27

☐ 16

☐ 20

☐ 24

☐ 28

☐ 17

☐ 21

☐ 25

☐ 29

☐ 18

☐ 22

☐ 26

☐ 30 and above

4. What is the name of your current school? *(Fill in the blank) **

5. In which province is your current school located? *(Single Choice) **

☐ Anhui

☐ Guangdong

☐ Heilongjiang

☐ Jiangsu

☐ Inner Mongolia

☐ Beijing

☐ Guangxi

☐ Henan

☐ Jiangxi

☐ Ningxia

☐ Chongqing

☐ Guizhou

☐ Hong Kong

☐ Jilin

☐ Qinghai

☐ Fujian

☐ Hainan

☐ Hubei

☐ Liaoning

☐ Shandong

☐ Gansu

☐ Hebei

☐ Hunan

☐ Macau

☐ Shanghai

- ☐ Shanxi ☐ Sichuan ☐ Tianjin ☐ Tibet ☐ Zhejiang
☐ Shaanxi ☐ Taiwan ☐ Xinjiang ☐ Yunnan ☐ Overseas

6. You are: *(Single Choice) **

- ☐ Below Junior College
☐ Junior College / Vocational College Student (including Higher Vocational Schools and Specialized Colleges)
☐ Undergraduate Student
☐ Master's / Doctoral Graduate Student

7. Your enrollment year (for your current degree): *(Single Choice) **

- ☐ 2019 ☐ 2021 ☐ 2023 ☐ Other: _____
☐ 2020 ☐ 2022 ☐ 2024

Part 1: Sexual and Reproductive Health Knowledge and Attitudes

Reminder: We do not record any information that can track specific individuals and comply with strict confidentiality regulations. Please do not worry about privacy and security.

A1. Have you participated in sex education, reproductive health education, or puberty education activities offered by your SCHOOL? If yes, at which stage? *(Multiple Choice) **

- ☐ Primary School ☐ Undergraduate / Junior College
☐ Junior High School ☐ Graduate School
☐ High School / Vocational High School ☐ Never participated

A1-1. What was the MAXIMUM frequency of your participation in the above school activities? *(Single Choice) **

- ☐ 1-3 times / semester
☐ 4-6 times / semester
☐ 7-9 times / semester
☐ 10 times or more / semester

A1-2. Did the school activities you participated in cover the following topics? *(Matrix Single Choice) **

Topic	Yes	No
Puberty: (Life conception, human body & development, puberty changes & care, reproductive organs)	☐	☐
Gender: (Gender equality, stereotypes & bias, gender-based violence)	☐	☐
Interpersonal Relationships: (Family, friendship, dating, marriage, future planning)	☐	☐
Sexuality & Sexual Behavior: (Sexual life cycle, sexual psychology, ethics, morality)	☐	☐
Sexual Decisions: (Violence & safety, consent, sexual assault)	☐	☐
Sexual & Reproductive Health: (Contraception, STI/HIV prevention, unintended pregnancy)	☐	☐
Health & Well-being Skills: (Resisting peer pressure, seeking support & help)	☐	☐
Future Planning: (Values, rights, responsibilities, culture, law & sexuality)	☐	☐

A1-3. In what format were these school activities conducted? (If there are multiple forms, please rank them by volume) *(Ranking Question, please enter numbers in the brackets) **

- [] Large Lectures
[] Small-class teacher-led instruction
[] Small-class interactive instruction

[] Participatory peer education

[] Other

A2. Have you participated in sex education, reproductive health education, or puberty education activities OUTSIDE of school? If so, who was the organizer? *(Multiple Choice) **

- | | |
|---|---|
| ☐ Never participated | ☐ Primary Health Services (Community centers, clinics) |
| ☐ Government departments | ☐ Youth Counseling Institutions |
| ☐ Family Planning Association (CFPA) | ☐ Social Non-profit Organizations (NGOs) |
| ☐ Communist Youth League | ☐ Other |
| ☐ Women's Federation | |
| ☐ General/Specialized Hospitals | |

A3. Through which media do you usually obtain sexual and reproductive health knowledge? *(Multiple Choice) **

- ☐ Print media: Books, magazines, etc.
- ☐ Traditional media: TV, radio, etc.
- ☐ Internet/Social Media: One-way knowledge popularization
- ☐ Internet/Social Media: Two-way interactive platforms
- ☐ Offline Institutions: General/Specialized Hospitals (In-person)
- ☐ Offline Institutions: Primary health centers/clinics
- ☐ People around: Parents/Blood relatives (Elders)
- ☐ People around: Teachers/Social elders
- ☐ People around: Friends/Classmates (Peers)
- ☐ Other
- ☐ Do not actively obtain

A4. During your upbringing, when you asked your parents about "sex", could they answer? *(Matrix Single Choice) **

Parent	Never asked / No need	Answered satisfactorily	Sometimes answered	Avoided / Unable to answer	Scolded instead of answering
Father	☐	☐	☐	☐	☐
Mother	☐	☐	☐	☐	☐

