

Global School-based Student Health Survey (GSHS)

2010 Algeria GSHS Questionnaire

For more information:

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



2010 ALGERIA 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.        

Thank you very much for your help.

1. How old are you?
 - A. 11 years old or younger
 - B. 12 years old
 - C. 13 years old
 - D. 14 years old
 - E. 15 years old
 - F. 16 years old or older
2. What is your sex?
 - A. Male
 - B. Female
3. In what class are you?
 - A. 1st Year Average
 - B. 2nd Year Average
 - C. 3rd Year Average
 - D. 4th Year Average

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="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 12 months, have you been weighed and measured?
- A. Yes
B. No
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 3 questions ask about eating breakfast or lunch.

8. During the past 30 days, how often did you eat breakfast?
- A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
9. 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
10. 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 5 questions ask about what you might eat and drink.

11. During the past 30 days, how many times per day did you **usually** eat fruit, such as bananas, apples, oranges, dates, or any other fruits?
- 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

12. During the past 30 days, how many times per day did you **usually** eat vegetables, such as potatoes, carrots, tomatoes, lettuce, or other 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

13. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Hamoud Boualem, Coca Cola, or Pepsi Cola? (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

14. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as yogurt, custard, cheese, or other dairy products?

- A. I did not drink milk or eat milk products 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

15. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Four Seasons, Akl Khafif, or a pizzeria?

- 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 2 questions ask about what you have learned.

16. 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

17. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?

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

The next 7 questions ask about cleaning your teeth, washing your hands, or using the toilet.

18. 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

19. 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

20. 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

21. Is there a place for you to wash your hands after using the toilet or latrine **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

22. During the past 30 days, how often did you use the toilets or latrines **at school**?

- A. There are no toilets or latrines at school
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

23. 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

24. During this school year, were you taught in any of your classes the importance of hand washing?

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

The next question asks about your source of drinking water.

25. Is there a source of clean water for drinking **at school**?

- A. Yes
- B. No

The next question asks about going to the dentist.

26. 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 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.

27. 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 verbal abuse.

28. During the past 12 months, how often have you been verbally abused by a teacher?

- 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 students of about the same strength or power choose to fight each other.

29. 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

30. 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 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.

31. 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

32. 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

33. 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.

34. 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

35. 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

The next 2 questions ask about your safety on the way to or from school and on school property.

36. 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

37. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your cell phone, clothing, or books, **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 riding in a car or other motor vehicle.

38. 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

The next 16 questions ask about cigarette and other tobacco use.

39. Have you ever tried smoking a cigarette, even one or two puffs?
- A. Yes
 - B. No
40. 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
41. 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

42. During the past 30 days, has anyone refused to sell you cigarettes because of your age?
- A. I have not tried 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 stop me from buying cigarettes
43. Where do you smoke usually? SELECT ONLY ONE RESPONSE.
- A. I have never smoked cigarettes
 - B. My home
 - C. At school
 - D. At work
 - E. With friends
 - F. In socio-cultural activities
 - G. In public places like parks, malls, and streets
 - H. Other
44. 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
45. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as Chemma (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

46. 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
47. 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
48. Has anyone in your family discussed with you the harmful effects of smoking?
- A. Yes
 - B. No
49. The moment someone starts smoking, do you think it is difficult for them to stop?
- A. Definitely not
 - B. Probably not
 - C. Probably yes
 - D. Definitely yes
50. Do you think smoking is harmful to your health?
- A. Definitely not
 - B. Probably not
 - C. Probably yes
 - D. Definitely yes

51. Do you think smoke from others is harmful to your health?
- A. Definitely not
 - B. Probably not
 - C. Probably yes
 - D. Definitely yes
52. During this school year, were you taught in any of your classes the dangers of tobacco?
- A. Yes
 - B. No
 - C. I do not know
53. Are you in favor of banning smoking in public places, such as restaurants, buses, cars, trams and trains, in schools, on playgrounds, and in gymnasiums, stadiums, and clubs?
- A. Yes
 - B. No
54. During the past 30 days, how many anti-smoking messages have you seen broadcast by the media (including television, radio, billboards, posters, newspapers, magazines, and movies)?
- A. A lot
 - B. Some
 - C. None

The next 7 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, Chira, hashish, psychotropic pills, paint thinner, or glue PATEX.

55. 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

56. During your life, how many times have you used marijuana (also called Chira)?

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

57. During the past 30 days, how many times have you used marijuana (also called Chira)?

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

58. During your life, how many times have you used amphetamines or methamphetamines?

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

59. During the past 30 days, has someone offered, sold, or given you a drug, such as Chira, hashish, Kif, psychotropic pills, paint thinner, glue PATEX, or other drugs?

- A. Yes
- B. No

60. During the past 30 days, has someone offered, sold, or given you a drug, such as Chira, hashish, Kif, psychotropic pills, paint thinner, glue PATEX, or other drugs **at school**?

- A. Yes
- B. No

61. During this school year, were you taught in any of your classes the benefits of not taking drugs, such as Chira, hashish, Kif, psychotropic pills, paint thinner, glue PATEX, or other drugs?

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

The next 5 questions ask about HIV infection or AIDS.

62. Have you ever heard of HIV infection or the disease called AIDS?

- A. Yes
- B. No

63. During this school year, were you taught in any of your classes about HIV infection or AIDS?

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

64. 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

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

- A. Yes
- B. No

66. During this school year, were you taught in any of your classes how HIV infection or AIDS is transmitted from one person to another?

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

The next 4 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, and football.

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

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

71. 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 surfing the internet?
- 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