

Global School-based Student Health Survey (GSHS)

2017 Sierra Leone GSHS Questionnaire

For more information:

www.cdc.gov/gshs or
www.who.int/ncds/surveillance/gshs/en/



2017 SIERRA LEONE GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

This survey is about your health and the things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

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. Answer the questions based on what you really know or do. There are no right or wrong answers.

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.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey says to do.

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.

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
- G. 17 years old
- H. 18 years old or older

2. What is your sex?

- A. Male
- B. Female

3. In what form are you?

- A. Junior Secondary School (JSS) 2
- B. Junior Secondary School (JSS) 3
- C. Senior Secondary School (SSS) 1
- D. Senior Secondary School (SSS) 2
- E. Senior Secondary School (SSS) 3

The next 2 questions ask about your height and weight.

4. 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)		
1	5	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

5. 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)		
0	5	2
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input checked="" type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

The next 5 questions ask about what you might eat and what you have learned.

6. During the past 30 days, how often did you eat breakfast?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
7. What is the **main** reason you do not eat breakfast?
- I always eat breakfast
 - I do not have time for breakfast
 - I cannot eat early in the morning
 - There is not always food in my home
 - Some other reason

8. During the past 30 days, how often did you bring your lunch **to school**?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

9. During this school year, were you taught in any of your classes the benefits of healthy eating?
- Yes
 - No
 - I do not know

10. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?
- Yes
 - No
 - I do not know

The next 9 questions ask about cleaning your teeth and washing your hands.

11. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?
- I did not clean or brush my teeth during the past 30 days
 - Less than 1 time per day
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
12. During the past 30 days, how often did you wash your hands before eating?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

13. 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

14. Is there a place to wash your hands after using the toilet or latrine **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

15. Are the toilets or latrines clean **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

16. Are there separate toilets or latrines for boys and girls **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

17. 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

18. During this school year, were you taught in any of your classes the importance of hand washing?

- A. Yes
- B. No
- C. I do not know

19. Is there a source of clean water for drinking **at school**?

- A. Yes
- B. No

The next 3 questions ask 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.

20. During the past 30 days, on how many days were you bullied?

- 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

21. 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, nationality, or color
- 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

22. Have you ever been bullied because of your gender or how you express yourself as a male or female?

- A. Yes
- B. No

The next 6 questions ask about violence.

23. During the past 12 months, did your teacher ever hit, slap, or physically hurt you?

- A. Yes
- B. No

24. Have you ever been touched in a sexual way when you did not want to be?

- A. Yes
- B. No

25. Have you ever been forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

26. The **last time** you were forced to have sexual intercourse, who forced you to have sexual intercourse when you did not want to? **SELECT ONLY ONE RESPONSE.**

- A. I have **not** been forced to have sexual intercourse when I did not want to
- B. A school head or teacher
- C. Someone in my family
- D. A friend
- E. Some other person

27. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

28. What is the **main reason** that female genital mutilation or cutting is done? **SELECT ONLY ONE RESPONSE.**

- A. For religious reasons
- B. To follow local customs
- C. To reduce sexual feelings and help to maintain virginity
- D. I do not know

The next 7 questions ask about your feelings and friendships.

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

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

30. 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
31. During the past 12 months, how often have you been so worried about something that you wanted to use alcohol or other drugs to feel better?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
32. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
33. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
34. During the past 12 months, how many times did you actually attempt suicide?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

35. How many close friends do you have?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more

The next 4 questions ask about drinking alcohol. This includes drinking palm wine or Poyoh. Drinking alcohol does not include drinking a few sips of wine for religious purposes. A “drink” is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink.

36. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - 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 or 17 years old
 - H. 18 years old or older
37. 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

38. 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

39. 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 my friends
- E. I got it from my family
- F. I stole it or got it without permission
- G. I got it some other way

Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.

40. 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

41. During your life, how many times have you 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 4 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, jamba, tramadol, brown brown, super glue, evostic, and medicine to stop itching.

42. How old were you when you first used drugs?

- A. I have never used drugs
- 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 or 17 years old
- H. 18 years old or older

43. During your life, how many times have you used marijuana (also called jamba)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

44. During the past 30 days, how many times have you used marijuana (also called jamba)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

45. During your life, how many times have you used amphetamines or methamphetamines (also called medicine to stop itching or scratch scratch)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times

The next 8 questions ask about sexual behaviors.