A5. Please check the methods you know that can EFFECTIVELY prevent pregnancy. *(Multiple Choice) **

- | | |
|--|--|
| ☐ Oral contraceptive pills (Regular) | ☐ Male sterilization (Vasectomy) |
| ☐ Emergency contraceptive pills | ☐ Implant (Subdermal) |
| ☐ Male condom | ☐ Spermicide |
| ☐ Female condom | ☐ Withdrawal (Coitus interruptus) |
| ☐ Contraceptive Injection | ☐ Rhythm method / Safe period |
| ☐ Vaginal ring | ☐ Other: _____ |
| ☐ IUD (Intrauterine Device) | ☐ Heard of none |
| ☐ Female sterilization (Tubal ligation) | |

A6. Please judge the following statements based on your current knowledge (Do not search online, answer based on your understanding, no right or wrong). *(Matrix Single Choice) **

Statement	True	False	Don't Know
Pregnancy is most likely to occur if sex happens 14 days before menstruation.	☐	☐	☐
Sperm can usually survive in the female body for about 7 days.	☐	☐	☐
Withdrawal is effective for preventing pregnancy if timed correctly.	☐	☐	☐
The rhythm method (safe period) effectively prevents pregnancy.	☐	☐	☐
Condoms are the only method that prevents both pregnancy and STIs/HIV during sex.	☐	☐	☐
Mosquito bites can transmit HIV/AIDS.	☐	☐	☐
Genital herpes is a sexually transmitted disease.	☐	☐	☐
Please select "False" for this item.	☐	☐	☐
Menstruation continues for 2-3 months after a woman becomes pregnant.	☐	☐	☐
Compared to standard induced abortion, painless/sedated induced abortion is safer.	☐	☐	☐
A female's egg count is roughly determined at birth and decreases with age.	☐	☐	☐
Sperm requires a specific temperature; exposure to extreme heat/cold affects quality.	☐	☐	☐

Part 2: Love, Marriage, and Childbearing

Reminder: We do not record any information that can track specific individuals and comply with strict confidentiality regulations. Please do not worry about privacy and security.

B1. Which option best describes your sexual orientation? (Single Choice) *

- ☐ Heterosexual (Attracted to opposite sex)
- ☐ Homosexual (Attracted to same sex)
- ☐ Bisexual (Attracted to both sexes)
- ☐ Pansexual (Attracted to people regardless of gender)
- ☐ Asexual (No sexual desire/orientation)
- ☐ Other: _____
- ☐ Don't know / Unsure

B2-1. "I think I fit the gender temperament of my biological sex well" (Refers to possessing typical masculine/feminine traits and behaviors). If 1 is Strongly Disagree and 10 is Strongly Agree, how would you rate yourself? (Enter 1-10) *

B2-2. If 10 is the full score (1-10), how would you rate your appearance? (Enter 1-10) *

B2-3. If 10 is the full score (1-10), how would you rate your popularity? (Enter 1-10) *

===== Love Experience =====

B3. What is your current relationship status? (Single Choice) *

- ☐ Always single
- ☐ Previously had a boyfriend/girlfriend, currently single
- ☐ Currently have a boyfriend/girlfriend (including married)

B3-1. Do you want a boyfriend/girlfriend? *(Single Choice) **

- ☐ Very much NOT want
- ☐ Not really want
- ☐ Go with the flow
- ☐ Somewhat want
- ☐ Very much want

Dependent on (Question B3: Current relationship status) Options 1; 2

B3-2. What is the reason for not being in a relationship? *(Multiple Choice) **

- | | |
|--|--|
| ☐ Haven't met the right person | hard to enter relationships |
| ☐ Enjoy being single / Low desire for romance | ☐ Emotional substitute (Idols, 2D characters) |
| ☐ Too busy with study/work | ☐ Rich entertainment/social life fills time |
| ☐ Fear it affects study/work | ☐ Low physiological need |
| ☐ Economic pressure | ☐ Other: _____ |
| ☐ Psychological/Physical reasons/Trauma making it | |

Dependent on (Question B3: Current relationship status) Options 1; 2

B3-3. Are you satisfied with your current relationship? *(Single Choice) **

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Hard to say
- ☐ Satisfied
- ☐ Very satisfied

Dependent on (Question B3: Current relationship status) Option 3

B3-4. When was your first relationship? *(Single Choice) **

- ☐ Primary school or before
- ☐ Junior High School
- ☐ High School / Vocational High School
- ☐ University / Junior College
- ☐ After University / Junior College

Dependent on (Question B3: Current relationship status) Options 2; 3

B3-5. How many boyfriends/girlfriends have you had so far? *(Single Choice) **

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

Dependent on (Question B3: Current relationship status) Options 2; 3

B3-6. What is the maximum age gap you've had with a partner? *(Single Choice) **

- ☐ >10 years ☐ 6-10 years ☐ 1-5 years ☐ Same age

Dependent on (Question B3: Current relationship status) Options 2; 3

B3-7. Based on your life in the past week, please allocate your daily time (Hours, Total must equal 24). *(Proportion Question) **

