

Global School-based Student Health Survey (GSHS)

Nigeria 2004 GSHS Questionnaire

For more information:

www.cdc.gov/gshs or

www.who.int/school_youth_health/gshs



2004 NIGERIA 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 or older

2. What is your sex?

- A. Male
- B. Female

3. In what class are you?

- A. JSS 1
- B. JSS 2
- C. JSS 3
- D. Other class

4. What is your religion?

- A. None
- B. Christianity
- C. Islam
- D. Traditional
- E. Other

5. Is your mother or female guardian married?

- A. Yes
- B. No

The next 2 questions ask about your height and weight.

6. 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="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input checked="" type="radio"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
	<input type="text" value="3"/>	<input checked="" type="radio"/>
	<input type="text" value="4"/>	<input type="text" value="4"/>
	<input checked="" type="radio"/>	<input type="text" value="5"/>
	<input type="text" value="6"/>	<input type="text" value="6"/>
	<input type="text" value="7"/>	<input type="text" value="7"/>
	<input type="text" value="8"/>	<input type="text" value="8"/>
	<input type="text" value="9"/>	<input type="text" value="9"/>
<input type="text" value="9"/>	I do not know	

7. 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 4 questions ask about going hungry and meals you might eat.

8. 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
9. During the past 30 days, how often did you eat breakfast?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

10. What is the **main** reason you do not eat breakfast?
- A. I always eat breakfast
 - B. I do not have time for breakfast
 - C. I cannot eat early in the morning
 - D. There is not always food in my home
 - E. Some other reason

11. During the past 30 days, how often was lunch offered to you at school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 2 questions ask about foods you might eat.

12. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, pineapple, pawpaw, bananas, pears, or apples?
- 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

13. During the past 30 days, how many times per day did you **usually** eat vegetables, such as greens, ugwu, okro, ewedu, or carrots?

- 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

The next question asks about what you have learned at school.

14. During this school year, were you taught in any of your classes the benefits of healthy eating?

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

The next 8 questions ask about personal health activities.

15. 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. 1 time per day
- C. 2 times per day
- D. 3 times per day
- E. 4 or more times per day

16. 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

17. 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

18. 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

19. During the past 30 days, how many times did you cut your finger nails?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

20. During the past 30 days, on how many days did you take a bath or shower?

- 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, on how many days did you braid, plait, or weave your hair?

- 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

22. During the past 30 days, on how many days did you wash your clothes?

- 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

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.

23. 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 2 questions ask about other violence-related activities.

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

- A. Yes
- B. No

25. Do you currently belong to a gang?

- A. Yes
- B. No

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.

26. 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 5 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.

27. During the past 12 months, how many times were you seriously injured?

- 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

28. 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 or scooter
- 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

29. 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

30. 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

31. 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 2 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.

32. 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

33. 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 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

The next question asks about personal safety.

34. During this school year, were you taught in any of your classes first aid skills in case of an injury to yourself or someone else?

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

The next 9 questions ask about your feelings and friendships.

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

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

36. 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

37. During the past 12 months, how often have you been so worried about something that you could not eat or did not have an appetite?

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

38. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?

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

39. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

42. How many close friends do you have?

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

43. During this school year, were you taught in any of your classes how to handle stress in healthy ways?

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

The next 12 questions ask about cigarette and other tobacco use.

44. 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

45. 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

46. During the past 30 days, on how many days did you use any other form of tobacco, such as snuff, taba, or agira?

- 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

47. Where do you **usually** smoke? SELECT ONLY ONE RESPONSE.

- A. I have never smoked cigarettes
- B. At home
- C. At school
- D. At friends' houses
- E. At social events
- F. In public spaces, such as parks, shopping centres, and street corners
- G. Other

