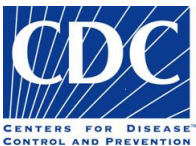


GSHS



Global School-based Student Health Survey

[year]
Global School-
based Student
Health Survey



Core Questionnaire Modules

Introduction

Overview This survey is about your health and the things you do that may affect your health. The information you give will be used to develop better health programs for young people like yourself.

Who is doing the survey Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey.

Voluntary participation Completing the survey is voluntary. Your grade or mark in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Private participation DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer.

Instructions Follow the instructions below to complete the answer sheet.

- DO NOT write your name on this survey or the answer sheet.
 - Use only the GSHS pencil you are given.
 - Read every question.
 - Answer the questions based on what you really know or do. There are no right or wrong answers.
 - Fill in the circles on your answer sheet that match your answer.
 - When you are finished, do what the person who is giving you the survey says to do.
-

Example Here is an example of how to fill in the circles:

Fill in the circles like this



Not like this



or



Survey

1. Do fish live in water?
 - A. Yes
 - B. No

Answer sheet

1. B C D E F G H
-

Thank you very much for your help.

Respondent Demographics Module

1. How old are you?

- A 11 years old or younger
- B 12 years old
- C 13 years old
- D 14 years old
- E 15 years old
- F 16 years old or older

2. What is your sex?

- A Male
- B Female

3. In what grade/class/ standard are you? COUNTRY
SPECIFIC RESPONSE OPTIONS

- A OPTION 1
- B OPTION 2
- C OPTION 3
- D OPTION 4
- E OPTION 5
- F OPTION 6

Alcohol and Other Drug Use Module

The next 5 questions ask about drinking alcohol. This includes drinking COUNTRY SPECIFIC EXAMPLES. Drinking alcohol does not include drinking a few sips of wine [or COUNTRY SPECIFIC EXAMPLES] for religious purposes.

1. During the past 30 days, on how many days did you have at least one drink containing alcohol?

- A 0 days
- B 1 or 2 days
- C 3 to 5 days
- D 6 to 9 days
- E 10 to 19 days
- F 20 to 29 days
- G All 30 days

2. During the past 30 days, on the days you drank alcohol, how many drinks did you usually drink per day?

- A I did not drink alcohol during the past 30 days
- B Less than one drink
- C 1 drink
- D 2 drinks
- E 3 drinks
- F 4 drinks
- G 5 or more drinks

3. During the past 30 days, how did you usually get the alcohol you drank? SELECT ONLY ONE RESPONSE.

- A I did not drink alcohol during the past 30 days
- B I bought it in a store, shop, or from a street vendor
- C I gave someone else money to buy it for me
- D I got it from friends
- E I got it from home
- F I stole it
- G I made it myself (DELETE IF NOT APPROPRIATE in SPECIFIC COUNTRY)
- H I got it some other way

4. During your life, how many times did you drink so much alcohol that you were really drunk?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 or more times

5. During your life, how many times have you ever had a hang-over, felt sick, got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 or more times

The next question asks about drugs.

6. During your life, how many times have you used drugs such as COUNTRY SPECIFIC EXAMPLES?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 or more times

Dietary Behaviours Module

The next 3 questions ask about your height, weight, and going hungry.

1. How tall are you without your shoes on? ON THE ANSWER SHEET, WRITE YOUR HEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Height (cm)			Height (cm)		
1	5	3			
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
	3	3	3	3	3
	4	4	4	4	4
	5	5	5	5	5
	6	6	6	6	6
	7	7	7	7	7
	8	8	8	8	8
	9	9	9	9	9
9	I do not know		9	I do not know	

2. How much do you weigh without your shoes on? ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Weight (kg)			Weight (kg)		
0	5	2			
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
	3	3	3	3	3
	4	4	4	4	4
	5	5	5	5	5
	6	6	6	6	6
	7	7	7	7	7
	8	8	8	8	8
	9	9	9	9	9
9	I do not know		9	I do not know	

3. During the past 30 days, how often did you go hungry because there was not enough food in your home?

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

The next 2 questions ask about foods you might eat.