Social/Entertainment (With partner): _____

Social/Entertainment (Alone or with non-partners): _____

Study/Class: _____

Work/Labor: _____

Exercise: _____

Eating: _____

Sleep: _____

Dependent on (Question B3: Current relationship status) Options 2; 3

===== Intimate Partner Violence =====

B4. In the past year, has your partner hit you, scolded you, humiliated you, or forced you to have sex? *(Single Choice) **

- ☐ Yes
- ☐ No *(Skip to Q31)*

Dependent on (Question B3: Current relationship status) Options 2; 3

B4-1. If the above behaviors occurred, what was the frequency? *(Matrix Single Choice) **

Type of Violence	1-5 times/yr	6-20 times/yr	>20 times/yr
Emotional violence (Insults, cursing, threats, yelling, refusal to communicate, cold violence)	☐	☐	☐
Physical violence (Hitting, kicking, dragging, pulling, causing visible scars)	☐	☐	☐
Forced sexual behavior (Force by violence or disregarding your will on frequency, method, condom use)	☐	☐	☐

Dependent on (Question B3: Current relationship status) Options 2; 3

===== Marriage Views =====

B5. Are you married? *(Single Choice) **

- ☐ Yes *(Skip to Q34)*
- ☐ No

B5-1. Regarding your personal will, what are your thoughts on future marriage? *(Single Choice) **

- ☐ Want to get married, must get married no matter what
- ☐ Let it be, get married if I find the right person, otherwise it's fine
- ☐ Don't want to get married, long-term cohabitation is fine *(Skip to Q34)*
- ☐ Don't want to get married, want to stay single *(Skip to Q34)*

B5-2. What do you think is your ideal age for marriage? *(Single Choice) **

- ☐ Before 20 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40 and above

===== Childbearing Views =====

B6. In your (future) life, will you choose to have children? *(Single Choice) **

- ☐ Yes
- ☐ Unsure, let it be
- ☐ No, unwilling to have children *(Skip to Q38)*

B6-1. What do you think is your ideal childbearing age? *(Single Choice) **

- ☐ Before 20 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40 and above

B6-2. Please choose your expectation for the number of children in your (future) life. *(Matrix Single Choice)* *

Item	1	2	3	4 or more
Most ideal number of children	☐	☐	☐	☐
Number of children willing to have	☐	☐	☐	☐

B6-3. What is your preferred gender for your first child? *(Single Choice)* *

☐ Boy ☐ Girl ☐ Doesn't matter

B6-4. How old were your parents when they had you? *(Matrix Single Choice)* *

Parent	<20	20-24	25-29	30-34	35+	Unknown
Mother	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐

B6-5. What factors do you think would reduce your willingness to have children? *(Multiple Choice)* *

- | | |
|--|--|
| ☐ Dislike children | ☐ Impact on career development |
| ☐ Pain or risk of childbirth | ☐ Lack of social care resources |
| ☐ High economic cost of raising children | ☐ Lack of family care resources |
| ☐ Don't know how to raise children, fear of failure | ☐ Other: _____ |
| ☐ Don't want child to suffer high pressure/exhaustion | |

B7. Choose the view that best fits your opinion on the following situations (No right or wrong). *(Matrix Single Choice)* *

Situation	Unacceptable / Opposed	Understandable but not for me	Acceptable for myself
Long-term cohabitation without marriage certificate	☐	☐	☐
Non-marital childbearing	☐	☐	☐
Open marriage (Married but both have freedom for emotional/sexual relations)	☐	☐	☐

B8. Have you received and read the following information on social media (WeChat, Douyin, Bilibili, Weibo, Podcasts)? *(Matrix Single Choice)* *

Topic	Never	Rarely	Sometimes	Often	Always
Love Risks (Criticizing "Love Brain", etc.)	☐	☐	☐	☐	☐
Marriage Risks (Domestic violence, Cheating, In-law conflict, Unfair division of labor)	☐	☐	☐	☐	☐
Childbearing Risks (Pain, sequelae)	☐	☐	☐	☐	☐
Please select "Always" for this row	☐	☐	☐	☐	☐
Female independence / Feminism	☐	☐	☐	☐	☐
Egg freezing / Independent parenting cases	☐	☐	☐	☐	☐

Part 3: Sexual Health and Sexual Behavior

Reminder: We do not record any information that can track specific individuals and comply with strict confidentiality regulations. Please do not worry about privacy and security.

