

Global School-based Student Health Survey (GSHS)

2010 Jamaica GSHS Questionnaire

For more information:

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



2010 JAMAICA 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 grade are you?
 - A. Grade 7
 - B. Grade 8
 - C. Grade 9
 - D. Grade 10
 - E. Grade 11
 - F. Grade 12

The next 3 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
0	0	0
	1	1
2	2	2
	3	
	4	4
		5
	6	6
	7	7
	8	8
	9	9
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 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 4 questions ask what you eat and drink.

7. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, bananas, apples, or mango?

- 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

8. During the past 30 days, how many times per day did you **usually** eat vegetables, such as callaloo, cabbage, lettuce, cucumbers, carrots, or cho-cho?

- 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

9. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Pepsi, Seven-up, Fanta, Bigga, or Coca 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

10. During the past 7 days, on how many days did you eat at a fast food restaurant such as KFC, Burger King, or Wendy's?

- 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 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.

11. 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.

12. 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.

13. 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

14. 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

15. 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.

16. 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
17. 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 8 questions ask about poisoning. A poison is a substance that harms your body or makes you sick, such as bleach, kerosene oil, lead, rat bait, spoiled food, medicine you were not supposed to take, or harmful plants or insects.

18. During your life, have you ever been poisoned?
- A. Yes
 - B. No
 - C. I do not know

19. During the past 12 months, have you been poisoned?

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

20. During the past 12 months, did you or your family seek medical advice or call the Caribbean Poison information Network at CARPIN when you were poisoned?

- A. I was not poisoned
- B. Yes
- C. No
- D. I do not know

21. During the past 12 months, did your family try to treat your poisoning with Bissy or any other home remedy?

- A. I was not poisoned
- B. Yes
- C. No
- D. I do not know what remedy was used

22. During the past 12 months, what part of your body was harmed the most when you were poisoned?

- A. I was not poisoned
- B. Eyes
- C. Nose or nasal passages
- D. Skin
- E. Feet
- F. Stomach
- G. Mouth or throat
- H. Some other body part

23. During the past 12 months, how many advertisements, brochures, or posters have you seen about poisoning?

- A. A lot
- B. A few
- C. None

24. During this school year, were you taught in any of your classes about the dangers of poisoning?

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

25. How long ago did you last discuss poisonous substances as part of a lesson at school?

- A. Never
- B. This term
- C. Last term
- D. 2 terms ago
- E. 3 terms ago
- F. More than a year ago

The next 6 questions ask about your feelings and friendships.

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

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

27. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

30. 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

31. How many close friends do you have?

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

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

32. 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

33. 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

34. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as Bidis (beady)?

- 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 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

36. 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

37. 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 11 questions ask about drinking alcohol. This includes drinking beer, stout, wine, 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.

38. 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

39. 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

40. 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

41. 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

42. 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

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

43. 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

44. 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

45. Do your parents or guardians drink alcohol?

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

46. How many drinks in a single night do you think could be harmful to your health?

- A. Drinking in a single night cannot harm my health
- B. 1 or 2 drinks
- C. 3 or 4 drink
- D. 5 or more drinks

47. Has anyone in your family discussed with you the harmful effect of drinking alcohol?

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

48. 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 10 questions ask about drug use. This includes using ganja, seasoned spliff, crack cocaine, cocaine, heroin, ecstasy, and inhalants, such as glue, white out, or floor polish.

49. 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

50. 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

51. Which one of the drugs listed below did you try first? SELECT ONLY ONE RESPONSE.

- A. I have never tried any of these drugs
- B. Marijuana (also called ganja) or hashish
- C. Tranquilisers or sedatives, such as Valium, without a doctor or nurse telling you to do so
- D. Amphetamines (also called ecstasy)
- E. Methamphetamine (also called ice)
- F. Crack or other forms of cocaine
- G. Solvents or inhalants (also called glue, white out, or floor polish)
- H. Some other drug

52. During the past 12 months, 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

53. 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

54. 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

55. During the past 30 days, has anyone offered, sold, or given you a drug, such as ganja, seasoned spliff, crack cocaine, cocaine, ecstasy, or heroin?

- A. Yes
- B. No

56. 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 ganja) or hashish
- C. Tranquilisers or sedatives, such as Valium, without a doctor or nurse telling you to do so
- D. Amphetamines (also called ecstasy)
- E. Methamphetamine (also called ice)
- F. Crack or other forms of cocaine
- G. Solvents or inhalants (also called glue, white out, or floor polish)
- H. Some other drug

57. 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

58. During this school year, were you taught in any of your classes the problems associated with using drugs, such as ganja, seasoned spliff, crack cocaine, cocaine, ecstasy, or heroin?
- A. Yes
 - B. No
 - C. I do not know

The next question asks about recreation.

59. During the past 30 days, what was your favorite form of recreation?
- A. Dancing
 - B. Rope skipping
 - C. Track and field
 - D. Netball
 - E. Swimming
 - F. Football
 - G. Cricket
 - H. None of these

The next 7 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 were you kind and helpful to other students in your school?
- 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 check to see if your homework was done?
- 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 understand your problems and worries?
- 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 **really** know what you were doing with your free time?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

66. 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