

Global School-based Student Health Survey (GSHS)

2009 Costa Rica GSHS Questionnaire

For more information:

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



2009 COSTA RICA 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. Seventh grade
 - B. Eighth grade
 - C. Ninth grade

4. Which kind of high school are you in?
 - A. Day public
 - B. Night public
 - C. Private
 - D. Technical
 - E. Tele secondary

The next 5 questions ask about your height, weight, going hungry, and eating breakfast.

5. 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	

6. 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	

7. Which of the following are you trying to do about your weight?
- A. I am **not trying to do anything** about my weight
 - B. **Lose** weight
 - C. **Gain** weight
 - D. **Stay** the same weight
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

The next 4 questions ask what you might eat and drink.

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

- 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

11. During the past 30 days, how many times per day did you **usually** eat vegetables, such as carrots, lettuce, tomatoes, cabbage, potatoes, chayote, or plantains?

- 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

12. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coke, Pepsi, Ginger Ale, or Seven-Up? (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

13. During the past 7 days, on how many days did you eat at a fast food restaurant such as McDonald's, Pizza Hut, Taco Bell, or Burger King?

- 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.

14. 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

15. 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

16. 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

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

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.

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

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

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

19. 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.

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 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

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 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 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.

23. 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

24. 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

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.

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

- A. Yes
- B. No

The next 7 questions ask about your feelings and friendships.

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

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

27. 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

28. During the past 12 months, how often have you felt hopeless about the future?

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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

31. 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

32. How many close friends do you have?

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

The next 8 questions ask about cigarette and other tobacco use.

33. 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

34. 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

35. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as tobacco pipes, cigars, or chewing 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

36. 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

37. 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

38. 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

39. 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

40. 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. This includes drinking beer, rum, vodka, whiskey, wine, cane alcohol, or cocktails. 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.

41. 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

42. 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

43. 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

44. 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

45. 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 rum, vodka, or whiskey
- E. Cane alcohol
- F. Anise liquor, mint liquor, or Bailey's
- G. Some other type

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

46. 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

47. During your life, how many times have you ever 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, crack rocks, cocaine, ecstasy, contact cement, or some kind of tranquilizers or sedatives without a doctor or nurse telling you to do so.

48. During your life, how many times have you used drugs?

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

49. 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

50. During the past 30 days, how many times have you used drugs?

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

51. During the past 30 days, how did you **usually** get the drugs you used? SELECT ONLY ONE RESPONSE.

- A. I did not use drugs during the past 30 days
- B. I bought them from someone
- C. I gave someone else money to buy them for me
- D. I got them from my friends
- E. I got them from my family
- F. I stole them or got them without permission
- G. I got them some other way

52. During the past 30 days, which of the following drugs did you use most often?

- A. I did not use drugs during the past 30 days
- B. Marijuana
- C. Ecstasy
- D. Crack rocks
- E. Cocaine
- F. Some other drug

53. Which one of the drugs listed below did you try first? SELECT ONLY ONE RESPONSE.

- A. I have never tried any of these drugs
- B. Marijuana
- C. Tranquilisers or sedatives, such as valium, lorazepam, diazepam, or codeine syrup, without a doctor or nurse telling you to do so
- D. Amphetamines (also called ecstasy, Ritalin, ephedrine, or weight loss pills)
- E. Methamphetamine (also called speed, crystal, or ice)
- F. Crack or other forms of cocaine
- G. Solvents or inhalants (also called contact cement or turpentine)
- H. Some other drug

The next 12 questions ask about sexual intercourse.

54. Have you ever had sexual intercourse?

- A. Yes
- B. No

55. 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

56. 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

57. 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

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

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

59. The **first time** you had sexual intercourse, did you or your partner use any other method of birth control or protection, 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

60. How often do you or your partner use a condom when you have sexual intercourse?

- A. I have never had sexual intercourse
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

61. 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 from my brother, mother, father, or a friend
- F. I would get it some other way
- G. I do not know

62. 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

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. Did you drink alcohol or use other drugs before you had sexual intercourse the **last time**?

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

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 question asks about HIV or AIDS.

66. 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 breathe hard.

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.

67. 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

68. 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

69. 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 the time you spend mostly sitting when you are not in school or doing homework.

70. 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 chatting through the internet, surfing the web, or playing video games like Play Station?

- 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.

71. 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

72. 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

73. 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

74. 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

75. 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

76. 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
77. 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
78. 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
79. 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
80. Do you think of yourself as a religious or spiritual person?
- A. Yes
 - B. No