C1. How old were you at your first menstruation (Female) / Ejaculation (Male, incl. wet dreams)? *(Select approximate age if unsure)* *(Single Choice)* *

- ☐ 8 or below ☐ 11 ☐ 14 ☐ Never happened
☐ 9 ☐ 12 ☐ 15
☐ 10 ☐ 13 ☐ 16+

C2. Have you ever read or watched pornographic works (whether active or passive) (including books, magazines, discs, online novels/comics, online videos)? If yes, what is the frequency? (Single Choice) *

- ☐ Never
☐ Not in recent years
☐ A few times a year
☐ A few times a month
☐ 3-5 times a week
☐ Almost Daily

C3. Have you ever masturbated? If yes, what is the frequency? (Single Choice) *

- ☐ Never (*Skip to Q46*)
☐ Not in recent years (*Skip to Q46*)
☐ A few times a year
☐ A few times a month
☐ 3-5 times a week
☐ Almost Daily

C3-1. How old were you when you first experienced masturbation? (Select approximate age if unsure) (Single Choice) *

- ☐ 10 or below ☐ 13 ☐ 16 ☐ 19 ☐ 22
☐ 11 ☐ 14 ☐ 17 ☐ 20 ☐ 23
☐ 12 ☐ 15 ☐ 18 ☐ 21 ☐ 24+

C4. Have you experienced the following types of intimate behaviors? (No right or wrong) (Matrix Single Choice) *

Behavior	Never	Earliest: Before Primary School graduation	Earliest: Junior High	Earliest: High School / Vocational	Earliest: After High School
Holding hands	☐	☐	☐	☐	☐
Hugging	☐	☐	☐	☐	☐
Kissing	☐	☐	☐	☐	☐
Caressing (non-genital)	☐	☐	☐	☐	☐
Caressing (genital)	☐	☐	☐	☐	☐
Oral sex	☐	☐	☐	☐	☐

"Sexual behavior" in the following questions refers to penetrative sex (vaginal or anal).

C5. Have you ever had sexual intercourse? (Single Choice) *

- ☐ Yes
☐ No (*Skip to Q70*)

C6. So far, have you had sex with others through "Hook-up" (incl. post-breakup, online), "One-night stand", or "Paid sex"? (Single Choice) *

☐ No (*Skip to Q51*)

☐ Yes

C6-1. So far, with HOW MANY people have you had sex through "Hook-up", "One-night stand", or "Paid sex"? (*Single Choice*) *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

C6-2. So far, with WHOM have you had such sexual behaviors ("Hook-up", "One-night stand", "Paid sex")? (*Multiple Choice*) *

☐ Ex-boyfriend/girlfriend

☐ Teacher

☐ Peer (Non-relative, classmate/friend)

☐ Peer (Relative)

☐ Elder (Non-relative, family friend/boss)

☐ Elder (Relative)

☐ Netizen (WeChat/QQ/Douyin etc.)

☐ Paid sex service provider

☐ Stranger

☐ Other: _____

==== **First Sexual Behavior** =====

C7. How old were you when you first had sexual intercourse? (*Single Choice*) *

☐ 12 or below

☐ 15

☐ 18

☐ 21

☐ 24

☐ 13

☐ 16

☐ 19

☐ 22

☐ 25+

☐ 14

☐ 17

☐ 20

☐ 23

C8. Was your first sexual intercourse voluntary? (*Single Choice*) *

☐ Forced or mostly forced

☐ More forced than voluntary

☐ Hard to say

☐ More voluntary than forced

☐ Voluntary or mostly voluntary

C9. Who was the partner during your first sexual intercourse? (*Single Choice*) *

☐ Spouse

☐ Boyfriend/Girlfriend

☐ Teacher

☐ Peer (Non-relative)

☐ Peer (Relative)

☐ Elder (Non-relative)

☐ Elder (Relative)

☐ Netizen

☐ Paid sex service provider

☐ Stranger

☐ Other: _____

C10. Did you use contraception during your first sexual intercourse? If yes, which method? (*Multiple Choice*) *

- ☐ No contraception
- ☐ Oral pill (Regular)
- ☐ Emergency pill
- ☐ Male Condom
- ☐ Female Condom
- ☐ Withdrawal (Coitus interruptus)
- ☐ Safe period
- ☐ Contraceptive Injection

- ☐ Implant
- ☐ Vaginal ring
- ☐ IUD/Upper Ring
- ☐ Female Sterilization
- ☐ Male Sterilization
- ☐ Spermicide
- ☐ Other: _____

===== Sexual Behavior in Past Year =====

C11. Frequency of sexual intercourse in the past year? *(Single Choice) **

- ☐ No sex for over a year *(Skip to Q58)*
- ☐ A few times a year
- ☐ A few times a month
- ☐ 3-5 times a week
- ☐ Almost daily or more

C12. Number of sexual partners in the past year? *(Single Choice) **

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

C13. How do you usually feel after sex? (Check what fits, no right/wrong) *(Matrix Single Choice) **

Statement	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I am satisfied with my sex life	☐	☐	☐	☐	☐
I feel excited/stimulated during sex	☐	☐	☐	☐	☐
I have avoided sex due to my own or partner's sexual difficulties	☐	☐	☐	☐	☐
I can easily discuss sexual preferences with my partner	☐	☐	☐	☐	☐

===== Most Recent Sexual Behavior =====

C14. What contraception did you use during your MOST RECENT sex? *(Multiple Choice) **

- ☐ No contraception
- ☐ Oral pill (Non-emergency)
- ☐ Emergency pill
- ☐ Male Condom
- ☐ Female Condom
- ☐ Withdrawal
- ☐ Safe period
- ☐ Contraceptive Injection
- ☐ Vaginal Ring
- ☐ IUD/Upper Ring
- ☐ Female Sterilization
- ☐ Male Sterilization
- ☐ Spermicide
- ☐ Implant
- ☐ Other: _____

