

Global School-based Student Health Survey (GSHS)

# 2009 Dominica 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/)



## 2009 DOMINICA 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 1
- B. Form 2
- C. Form 3
- D. Form 4

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

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. 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
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

**The next 6 questions ask what you might eat and drink.**

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as ripe bananas, mangoes, 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
10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as cabbage, carrots, tomatoes, or lettuce?
- 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

11. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coke or Busta? (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

12. During the past 7 days, on how many days did you eat at a fast food restaurant such as KFC or Subway?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

13. During the past 7 days, on how many days did you eat sugary or salty snacks between meals, such as cookies, chips, Cheetos, coconut cheese, or coconut tablets?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

14. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as fried chicken and chips or fried fish?

- A. I did not eat foods high in fat
- B. Less than 1 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.**

15. 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 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.**

16. 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.**

17. 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.**

18. 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

19. 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
20. 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.**

21. 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

22. 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.**

23. Do you belong to any violent group?

- A. Yes
- B. No

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

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

25. 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

26. 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 3 questions ask about riding in a car driven by someone else and seat belt or helmet use.**

27. 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 time
- F. Always

28. During the past 30 days, how often did you ride in a car or other motor vehicle **driven by someone who had been drinking alcohol**?

- A. I did not ride in motor vehicle driven by someone else
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

29. During the past 30 days, how often did you wear a helmet when riding a bicycle?

- A. I did not ride a bicycle
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

**The next 2 questions ask about what you have been taught in class.**

30. 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

31. During this school year, were you taught in any of your classes how to avoid or prevent other types of accidents, such as fires or poisonings?

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

**The next 9 questions ask about your feelings and friendships.**

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

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

33. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

36. 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

37. How many close friends do you have?
- A. 0
  - B. 1
  - C. 2
  - D. 3 or more
38. 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
39. During this school year, were you taught in any of your classes how to manage anger?
- A. Yes
  - B. No
  - C. I do not know
40. 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 10 questions ask about drinking alcohol. This includes drinking beer, wine, and rum.**

**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. 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

46. Where were you the **last 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

47. 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

48. 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. Rum
- E. Punch
- F. Wine coolers
- G. Some other type

49. 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

50. 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

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

51. 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

52. 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

53. During this school year, were you taught in any of your classes the problems associated with drinking alcohol?

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

**The next 4 questions ask about how often you see alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.**

54. During the past 30 days, how often did you see any alcohol advertisements?

- A. Never
- B. Rarely
- C. Sometimes
- D. Almost daily
- E. Daily

55. When you watch television, videos, or movies, how often do you see actors drinking alcohol?

- A. I do not watch television, videos, or movies
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

56. During the past 30 days, how many advertisements for alcohol have you seen on billboards?

- A. I have not seen a billboard during the past 30 days
- B. A lot
- C. A few
- D. None

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

- A. I do not go to sports events, fairs, concerts, community events, or social gatherings
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

**The next 7 questions ask about drug use. This includes using marijuana, crack, or cocaine.**

58. 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

59. 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 9 times
- D. 10 or more times

60. During the past 12 months, how many times have you used marijuana, crack, or cocaine?

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

61. 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 (also called weed, spliff, or ganja) or hashish
- C. Tranquilisers or sedatives, such as Valium, without a doctor or nurse telling you to do so
- D. Amphetamines
- E. Methamphetamine (also called Meth)
- F. Crack or other forms of cocaine (also called freebase)
- G. Solvents or inhalants (also called glue, White Out, and Chalk Dust)
- H. Some other drug

62. 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

63. 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

64. 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

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

65. Have you ever had sexual intercourse?

- A. Yes
- B. No

66. 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

67. 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

68. 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

69. 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. Planned Parenthood
- F. I would get it some other way
- G. I do not know

70. 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

71. 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

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

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

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

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

- A. Yes
- B. No

74. Can a healthy-looking person be infected with HIV?

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

75. During this school year, were you taught in any of your classes the importance of being kind and supportive to persons with HIV infection or AIDS?

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

**The next question asks about what you have been taught in class.**

76. During this school year, were you taught in any of your classes 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 5 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, or football.**

77. 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
78. 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

79. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
80. 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
81. 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

**The next question asks about how much sleep you get.**

82. 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