4. During the past 30 days, how many times per day did you **usually** eat fruit, such as COUNTRY SPECIFIC EXAMPLES?

- A I did not eat fruit during the past 30 days
- B Less than one time per day
- C 1 time per day
- D 2 times per day
- E 3 times per day
- F 4 times per day
- G 5 or more times per day

5. During the past 30 days, how many times per day did you **usually** eat vegetables, such as COUNTRY SPECIFIC EXAMPLES?

- A I did not eat vegetables during the past 30 days
- B Less than one time per day
- C 1 time per day
- D 2 times per day
- E 3 times per day
- F 4 times per day
- G 5 or more times per day

Hygiene Module

The next 4 questions ask about cleaning your teeth and washing your hands

1. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?
 - A I did not clean or brush my teeth during the past 30 days
 - B Less than 1 time per day
 - C 1 time per day
 - D 2 times per day
 - E 3 times per day
 - F 4 or more times per day
2. During the past 30 days, how often did you wash your hands before eating?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
3. During the past 30 days, how often did you wash your hands after using the toilet or latrine?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
4. During the past 30 days, how often did you use soap when washing your hands?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always

Mental Health Module

The next 6 questions ask about your feelings and friendships

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

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

2. During the past 12 months, how often have you been so worried about something that you could not sleep at night?

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

3. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing your usual activities?

- A Yes
- B No

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

- A Yes
- B No

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

- A Yes
- B No

6. How many close friends do you have?

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

Physical Activity Module

The next 2 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, football, and COUNTRY SPECIFIC EXAMPLES.

ADD UP ALL THE TIME YOU SPEND IN PHYSICAL ACTIVITY EACH DAY. DO **NOT** INCLUDE YOUR PHYSICAL EDUCATION OR GYM CLASS.

1. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per day?

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

2. During a **typical or usual** week, on how many days are you physically active for a total of at least 60 minutes per day?

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

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

3. How much time do you spend during a **typical or usual** day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as COUNTRY SPECIFIC EXAMPLES?

- A Less than 1 hour per day
- B 1 to 2 hours per day
- C 3 to 4 hours per day
- D 5 to 6 hours per day
- E 7 to 8 hours per day
- F More than 8 hours per day

The next 2 questions ask about going to and coming home from school.

4. During the past 7 days, on how many days did you walk or ride a bicycle to and from school?

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

5. During the past 7 days, how long did it **usually** take for you to get to and from school each day? **ADD UP THE TIME YOU SPEND GOING TO AND COMING HOME FROM SCHOOL.**

- A Less than 10 minutes per day
- B 10 to 19 minutes per day
- C 20 to 29 minutes per day
- D 30 to 39 minutes per day
- E 40 to 49 minutes per day
- F 50 to 59 minutes per day
- G 60 or more minutes per day

Protective Factors Module

The next 5 questions ask about your experiences at school and at home.

1. During the past 30 days, on how many days did you miss classes or school without permission?
 - A 0 days
 - B 1 or 2 days
 - C 3 to 5 days
 - D 6 to 9 days
 - E 10 or more days
2. During the past 30 days, how often were most of the students in your school kind and helpful?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
3. During the past 30 days, how often did your parents or guardians check to see if your homework was done?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
4. During the past 30 days, how often did your parents or guardians understand your problems and worries?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always
5. During the past 30 days, how often did your parents or guardians **really** know what you were doing with your free time?
 - A Never
 - B Rarely
 - C Sometimes
 - D Most of the time
 - E Always

Sexual Behaviours that Contribute to HIV Infection, Other STI, and Unintended Pregnancy Module

The next 5 questions ask about sexual intercourse.

1. Have you ever had sexual intercourse?

- A Yes
- B No

2. How old were you when you had sexual intercourse for the first time?

- A I have never had sexual intercourse
- B 11 years old or younger
- C 12 years old
- D 13 years old
- E 14 years old
- F 15 years old
- G 16 years old or older

3. During your life, with how many people have you had sexual intercourse?

- A I have never had sexual intercourse
- B 1 person
- C 2 people
- D 3 people
- E 4 people
- F 5 people
- G 6 or more people

5. During the past 12 months, have you had sexual intercourse?

- A Yes
- B No

5. The **last time** you had sexual intercourse, did you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM]?

- A I have never had sexual intercourse
- B Yes
- C No

Tobacco Use Module

The next 6 questions ask about cigarette and other tobacco use.