C14-1. What was the reason for NOT using contraception at the most recent sex? *(Multiple Choice) **

- ☐ Thought occasional risk low
- ☐ Impulse, no preparation
- ☐ Partner refused
- ☐ Lack of knowledge
- ☐ Thought unnecessary
- ☐ Inconvenient access
- ☐ Troublesome/Unknown usage
- ☐ Economic factors
- ☐ Worry about side effects
- ☐ Ineffective
- ☐ Affects experience/sensation
- ☐ Wanted pregnancy
- ☐ Homosexual sex
- ☐ Other: _____

===== **Daily Contraception, Pregnancy, and Abortion** =====

C15. In daily sex life, who decides whether to use contraception and which method? *(Single Choice) **

- ☐ Myself ☐ Partner ☐ Mutual discussion ☐ Hard to say/Depends ☐ Whatever is available ☐ Other:

C16. Have you obtained free contraceptives via these channels? *(Multiple Choice) **

- ☐ Campus vending machines
☐ School hospital/CFPA/Red Cross
☐ Other free channels: _____
☐ Never obtained free contraceptives

C16-1. Why haven't you obtained free contraceptives? *(Multiple Choice) **

- ☐ No channel in school / Unknown
☐ Limited quantity / Unavailable
☐ Troublesome procedure
☐ Privacy concerns
☐ Limited types
☐ Quality concerns
☐ Other: _____

Dependent on (Question C16: Have you obtained free contraceptives...) Option 4

C17. Have you or any partner experienced unintended pregnancy? *(Single Choice) **

- ☐ No *(Skip to Q70)*
☐ Yes, once
☐ Yes, multiple times

C17-1. Who did you tell/consult about the LAST unintended pregnancy? *(Multiple Choice) **

- | | |
|---|---|
| ☐ Male's father | ☐ Netizens |
| ☐ Male's mother | ☐ Strangers |
| ☐ Female's father | ☐ Online doctor |
| ☐ Female's mother | ☐ Consult by Hospital outpatient |
| ☐ Other elders (relatives) | ☐ Consult by Hospital phone |
| ☐ Elders (non-relatives) | ☐ Consult the China Family Planning Association (CFPA) |
| ☐ Peers (relatives) | ☐ Other: _____ |
| ☐ Peers (friends/classmates) | ☐ Told no one |
| ☐ Teachers | |

C17-2. What was the decision for the LAST unintended pregnancy? *(Single Choice) **

- ☐ Birth ☐ Induced Abortion ☐ Undecided

C18. Have you or any partner experienced Induced Abortion? *(Single Choice) **

- ☐ No *(Skip to Q70)*
☐ Yes, once
☐ Yes, multiple times

C18-1. Method of Induced Abortion used? *(Multiple Choice) **

- ☐ Medical abortion
☐ Standard surgical abortion

- ☐ Painless/Sedated/Anesthetic surgical abortion
- ☐ Don't remember / Unclear

C18-2. Location of Induced Abortion? *(Multiple Choice) **

- ☐ Public Hospital / Health Service
- ☐ Formal Private Medical Institution
- ☐ Informal Private Medical Institution
- ☐ Self-medication
- ☐ Don't remember / Unclear
- ☐ Other: _____

C18-3. Did medical staff provide information on post-abortion health/contraception (principles, methods, health impact, future contraception, care)? *(Single Choice) **

- ☐ Yes ☐ No ☐ Don't remember / Unclear

===== Sexually Transmitted Infections (STIs) =====

C19. In the past year, did you have abnormal discharge, pain, growth, or ulcers in genitals? *(Single Choice) **

- ☐ Yes
- ☐ No *(Skip to Q72)*
- ☐ Unclear *(Skip to Q72)*

C19-1. Did you seek treatment at? *(Multiple Choice) **

- ☐ Didn't seek diagnosis/treatment
- ☐ Public Hospital / Health Service
- ☐ Formal Private Medical Institution
- ☐ Informal Private Medical Institution
- ☐ Self-medication
- ☐ Don't remember / Unclear
- ☐ Other

C20. In the past year, were you DIAGNOSED with any of the following categories of Sexually Transmitted Infections (STIs)? *(Multiple Choice) **

- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia related diseases
- ☐ Genital Herpes
- ☐ Human Papillomavirus (HPV) infection / Genital Warts
- ☐ Chancroid
- ☐ Trichomoniasis
- ☐ Hepatitis B
- ☐ Non-gonococcal urethritis (NGU)
- ☐ HIV/AIDS
- ☐ None
- ☐ Unclear

C20-1. After being diagnosed with Gonorrhea, did you receive treatment? *(Single Choice) **

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis

- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 1: Gonorrhea

C20-2. After being diagnosed with Syphilis, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 2: Syphilis

C20-3. After being diagnosed with Chlamydia related diseases, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 3: Chlamydia related diseases