48. 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

49. 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

50. 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

51. Has a cigarette company representative ever offered you a free cigarette?

- A. Yes
- B. No

52. Do you think boys who smoke cigarettes have more or less friends?

- A. More friends
- B. Less friends
- C. No difference from non-smokers

53. Do you think girls who smoke cigarettes have more or less friends?

- A. More friends
- B. Less friends
- C. No difference from non-smokers

54. Do you think the smoke from other people's cigarettes is harmful to you?

- A. Definitely not
- B. Probably not
- C. Probably yes
- D. Definitely yes

55. During this school year, were you taught in any of your classes about the dangers of smoking?

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

The next 11 questions ask about drinking alcohol. This includes drinking beer or Ogogoro. Drinking alcohol does not include drinking a few sips of wine, beer, or schnapps for religious purposes.

56. 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 years old or older

57. 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

58. 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

59. 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 home
- F. I stole it
- G. I got it some other way

60. During the past 30 days, did anyone refuse to sell you alcohol because of your age?

- A. I did not try to buy alcohol during the past 30 days
- B. Yes, someone refused to sell me alcohol because of my age
- C. No, my age did not keep me from buying alcohol

61. With whom do you **usually** drink alcohol?

- A. I do not drink alcohol
- B. With my friends
- C. With my family
- D. With persons I have just met
- E. I usually drink alone

62. 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

63. 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

64. Which of your parents or guardians drink alcohol?

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

65. When you go to sports events, fairs, concerts, community events, or social gatherings how often do you see advertisements for alcohol?

- A. I never attend sports events, fairs, concerts, community events, or social gatherings
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

66. During this school year, were you taught in any of your classes the benefits of not using alcohol?

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

The next question asks about drugs.

67. During your life, how many times have you used drugs, such as marijuana, cocaine, heroine, or glue?

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

The next 14 questions ask about sexual intercourse and HIV infection or AIDS. This includes vaginal intercourse (when a man puts his penis into a woman's vagina) and anal intercourse (when a man puts his penis into his partner's anus).

68. Have you ever had sexual intercourse?

- A. Yes
- B. No

69. 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

70. What is the **main** reason you have not had sexual intercourse?

- A. I have had sexual intercourse
- B. I want to wait until I am older
- C. I want to wait until I am married
- D. I do not want to risk getting pregnant
- E. I do not want to risk getting a sexually transmitted infection such as HIV or AIDS
- F. I have not had a chance to have sex or met anyone that I wanted to have sex with
- G. It is against my religious values
- H. Some other reason

71. 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

72. With whom have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. Females only
- C. Males only
- D. Both females and males

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

- A. Yes
- B. No

74. 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

75. If you wanted to get a condom, how would you most likely get it?

- A. I would get it in a store or shop or from a street vendor
- B. I would get it from a pharmacy, clinic, or hospital
- C. I would give someone else money to buy it for me
- D. I would get it some other way
- E. I do not know

76. The **last time** you had sexual intercourse, did you or your partner use any method of birth control, such as withdrawal, rhythm (safe time), birth control pills, or any other method to prevent pregnancy?

- A. I have never had sexual intercourse.
- B. Yes
- C. No
- D. I do not know

77. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. Not sure

78. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, or gonorrhoea?

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

79. Can people get HIV infection or AIDS from mosquito bites?

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

80. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?

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

81. Have you ever talked about HIV infection or AIDS with your parents or guardians?

- A. Yes
- B. No

The next 4 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 swimming.

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

82. 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

83. 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

84. During this school year, were you taught in any of your classes the benefits of physical activity?

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

85. During this school year, were you taught in any of your classes about preventing injury during physical activity?

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

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

86. 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 playing ludo or cards?

- 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.

87. 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

88. 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

The next 7 questions ask about your experiences at school and at home.

89. 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

90. 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

91. 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

92. 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

93. 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

94. During the past 3 months, how many times did your parents or guardians visit you in school on visiting day?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 or more times

95. When your parents or guardians visited you at school during the last 3 months, how many times did they review your school work with you?

- A. My parents did not visit me at school
- B. 0 times
- C. 1 time
- D. 2 times
- E. 3 or more times