46. Have you ever had sexual intercourse?
- A. Yes
 - B. No
47. 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 or 17 years old
 - H. 18 year old or older
48. 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

49. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
50. The **last time** you had sexual intercourse, did you or your partner use any other method of birth control, such as withdrawal, rhythm (safe time), birth control or family planning pills, or any other method to prevent pregnancy?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
 - D. I do not know
51. If you wanted to get birth control or family planning, including a condom, how would you **most likely** get it? **SELECT ONLY ONE RESPONSE.**
- A. I would get it from a friend
 - B. I would get it in a pharmacy, store or shop, or from a street vendor
 - C. I would get it from a school health clinic, health facility, public health unit, or hospital
 - D. I would give someone else money to buy it for me
 - E. I would borrow it from someone else
 - F. I would get it some other way
 - G. I do not know
52. How many times have you been pregnant or gotten someone pregnant?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
 - D. I do not know

53. Have you engaged in sexual activity in exchange for money, school fees, phones, food, transportation, or other things?

- A. Yes
- B. No

The next 5 questions ask about marriage and sexual health education.

54. How old do you want to be when you have children?

- A. 13 to 19 years old
- B. 20 to 24 years old
- C. 25 years old or older
- D. I do not know

55. Do you feel pressure from your parents or your community to get married or to have children before you are 19 years old?

- A. Yes
- B. No

56. What is the **main** reason that parents allow or want their young daughters (aged 10-19 years) to get married? **SELECT ONLY ONE RESPONSE.**

- A. Their daughter is pregnant
- B. For the safety of their daughter
- C. To secure their daughter's future
- D. To help the family financially
- E. To follow local customs
- F. I do not know

57. Do you feel pressure from your friends to have sexual intercourse?

- A. Yes
- B. No

58. From whom would you **most** prefer to receive information on sexual and reproductive health and birth control or family planning, including condoms? **SELECT ONLY ONE RESPONSE.**

- A. A teacher
- B. My mother
- C. My father
- D. Some other family member
- E. My friends
- F. Books or the Internet
- G. A doctor or nurse
- H. Some other person

The next 3 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, and football.

59. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per day? **ADD UP ALL THE TIME YOU SPENT IN ANY KIND OF PHYSICAL ACTIVITY EACH 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

60. During the past 7 days, on how many days did you walk or ride a bicycle to or 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

61. During this school year, on how many days did you go to physical health education class each week?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 or more days

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

62. 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 watching movies, drafting, Ludo, or chatting on social media (WhatsApp, Facebook, or Twitter)?

- 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 8 questions ask about your experiences at school and at home.

63. 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

64. 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

65. 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

66. 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

67. 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
68. During the past 30 days, how often did your parents or guardians go through your things without your approval?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
69. During the past 30 days, how often did your parents or guardians give you the basic things you need to live such as food, shelter, clothing, and text books?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
70. During the past 30 days, how often did your parents or guardians ridicule you or put you down (for example, say you were stupid or useless)?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 7 questions ask about HIV infection, AIDS, or sexually transmitted infections.

71. Have you ever heard of HIV infection or the disease called AIDS?
- A. Yes
 - B. No
72. During this school year, were you taught in any of your classes about HIV infection or AIDS?
- A. Yes
 - B. No
 - C. I do not know
73. Have you ever talked with your parents or guardians about how your body changes as you grow up, menstruation (period/menses), sex, birth control or family planning, including condoms, or sexually transmitted infections?
- A. Yes
 - B. No
74. Have you ever been tested for HIV infection?
- A. Yes
 - B. No
75. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, syphilis, or gonorrhea?
- A. Yes
 - B. No
 - C. I do not know
76. Can people protect themselves from HIV infection or AIDS by using a condom correctly every time they have sexual intercourse?
- A. Yes
 - B. No
 - C. I do not know

77. Would you refuse to have sexual intercourse if your partner did not agree to use a condom or if a condom was not available?

- A. Yes
- B. No
- C. I do not know

The next 3 questions ask about Ebola.

78. How would you **most** like to receive information about Ebola? **SELECT ONLY ONE RESPONSE.**

- A. From the radio, newspapers, or television
- B. From a drama group
- C. From people my own age who have been trained to provide Ebola information
- D. From health workers and community health workers
- E. From a daily text message or other types of, social media, such as WhatsApp, Facebook, Twitter, or Viber
- F. Some other way

79. What was the **most important thing** you did to try to avoid getting sick with Ebola during the Ebola outbreak? **SELECT ONLY ONE RESPONSE.**

- A. I washed my hands a lot with soap and chlorine (0.05 solution)
- B. I avoided touching other people
- C. I practiced safe and dignified burials
- D. I isolated myself from other people
- E. I did something else

80. Did you get sick from Ebola during the Ebola outbreak?

- A. Yes
- B. No

81. Did one or more of your parents get sick or die from Ebola during the Ebola outbreak?

- A. Yes
- B. No