C20-4. After being diagnosed with Genital Herpes, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 4: Genital Herpes

C20-5. After being diagnosed with HPV infection / Genital Warts, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 5: HPV / Genital Warts

C20-6. After being diagnosed with Chancroid, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 6: Chancroid

C20-7. After being diagnosed with Trichomoniasis, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 7: Trichomoniasis

C20-8. After being diagnosed with Hepatitis B, did you receive treatment? *(Single Choice)* *

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 8: Hepatitis B

C20-9. After being diagnosed with Non-gonococcal urethritis (NGU), did you receive treatment? *(Single Choice) **

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 9: NGU

C20-10. After being diagnosed with HIV/AIDS, did you receive treatment? *(Single Choice) **

- ☐ Did not receive treatment
- ☐ Treated under professional guidance after diagnosis
- ☐ Self-medication or unguided treatment after diagnosis

Dependent on (Question C20) Option 10: HIV/AIDS

===== HPV Vaccine =====

Dependent on (Question 2: Sex) Option 2 (Female)

C21. Have you received the HPV vaccine? *(Single Choice) **

- ☐ Received 2-valent
- ☐ Received 4-valent
- ☐ Received 9-valent
- ☐ Not received
- ☐ Don't know this vaccine *(Skip to Q87)*
- ☐ Refuse to receive *(Skip to Q85)*

Dependent on (Question 2: Sex) Option 2 (Female)

C22. Based on your situation, what is the maximum you are willing to pay for one dose of 9-valent HPV vaccine? (Under the current regulations, individuals over the age of 15 are required to receive three doses of the vaccine throughout the process.) *(Enter 0-20000) **

Dependent on (Question 2: Sex) Option 2 (Female)

C23. Are you worried about the safety of the HPV vaccine? *(Single Choice) **

- ☐ Very worried ☐ Worried ☐ Neutral ☐ Not worried ☐ Not at all

Dependent on (Question 2: Sex) Option 2 (Female)

C24. If your steady partner proposes HPV vaccination, would you suspect them of high-risk sexual behavior? (1=No, 10=Yes) *(Enter 1-10) **

Dependent on (Question 2: Sex) Option 2 (Female)

===== Sexual Violence =====

C25. During your growth, have you had the following experiences? (No right or wrong) *(Matrix Multiple Choice) **

Experience	Never	Yes:Before Primary School Graduation	Yes:Junior High	Yes:High School / Vocational	Yes:After graduating from High School
Mocked by classmates due to physical development	☐	☐	☐	☐	☐
Verbal sexual harassment in real life (e.g., teasing, insults, dirty jokes)	☐	☐	☐	☐	☐
Online/Phone verbal sexual harassment (SMS, chat)	☐	☐	☐	☐	☐
Lured or threatened to expose private parts online	☐	☐	☐	☐	☐
Forced to expose private parts offline	☐	☐	☐	☐	☐
Forced kissing or touching of private parts	☐	☐	☐	☐	☐
Forced by violence to accept or provide oral sex	☐	☐	☐	☐	☐
Forced by violence to accept or provide penetrative sex	☐	☐	☐	☐	☐

C26. Who perpetrated these acts against you? *(Multiple Choice) **

- | | |
|---|---|
| ☐ Partner / Spouse | ☐ Elder (Relative) |
| ☐ Teacher | ☐ Netizen |
| ☐ Peer (Non-relative, classmate/friend) | ☐ Stranger |
| ☐ Peer (Relative) | ☐ Other: _____ |
| ☐ Elder (Non-relative, family friend/boss) | |

Dependent on (Question C25) selecting any "Yes" options

C27. When these occurred, who did you try to tell or seek help from? *(Multiple Choice) **

- | | |
|---|---|
| ☐ Never told anyone | ☐ Elder (Relative) |
| ☐ Partner / Spouse | ☐ Netizen |
| ☐ Teacher | ☐ Stranger |
| ☐ Peer (Non-relative) | ☐ Women's Fed / Protection Org |
| ☐ Peer (Relative) | ☐ Police |
| ☐ Elder (Non-relative) | ☐ Other: _____ |

Dependent on (Question C25) selecting any "Yes" options

Part 4: Personal Health and Behavior

D1. How do you rate your physical health? *(Single Choice) **

- ☐ Very unhealthy ☐ Unhealthy ☐ Average ☐ Healthy ☐ Very healthy

D2. How many hours did you exercise in the past week? *(Single Choice) **

- ☐ None ☐ <1 hr ☐ 1-2 hrs ☐ 2-3 hrs ☐ 3-4 hrs ☐ 4-5 hrs ☐ >5 hrs

D3. What is your drinking frequency? *(Single Choice) **

- ☐ Never/Rarely ☐ A few times a year ☐ A few times a month ☐ 3-5 times a week ☐ Almost daily

D4. What is your smoking frequency (including e-cigarettes, chewing tobacco)? *(Single Choice) **

