

Global School-based Student Health Survey (GSHS)

# 2009 Guatemala 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 GUATEMALA 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. Primero
  - B. Segundo
  - C. Tercero Básico

**The next 13 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="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 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"/>	<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	

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, 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

10. 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

11. 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

12. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

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

- A. Yes
- B. No

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

- A. Yes
- B. No

15. 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

16. 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 two questions ask about eating breakfast.**

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

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

18. 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 8 questions ask what you might eat and drink.**

19. During the past 30 days, how many times per day did you **usually** eat fruit, such as banana, apples, oranges, melon, pineapples, papaya, watermelon, or mangoes?

- 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

20. During the past 30 days, how many times per day did you **usually** eat vegetables, such as carrots, tomatoes, cucumbers, peppers, lettuce, green beans, peas, cauliflower, or broccoli?

- 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

21. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coca-cola, Pepsi Cola, Sprite, Seven-up, Grapette, or Orange Crush? (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

22. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as milk, cheese, sour cream, cream, cream cheese, queso fresco, requesón (ricotta type cheese), or yogurt?
- 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
23. During the past 30 days, how many times per day did you **usually** drink fruit juice, such as orange juice, lemonade, pineapple juice, or papaya juice?
- A. I did not drink fruit juice 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 salty foods, such as Potato chips, corn chips, or “plataninas”?
- A. I did not eat salty foods
  - 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

25. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as chorizo, pan dulce, or chicharrón?
- 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
26. During the past 7 days, on how many days did you eat at a fast food restaurant such as Pollo Campero, McDonalds, Burger King, or Pizza Hut?
- 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 5 questions ask about how carbonated soft drinks, such as Coca cola, Pepsi, or Seven-up (Do not include diet soft drinks) and foods from fast food restaurants, such as bicmac, macpatata, taquitos Subway, dobladitas, or pizza, are advertised and sold.**

27. When you watch television, videos, or movies, how often do you see advertisements for carbonated soft drinks or fast foods?
- A. I do not watch television, videos, or movies
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

28. During the past 30 days, how many advertisements for carbonated soft drinks or fast foods did you see when you watched **television**?

- A. I did not watch television during the past 30 days
- B. A lot
- C. A few
- D. None

29. Can you buy **carbonated soft drinks** or get them for free in your school?

- A. Yes
- B. No

30. Can you buy **fast foods** or get them for free in your school?

- A. Yes
- B. No

31. During the past 30 days, how many advertisements for carbonated soft drinks or fast foods did you see in your school?

- A. I did not see any advertisements for carbonated soft drinks or fast foods in my school
- B. A lot
- C. A few
- D. None

**The next two questions ask about what you have learned.**

32. 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

33. 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 4 questions ask about cleaning your teeth and washing your hands.**

34. 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

35. 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

36. 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

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

**The next question asks about clean drinking water.**

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

- A. Yes
- B. No

**The next 6 questions ask about your feelings and friendships.**

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

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

40. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

43. 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

44. How many close friends do you have?

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

**The next 11 questions ask about drinking alcohol. This includes drinking beer or 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.**

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 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

49. 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

50. If one of your best friends offered you a drink of alcohol, would you drink it?

- A. Definitely not
- B. Probably not
- C. Probably yes
- D. Definitely yes

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

52. Are you allowed to drink alcohol at home?

- A. I do not drink alcohol
- B. Yes
- C. No

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

53. 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

54. 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

55. 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 question asks about how often you see alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.**

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

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

**The next 8 questions ask about sexual intercourse.**

57. Have you ever had sexual intercourse?

- A. Yes
- B. No

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. 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

60. If you wanted to get a condom, condones, preservativos, or guayos, 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

61. The **first time** you had sexual intercourse, did you or your partner use a condom, condones, preservativos, or guayos?

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

62. 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

63. The **last time** you had sexual intercourse, did you or your partner use a condom, condones, preservativos, or guayos?

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

64. 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 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, football, basketball, karate, tae kwan do, and gymnastics.**

65. 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

66. 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

67. 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

68. 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

69. 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.**

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 playing videogames, music, or hanging out with friends to chat?

- 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 question asks about your ethnicity.**

71. What ethnic group do you belong to?

- A. Garifuna
- B. Xinca
- C. Ladino o mestizo
- D. Q'eqchi
- E. Mam
- F. K'iche'
- G. Tz'utujil
- H. None of these ethnic groups