

Global School-based Student Health Survey (GSHS)

# 2005 Senegal GSHS Questionnaire

For more information:

[www.cdc.gov/gshs](http://www.cdc.gov/gshs) or

[www.who.int/school\\_youth\\_health/gshs](http://www.who.int/school_youth_health/gshs)



## **2005 SENEGAL 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. Secondary 6
  - B. Secondary 5
  - C. Secondary 4
  - D. Secondary 3

**The next 14 questions ask about your height and weight, and what you have done about your weight.**

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

8. 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
9. During the past 30 days, how has your weight changed?
- A. My weight has not changed  
B. I have lost weight  
C. I have gained weight  
D. I do not know
10. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes  
B. No
11. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes  
B. No
12. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes  
B. No
13. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes  
B. No

14. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight?

- A. Yes
- B. No

15. During the past 30 days, did you **exercise** to gain weight?

- A. Yes
- B. No

16. During the past 30 days, did you **eat more food, more calories, or foods high in fat** to gain weight?

- A. Yes
- B. No

17. During the past 30 days, did you **take any pills, powders, or liquids** without a doctor's advice to gain weight?

- A. Yes
- B. No

**The next 5 questions ask about going hungry or meals you might have eaten.**

18. 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

19. During the past 30 days, how often did you eat breakfast?

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

20. During the past 30 days, how often was breakfast offered to you at school?

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

21. 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

22. 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 4 questions ask about foods you might eat.**

23. During the past 30 days, how many times per day did you **usually** eat fruit, such as mangoes, oranges, bananas, or melons?
- 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
24. During the past 30 days, how many times per day did you **usually** eat vegetables, such as potatoes, cassava, yam chou, or tomatoes?
- 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
25. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coca Cola or Juce?
- A. I did not drink carbonated soft drinks 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 times per day
  - G. 5 or more times per day

26. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds or Pizzerias?
- 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 13 questions ask about personal health activities.**

27. 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
28. Do you use toothpaste that contains flouride?
- A. Yes
  - B. No
  - C. I do not know
29. During the past 12 months, how often did you have a tooth ache?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

30. During the past 12 months, did a tooth ache cause you to miss classes or school?
- A. Yes
  - B. No
31. 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
32. How would you describe the health of your teeth and gums?
- A. Very poor
  - B. Poor
  - C. Average
  - D. Good
  - E. Very good
33. 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
34. Is there a place for you to wash your hands before eating at school?
- A. Yes
  - B. No

35. 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
36. Is there a place for you to wash your hands after using the toilet or latrine at school?
- A. Yes
  - B. No
37. 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
38. 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
39. During this school year, were you taught in any of your classes how to wash your hands?
- A. Yes
  - B. No
  - C. I do not Know

**The next 3 questions ask about drinking water and worm infections.**

40. Is there a source of clean water for drinking at school?
- A. Yes
  - B. No

41. Do you bring water from home to drink while you are at school?

- A. Yes
- B. No

42. During this school year, were you taught in any of your classes where to get treatment for a worm infection?

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

**The next 6 questions ask about cigarette and other tobacco use.**

43. 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

44. 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

45. During the past 30 days, on how many days did you use any other form of tobacco, such as Marlboro, Excellence, or Craven?

- 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 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

47. 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

48. 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

**The next 5 questions ask about drinking alcohol. This includes drinking beer or whisky. Drinking alcohol does not include drinking a few sips of wine for religious purposes.**

49. 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
50. 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
51. 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 home
  - F. I stole it
  - G. I made it myself
  - H. I got it some other way

52. 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
53. During your life, how many times have you ever had a hang-over, felt sick, 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 question asks about drugs.**

54. During your life, how many times have you used drugs, such as Indian hemp, cocaine, or heroin?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 or more times
55. 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, yamba, or hashish
  - C. Tranquilisers or sedatives without a doctor or nurse telling you to do so
  - D. Amphetamines
  - E. Methamphetamine
  - F. Crack or other forms of cocaine
  - G. Solvents or inhalants also called diluant, ether, or essence
  - H. Some other drug

**The next 25 questions ask about sexual intercourse and HIV infection or AIDS.**

56. Have you ever had sexual intercourse?

- A. Yes
- B. No

57. 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

58. 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

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

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

60. During the past 12 months, have you had sexual intercourse?

- A. Yes
- B. No

61. 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

62. During the past 12 months, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

63. During the past 12 months, how often did you or your partner use a condom, capote, or protec when you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

64. The **last time** you had sexual intercourse, did you or your partner use a condom, capote, or protec?

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

65. If you wanted to get a condom, capote, or protec, 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
66. The **last time** you had sexual intercourse, did you or your partner use any 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
67. 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
68. Do you know how to tell someone you do not want to have sexual intercourse with them **unless** a condom, capote, or protec is used?
- A. Yes
  - B. No
  - C. I do not know

69. Can people protect themselves from HIV infection or AIDS by using a condom, capote, or protec correctly every time they have sexual intercourse?
- A. Yes
  - B. No
  - C. I do not know
70. Can people get HIV infection or AIDS from mosquito bites?
- A. Yes
  - B. No
  - C. I do not know
71. Can people get HIV infection or AIDS by sharing a meal with someone who is infected?
- A. Yes
  - B. No
  - C. I do not know
72. Can people protect themselves from HIV infection or AIDS by having one uninfected faithful partner?
- A. Yes
  - B. No
  - C. I do not know
73. Can a healthy-looking person be infected with HIV?
- A. Yes
  - B. No
  - C. I do not know
74. During this school year, were you taught in any of your classes how to use a condom, capote, or protec?
- A. Yes
  - B. No
  - C. I do not know

75. 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

76. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?

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

77. Have you ever been tested for HIV infection or AIDS?

- A. Yes
- B. No

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

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

79. How many of your friends have had sexual intercourse?

- A. None of them
- B. Some of them
- C. Most of them
- D. All of them

80. Do you know 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 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, basketball, handball, and volleyball.**

**ADD UP ALL THE TIME YOU SPEND IN PHYSICAL ACTIVITY EACH DAY. DO **NOT** INCLUDE YOUR PHYSICAL EDUCATION OR GYM CLASS.**

81. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per 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

82. During a **typical or usual** week, on how many days are you physically active for a total of at least 60 minutes per 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

83. During the past 12 months, on how many sports teams did you play?

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

84. During this school year, on how many days did you go to physical education class each week?

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

85. 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.**

86. 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 playing cards or draughtboard?

- 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 2 questions ask about going to and coming home from school.**

87. During the past 7 days, on how many days did you walk or ride a bicycle to and 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

88. During the past 7 days, how long did it **usually** take for you to get to and from school each day?  
**ADD UP THE TIME YOU SPEND GOING TO AND COMING HOME FROM SCHOOL.**

- A. Less than 10 minutes per day
- B. 10 to 19 minutes per day
- C. 20 to 29 minutes per day
- D. 30 to 39 minutes per day
- E. 40 to 49 minutes per day
- F. 50 to 59 minutes per day
- G. 60 or more minutes per day

**The next 5 questions ask about your experiences at school and at home.**

89. 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

90. 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

91. 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

92. 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

93. 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