1. How old were you when you first tried a cigarette?

- A I have never smoked cigarettes
- B 7 years old or younger
- C 8 or 9 years old
- D 10 or 11 years old
- E 12 or 13 years old
- F 14 or 15 years old
- G 16 years old or older

2. During the past 30 days, on how many days did you smoke cigarettes?

- A 0 days
- B 1 or 2 days
- C 3 to 5 days
- D 6 to 9 days
- E 10 to 19 days
- F 20 to 29 days
- G All 30 days

3. During the past 30 days, on how many days did you use any other form of tobacco, such as COUNTRY SPECIFIC EXAMPLES?

- A 0 days
- B 1 or 2 days
- C 3 to 5 days
- D 6 to 9 days
- E 10 to 19 days
- F 20 to 29 days
- G All 30 days

4. During the past 12 months, have you ever tried to stop smoking cigarettes?

- A I have never smoked cigarettes
- B I did not smoke cigarettes during the past 12 months
- C Yes
- D No

5. During the past 7 days, on how many days have people smoked in your presence?

- A 0 days
- B 1 or 2 days
- C 3 or 4 days
- D 5 or 6 days
- E All 7 days

6. Which of your parents or guardians use any form of tobacco?

- A Neither
- B My father or male guardian
- C My mother or female guardian
- D Both
- E I do not know

Violence and Unintentional Injury Module

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

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

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or 7 times
- F 8 or 9 times
- G 10 or 11 times
- H 12 or more times

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

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

- A 0 times
- B 1 time
- C 2 or 3 times
- D 4 or 5 times
- E 6 or 7 times
- F 8 or 9 times
- G 10 or 11 times
- H 12 or more times

The next 4 questions ask about the **most serious injury** that happened to you during the past 12 months. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.

3. During the past 12 months, **what were you doing** when the most serious injury happened to you?

- A I was not seriously injured during the past 12 months
- B Playing or training for a sport
- C Walking or running, but not as part of playing or training for a sport
- D Riding a bicycle, scooter, or (OTHER COUNTRY SPECIFIC NON-MOTORIZED FORM OF TRANSPORTATION)
- E Riding or driving in a car or other motor vehicle
- F Doing any paid or unpaid work, including housework, yard work, or cooking
- G Nothing
- H Something else

4. During the past 12 months, **what was the major cause** of the most serious injury that happened to you?

- A I was not seriously injured during the past 12 months
- B I was in a motor vehicle accident or hit by a motor vehicle
- C I fell
- D Something fell on me or hit me
- E I was fighting with someone
- F I was attacked, assaulted, or abused by someone
- G I was in a fire or too near a flame or something hot
- H Something else caused my injury

5. During the past 12 months, **how** did the most serious injury happen to you?

- A I was not seriously injured during the past 12 months
- B I hurt myself by accident
- C Someone else hurt me by accident
- D I hurt myself on purpose
- E Someone else hurt me on purpose

Violence and Unintentional Injury Module, Continued

6. During the past 12 months, **what was** the most serious injury that happened to you?
- A I was not seriously injured during the past 12 months
 - B I had a broken bone or a dislocated joint
 - C I had a cut, puncture, or stab wound
 - D I had a concussion or other head or neck injury, was knocked out, or could not breathe
 - E I had a gunshot wound
 - F I had a bad burn
 - G I lost all or part of a foot, leg, hand, or arm
 - H Something else happened to me

The next question asks about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.

7. During the past 30 days, how were you bullied **most often**?
- A I was not bullied during the past 30 days
 - B I was hit, kicked, pushed, shoved around, or locked indoors
 - C I was made fun of because of my race or colour
 - D I was made fun of because of my religion
 - E I was made fun of with sexual jokes, comments, or gestures
 - F I was left out of activities on purpose or completely ignored
 - G I was made fun of because of how my body or face looks
 - H I was bullied in some other way

