

Global School-based Student Health Survey (GSHS)

# 2008 Anguilla GSHS Questionnaire

For more information:

[www.cdc.gov/gshs](http://www.cdc.gov/gshs) or  
[www.who.int/chp/gshs/en/](http://www.who.int/chp/gshs/en/)



## 2008 ANGUILLA 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 grade are you?

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

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

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="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	

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	

6. 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 3 questions ask about eating breakfast and lunch.**

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

8. 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

9. During the past 30 days, how often did you bring your lunch to school?

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

**The next question asks about fruits you might eat.**

10. During the past 30 days, how many times per day did you **usually** eat fruit, such as mangoes, apples, bananas, grapes, or oranges?
- 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

**The next question asks about vegetables you might eat such as tomatoes or carrots. Please note that cereals and roots such as potatoes and yucca are NOT vegetables.**

11. During the past 30 days, how many times per day did you **usually** eat vegetables?
- 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 2 questions ask about drinking and eating habits.**

12. During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Coke, Sprite, or Busta?
- A. I did not drink carbonated soft drinks 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 7 days, on how many days did you eat at a fast food restaurant such as McDonalds, Chinese restaurants, or food vans?
- 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 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.**

14. 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 sexual harassment. A man or a woman is sexually harassed when, against his/her will, he/she receives physical or verbal aggressions of a sexual nature.**

15. During the past 12 months, how many times were you sexually harassed?
- 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 forced sexual intercourse.**

16. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
17. During this school year, were you taught in any of your classes what to do if someone is trying to force you to have sexual intercourse?
- A. Yes
  - B. No
  - C. I do not know

**The next 2 questions ask about physical fights. A physical fight occurs when two or more students of about the same strength or power choose to fight each other.**

18. 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
19. During the past 12 months, how many times were you in a physical fight **on school property**?
- 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.**

20. 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
21. 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

22. 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

23. 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

24. 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 learning first aid skills.**

25. 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 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.**

26. 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

27. During the past 30 days, how were you bullied **most often**? SELECT ONLY ONE RESPONSE.

- 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

28. During this school year, were you taught in any of your classes how to avoid being bullied?

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

**The next question asks about the use of seat belts.**

29. During the past 30 days, how often did you use a seat belt when riding in a car or other motor vehicle driven by someone else?

- A. I did not ride in a motor vehicle driven by someone else
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the times
- F. Always

**The next 4 questions ask about violent activities.**

**Violence occurs when a person or a group of people attack other people or a group of people with insults, bullying, hits, assault, robbery, or rape.**

30. Do you belong to any violent group?

- A. Yes
- B. No

31. Do you currently belong to a gang?

- A. Yes
- B. No

32. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club on school property?

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

33. During the past 30 days, how many times has someone threatened or injured you with a weapon, such as a gun, knife, or club, **on school property**?

- 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 feeling safe on your way to or from school.**

34. 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 day
  - E. 6 or more days

**The next 8 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 wanted to use alcohol or drugs to feel better?

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

38. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

41. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- A. **I did not attempt suicide** during the past 12 months
- B. Yes
- C. No

42. How many close friends do you have?

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

**The next 10 questions ask about cigarette and other tobacco use.**

43. Have you ever tried or experimented with cigarette smoking, even one or two puffs?

- A. Yes
- B. No

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, did anyone ever refuse to sell you cigarettes because of your age?

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

46. 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

47. During the past 30 days, on how many days did you use any other form of tobacco?

- 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

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. At any time during the next 12 months, do you think you will smoke a cigarette?

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

52. If one of your best friends offered you a cigarette, would you smoke it?

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

**The next 12 questions ask about drinking alcohol. This includes drinking beer, stout (Guinness), or vodka (Smirnoff Ice). Drinking alcohol does not include drinking a few sips of wine for religious purposes.**

53. 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

54. Where were you the **first time** you had a drink of alcohol?

- A. I have never had a drink of alcohol
- B. At home
- C. At someone else's home
- D. At school
- E. Out on the street, in a park, or in some other open area
- F. At a bar, pub, or disco
- G. In a restaurant
- H. Some other place

55. 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

56. 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

57. 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

58. What type of alcohol do you **prefer** to drink?

- A. I do not drink alcohol
- B. Beer, lager, or stout
- C. Wine
- D. Spirits, such as whisky (Johnny Walker), vodka, or brandy (Hennessy)
- E. Some other type

59. Do your parents or guardians know that you drink alcohol?

- A. I do not drink alcohol
- B. Yes
- C. No
- D. I do not know

60. How often are you allowed to drink alcohol at home?

- A. I do not drink alcohol
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

61. Do any of your brothers or sisters drink alcohol?

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

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. How much do you think people risk harming themselves (physically or in other ways), if they get drunk once a week?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

**The next question asks about how often you saw alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.**

65. During the past 30 days, how often did you see any alcohol advertisements?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Almost daily
  - E. Daily

**The next 4 questions ask about drugs.**

66. During your life, how many times have you used drugs, such as marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 or more times
67. Which one of the drugs listed below have you used most often? **SELECT ONLY ONE RESPONSE.**
- A. I have never tried any of these drugs
  - B. Marijuana
  - C. Tranquilisers or sedatives without a doctor or nurse telling you to do so
  - D. Crack or other forms of cocaine
  - E. Some other drug

68. During your life, how many times have you shared needles or syringes used to inject any drug into your body?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 5 times
- D. 6 to 9 times
- E. 10 to 19 times
- F. 20 to 39 times
- G. 40 or more times

69. During this school year, were you taught in any of your classes the dangers of using drugs, such as marijuana?

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

**The next 7 questions ask about sexual intercourse.**

70. Have you ever had sexual intercourse?

- A. Yes
- B. No

71. 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

72. 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

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

- A. Yes
- B. No

74. During the past 12 months, how many times did you have sexual intercourse?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 to 9 times
- E. 10 to 29 times
- F. 30 or more times

75. During the past 12 months, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

76. Do you know how to tell someone you do not want to have sexual intercourse with them?

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

**The next 4 questions ask about condoms.**

77. The **first time** you had sexual intercourse, did you or your partner use a condom or rubber?

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

78. During the past 12 months, how often did you or your partner use a condom or rubber when you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

79. If you wanted to get a condom or rubber, how would you most likely get it? **SELECT ONLY ONE RESPONSE.**

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

80. The **last time** you had sexual intercourse, did you or your partner use a condom or rubber?

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

**The next 2 questions ask about the use of contraceptive and protective methods such as *coitus interruptus* (withdrawal), rhythm (safe time around the menstruation), contraceptive pills, condom, or any other method to avoid pregnancy.**

81. During the past 12 months, how often did you or your partner use any method of birth control?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

82. 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

**The next 4 questions ask about HIV infection or AIDS.**

83. 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

84. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?

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

85. Have you ever been tested for HIV infection or AIDS?

- A. Yes
- B. No

86. Can people protect themselves from HIV infection or AIDS by using a condom or rubber correctly every time they have sexual intercourse?

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