

Global School-based Student Health Survey (GSHS)

2011 Barbados GSHS Questionnaire

For more information:

www.cdc.gov/gshs or
www.who.int/chp/gshs/en/



2011 BARBADOS 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. Form 3
 - B. Form 4
 - C. Form 5

The next 4 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="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	

6. How do you describe your weight?
 - A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight

7. 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 4 questions ask about what you might eat and drink.

8. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, bananas, or golden 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
9. During the past 30 days, how many times per day did you **usually** eat vegetables, such as lettuce, carrots, or cucumbers?
- 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
10. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Fanta or JuC? (Do **not** include diet soft drinks.)
- 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

11. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Chefette or Kentucky Fried Chicken?
- 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 4 questions ask about cleaning your teeth and washing your hands.

12. 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
13. 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
14. 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

15. 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

The next question asks about oral hygiene.

16. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

- A. During the past 12 months
- B. Between 12 and 24 months ago
- C. More than 24 months ago
- D. Never
- E. I do not know

The next 3 questions ask 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.

17. 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

18. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- A. I have not had a boyfriend or girlfriend during the past 12 months
- B. Yes
- C. No

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

20. 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 3 questions ask about serious injuries that happened to you. 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.

21. 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

22. 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 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 was poisoned or took too much of a drug
- H. Something else happened to me

23. 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 attacked or abused or was fighting with someone
- F. I was in a fire or too near a flame or something hot
- G. I inhaled or swallowed something bad for me
- H. Something else caused my injury

The next question asks about carrying a weapon.

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

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

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.

25. 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
26. 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
27. 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 8 questions ask about your feelings and friendships.

28. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
29. 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
30. 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
31. How many close friends do you have?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more

32. During this school year, were you taught in any of your classes signs of depression and suicidal behavior?
- A. Yes
 - B. No
 - C. I do not know
33. During this school year, were you taught in any of your classes what to do if a friend is thinking about suicide?
- A. Yes
 - B. No
 - C. I do not know
34. During this school year, were you taught in any of your classes how to manage your anger?
- A. Yes
 - B. No
 - C. I do not know
35. 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 7 questions ask about cigarette and other tobacco use.

36. 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

37. 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
38. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as imps or fanta?
- 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
39. 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
40. 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

41. 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

42. 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 7 questions ask about drinking alcohol. 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.

43. 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

44. 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

45. 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

46. 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

47. What type of alcohol do you **usually** drink?
SELECT ONLY ONE RESPONSE.

- A. I do not drink alcohol
- B. Beer, lager, or stout
- C. Wine
- D. Spirits, such as Mount Gay
- E. Vodka
- F. Some other type

48. 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

49. How many of your friends drink alcohol?

- A. None
- B. A few
- C. Some
- D. Most
- E. All

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

50. 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

51. 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 6 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, and inhalants.

52. 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 years old or older

53. During your life, how many times have you used marijuana?

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

54. During the past 30 days, how many times have you used marijuana?

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

55. During your life, how many times have you used amphetamines or methamphetamines (also called Ecstasy)?

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

56. How old were you when you first used Ecstasy?

- A. I have never used ecstasy
- 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, how many times have you used crack cocaine?

- 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 intercourse.

58. Have you ever had sexual intercourse?

- A. Yes
- B. No

59. 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

60. 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

61. 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

62. 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

63. 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 pills, or any other method to prevent pregnancy?

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

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

- 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 do not know

65. During this school year, were you taught in any of your classes how to use a condom?

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

The next 2 questions ask about HIV infection or AIDS.

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

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

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

- A. Yes
- B. No

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.

68. 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

69. 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

70. During this school year, on how many days did you go to physical education (PE) 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 sleep.

71. On an average school night, how many hours of sleep do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

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

72. 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?

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

73. 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

74. 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

75. 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

76. 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

77. 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

78. 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

79. During the past 30 days, how often did your parents or guardians support and encourage you?

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

80. During the past 30 days, how often did your parents or guardians show you affection?

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

81. During the past 30 days, how often did your parents or guardians give you attention and listen to you?

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

82. During the past 30 days, how often did your parents or guardians embarrass you in public or in front of your friends?

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