

Global School-based Student Health Survey (GSHS)

2016 Myanmar GSHS Questionnaire

For more information:

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



2016 MYANMAR 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 is 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
 - G. 17 years old
 - H. 18 years old or older

2. What is your sex?
 - A. Male
 - B. Female

3. In what grade are you?
 - A. Grade 7
 - B. Grade 8
 - C. Grade 9
 - D. Grade 10
 - E. Some other grade

4. Who is most responsible for your care at home?
 - A. My parents
 - B. My grand parents
 - C. My brother or sister
 - D. Some other relative
 - E. Someone else

5. Where do you live?
 - A. At home
 - B. In a hostel
 - C. In a monastery
 - D. In some other place

The next 6 questions ask about your height, weight, and when you eat.

6. 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	

7. 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"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

8. During the past 12 months, have you been weighed and measured?

- A. Yes
- B. No

9. How do you describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

10. 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

11. 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 about what you might eat and drink.

12. During the past 30 days, how many times per day did you **usually** eat fruit, such as bananas, mangoes, papayas, guava, palms, water melon, pineapples, grapes, apples, 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

13. During the past 30 days, how many times per day did you **usually** eat vegetables, such as Ka-zun, Chin-baung, spinach, cucumber, cabbage, or beans?
- 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
14. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coca Cola or Sprite? (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
15. During the past 7 days, on how many days did you eat junk food from street vendors, such as potato chips, grilled meat, fried foods, instant noodles, burgers, hot dogs, or ice-bars?
- 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 6 questions ask about cleaning your teeth and washing your hands.

16. 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
17. 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
18. 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
19. 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

20. 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

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

- A. Yes
- B. No

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.

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

23. 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 5 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.

24. 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

25. 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 lost part of my limb or a whole limb
 - H. Something else happened to me

26. 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 or abused
 - G. I was in a fire or too near a flame or something hot
 - H. Something else caused my injury

27. 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

28. 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

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.

29. 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

30. 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 7 questions ask about your feelings and friendships.

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

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

32. 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

33. 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

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

The next 7 questions ask about use of smoking tobacco and smokeless tobacco.

38. How old were you when you first tried **smoking tobacco** including cigarette, pipes, cheroots, cigars, hand-rolled corn cheroots, water pipes, or bidis?

- A. I have never smoked tobacco
- 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 or 17 years old
- H. 18 years old or older

39. During the past 30 days, on how many days did you use any form of **smoking 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

40. During the past 30 days, on how many days did you use **smokeless tobacco** including snuff, chewing tobacco, or betel quid with 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

41. During the past 12 months, have you tried to stop using any form of tobacco?

- A. I did not use any form of tobacco during the past 12 months
- B. Yes
- C. No

42. 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

43. 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

44. During this school year, were you taught in any of your classes about the danger of tobacco use?

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

The next 7 questions ask about drinking alcohol. This includes drinking beer, whisky, wine, palm juice, rum, 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.

45. 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 or 17 years old
- H. 18 years old or older

46. 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

47. 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

48. 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

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

49. 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

50 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

51. 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

The next 4 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, and glue sniffing.

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 or 17 years old
- H. 18 years old or older

53. During your life, how many times have you used drugs, including marijuana, amphetamines, cocaine, or inhalants?

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

54. Which of the drugs listed below have you used most often? (SELECT ONLY ONE RESPONSE.)

- A. I have never used any of these drugs
- B. Marijuana or hashish
- C. Tranquilizers or sedatives, such as diazepam, without a doctor or nurse telling you to do so
- D. Amphetamines
- E. Methamphetamines
- F. Crack or other forms of cocaine
- G. Solvents or inhalants
- H. Some other drug

55. During this school year, were you taught in any of your classes, the problems associated with using drugs, such as marijuana, amphetamines, cocaine, or inhalants?

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

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, football, jumping rope, Htoke-see-toe, Sein-pyay-lite, rattan ball, volleyball, and badminton

56. 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

57. 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

58. 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.

59. 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 using smart phones, gambling, or chatting at the teashop?

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

60. 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

61. 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

62. 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
63. 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
64. 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
65. 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

The next 5 questions ask about HIV infection or AIDS.

66. Have you ever heard of HIV infection or the disease called AIDS?
- A. Yes
 - B. No
67. 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
68. 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
69. Have you ever talked about HIV infection or AIDS with your parents or guardians?
- A. Yes
 - B. No
70. During this school year, were you taught in any of your classes about reproductive health?
- A. Yes
 - B. No
 - C. I do not know