- ☐ Never

- ☐ Quit (Used to smoke)
- ☐ Currently smoke, average _____cigs/day

D5. Have you been diagnosed with any mental illness? (Multiple Choice) *

- | | |
|---|--|
| ☐ Depression | ☐ Phobia |
| ☐ Anxiety | ☐ Post-Traumatic Stress Disorder (PTSD) |
| ☐ Bipolar Disorder | ☐ Personality Disorder |
| ☐ OCD (Obsessive-Compulsive Disorder) | ☐ Schizophrenia |
| ☐ Eating Disorder | ☐ Substance Abuse |
| ☐ Attention Deficit Hyperactivity Disorder (ADHD or ADD) | ☐ Other: _____ |
| | ☐ Never |

D6. Have you ever attempted suicide? (Single Choice) *

- ☐ No thoughts or attempts
- ☐ Thoughts only, no attempt
- ☐ Attempted once
- ☐ Attempted multiple times

D7. In the past week, how frequently were you bothered by the following symptoms? (Matrix Single Choice) *

Symptom	Almost none (<1 day)	Not much (1-2 days)	Half the time (3-4 days)	Most of time (5-6 days)	Daily (7 days)
Felt nervous	☐	☐	☐	☐	☐
Felt anxious/unable to relax	☐	☐	☐	☐	☐
Felt irritable	☐	☐	☐	☐	☐
Everything was an effort	☐	☐	☐	☐	☐
Everything felt useless	☐	☐	☐	☐	☐
Felt worthless	☐	☐	☐	☐	☐

D8. Please choose the frequency that best fits your actual situation: (Matrix Single Choice) *

Feeling	Rarely/Never	Sometimes	Often
Feel lack of companionship	☐	☐	☐
Feel ignored	☐	☐	☐
Please select "Often" for this row	☐	☐	☐
Feel isolated by others	☐	☐	☐

Part 5: Family Relations

E1. What is your ethnicity? (Single Choice) *

- | | | | |
|-------------------------------|------------------------------|---------------------------------|------------------------------|
| ☐ Han | ☐ Buyi | ☐ Lisu | ☐ Kirgiz |
| ☐ Manchu | ☐ Dong | ☐ Wa | ☐ Tu |
| ☐ Mongol | ☐ Yao | ☐ She | ☐ Daur |
| ☐ Hui | ☐ Bai | ☐ Gaoshan | ☐ Mulam |
| ☐ Tibetan | ☐ Tujia | ☐ Lahu | ☐ Qiang |
| ☐ Uyghur | ☐ Hani | ☐ Shui | ☐ Blang |
| ☐ Miao | ☐ Kazakh | ☐ Dongxiang | ☐ Salar |
| ☐ Yi | ☐ Dai | ☐ Naxi | ☐ Maonan |
| ☐ Zhuang | ☐ Li | ☐ Jingpo | ☐ Gelao |

- | | | | |
|------------------------------|-------------------------------|------------------------------|------------------------------|
| ☐ Xibe | ☐ Nu | ☐ Bonan | ☐ Oroqen |
| ☐ Achang | ☐ Uzbek | ☐ Yugur | ☐ Hezhen |
| ☐ Pumi | ☐ Russian | ☐ Gin | ☐ Monba |
| ☐ Korean | ☐ Ewenki | ☐ Tatar | ☐ Lhoba |
| ☐ Tajik | ☐ Deang | ☐ Derung | ☐ Jino |

E2. Do you have religious beliefs? *(Single Choice) **

- ☐ None ☐ Buddhism ☐ Taoism ☐ Islam ☐ Catholicism ☐ Protestantism ☐ Other: _____

E3. In the past 12 months, what was your average monthly expenditure(Yuan) (excluding tuition/dorm fees)? *(Single Choice) **

- | | | |
|---------------------------------|----------------------------------|-----------------------------------|
| ☐ <1000 | ☐ 5000-6000 | ☐ 10000-15000 |
| ☐ 1000-2000 | ☐ 6000-7000 | ☐ 15000-20000 |
| ☐ 2000-3000 | ☐ 7000-8000 | ☐ >20000 |
| ☐ 3000-4000 | ☐ 8000-9000 | |
| ☐ 4000-5000 | ☐ 9000-10000 | |

E4. Before entering your current school, where did you live most of the time? *(Single Choice) **

- ☐ City ☐ County Town (Township, Suburb) ☐ Rural

E5. Before entering your current school, in which province did you live the longest? *(Single Choice) **

- | | | | | |
|---------------------------------|------------------------------------|--------------------------------------|--------------------------------|--------------------------------|
| ☐ Anhui | ☐ Guizhou | ☐ Hunan | ☐ Ningxia | ☐ Taiwan |
| ☐ Beijing | ☐ Hainan | ☐ Jiangsu | ☐ Qinghai | ☐ Tianjin |
| ☐ Chongqing | ☐ Hebei | ☐ Jiangxi | ☐ Shandong | ☐ Xinjiang |
| ☐ Fujian | ☐ Heilongjiang | ☐ Jilin | ☐ Shanghai | ☐ Tibet |
| ☐ Gansu | ☐ Henan | ☐ Liaoning | ☐ Shanxi | ☐ Yunnan |
| ☐ Guangdong | ☐ Hong Kong | ☐ Macau | ☐ Shaanxi | ☐ Zhejiang |
| ☐ Guangxi | ☐ Hubei | ☐ Inner Mongolia | ☐ Sichuan | ☐ Overseas |

E6. Before entering your current school, did you have the following experiences? *(Matrix Single Choice) **

Experience	Yes	No
Migration Experience: (Living in a region outside the municipal district of household registration for six months or more)	☐	☐
Left-behind Experience: (Due to one or both parents going out for employment and being left in the hometown, separated from one or both parents for more than six months)	☐	☐

E6-1. Age during left-behind experience? *(Multiple Choice) **

- ☐ Preschool (0-6)
- ☐ Primary School (7-12)
- ☐ Middle School (13-18)

Dependent on (Question E6: Left-behind Experience) Yes

E6-2. Residence during left-behind experience? *(Single Choice) **

- ☐ City ☐ County Town (Township/Suburb) ☐ Rural

Dependent on (Question E6: Left-behind Experience) Yes

E6-3. Guardian during left-behind experience? *(Single Choice) **

- ☐ One parent directly _____
- ☐ Grandparents (Paternal/Maternal)
- ☐ Other relatives/friends (Grandparent generation)
- ☐ Other relatives/friends (Parent generation)

☐ Independent living

Dependent on (Question E6: Left-behind Experience) Yes

E6-4. Guardian's highest education level? (Single Choice) *

- ☐ Illiterate/Below Primary ☐ Primary ☐ Junior High ☐ High School/Vocational
☐ Junior College ☐ Undergraduate ☐ Master/PhD ☐ Unknown

Dependent on (Question E6: Left-behind Experience) Yes

E6-5. What is the usual contact interval between parents and you during left-behind? (Single Choice) *

- ☐ <1 week
☐ 1 week to 1 month
☐ >1 month
☐ Rarely/Never
☐ Other: _____

Dependent on (Question E6: Left-behind Experience) Yes

E7. Are you an only child? (Single Choice) *

- ☐ Yes
☐ No

E7-1. How many biological siblings do you have? (Matrix Input) *

Total siblings (including yourself): _____

Your birth rank: _____

Dependent on (Question E7) No

E8. Parents' highest education level? (Matrix Single Choice) *

Parent	Below primary school and illiterate	Primary	Junior high school	High School	College	Undergrad	Grad	Unknown
Father	☐	☐	☐	☐	☐	☐	☐	☐
Mother	☐	☐	☐	☐	☐	☐	☐	☐

E9. During your growth, did the following occur in your family? (Matrix Single Choice) *

Event	No	Yes
Parents active separation	☐	☐
Parents divorce	☐	☐
Father deceased	☐	☐
Mother deceased	☐	☐

E9-1. When did parents separate? (Single Choice) *

- ☐ Before Primary School graduation
☐ After Primary, Before High School graduation
☐ After High School graduation

Dependent on (Question E9) Separation: Yes

E9-2. When did parents divorce? (Single Choice) *

- ☐ Before Primary School graduation

- ☐ After Primary, Before High School graduation
- ☐ After High School graduation

Dependent on (Question E9) Divorce: Yes

E9-3. When did father pass away? (Single Choice) *

- ☐ Before Primary School graduation
- ☐ After Primary, Before High School graduation
- ☐ After High School graduation

Dependent on (Question E9) Father deceased: Yes

E9-4. When did mother pass away? (Single Choice) *

- ☐ Before Primary School graduation
- ☐ After Primary, Before High School graduation
- ☐ After High School graduation

Dependent on (Question E9) Mother deceased: Yes

E10. If 10 is full score (1-10), how do you rate these family relationships? (Matrix Input) *

Relationship between parents: _____

Your relationship with your parents: _____

Your relationship with Paternal Grandparents: _____

Your relationship with Maternal Grandparents: _____

E11. When not in school, what is the distance between you/parents and grandparents? (Matrix Single Choice) *

Relative	Same household	Nearby street	Same county/diff street	Diff county/city	Deceased
Paternal Grandparents	☐	☐	☐	☐	☐
Maternal Grandparents	☐	☐	☐	☐	☐

E11-1. Interaction with PATERNAL Grandparents in past year? (Matrix Single Choice) *

Type	Almost none	Yearly	Monthly	Weekly	Daily
Contact frequency (Msg, call, visit)	☐	☐	☐	☐	☐
Help with daily affairs (Shop, chores, medical)	☐	☐	☐	☐	☐

Dependent on (Question E11) Paternal Grandparents alive

E11-2. Interaction with MATERNAL Grandparents in past year? (Matrix Single Choice) *

Type	Almost none	Yearly	Monthly	Weekly	Daily
Contact frequency (Msg, call, visit)	☐	☐	☐	☐	☐
Help with daily affairs (Shop, chores, medical)	☐	☐	☐	☐	☐

Dependent on (Question E11) Maternal Grandparents alive

Survey Complete. Thank you for your time!