

Global School-based Student Health Survey (GSHS)

2008 Thailand GSHS Questionnaire

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2008 THAILAND 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

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="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	

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. Which of the following are you trying to do about your weight?
- I am **not trying to do anything** about my weight
 - Lose** weight
 - Gain** weight
 - Stay** the same weight
7. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 2 questions ask about breakfast.

8. During the past 30 days, how often did you eat breakfast?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
9. What is the **main** reason you do not eat breakfast?
- I always eat breakfast
 - I do not have time for breakfast
 - I cannot eat early in the morning
 - There is not always food in my home
 - Some other reason

The next 6 questions ask about foods you might eat and beverages you might drink.

10. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, pineapples, Rambutan, mangoes, or Sapodilla plums?
- I did not eat fruit during the past 30 days
 - Less than one time per day
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 times per day
 - 5 or more times per day

11. During the past 30 days, how many times per day did you **usually** eat vegetables, such as cabbage, morning glory, Chinese kale, cucumber, or cauliflower?

- 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

12. During the past 30 days, how many times per day did you **usually** eat salty foods, such as snacks, instant noodles, or preserved vegetables and fruits?

- A. I did not eat salty foods 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 foods high in fat, such as fried chicken, fried sausage, fried pork ball, toast with jam, hamburgers, or pizza?

- A. I did not eat foods high in fat 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 soft drinks, such as Coke, Pepsi, Fanta, Sprite, or Seven-up?

- A. I did not drink 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 30 days, how many times per day did you **usually** drink milk or eat milk products, such as yogurt or cheese?

- 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

The next 4 questions ask about personal health activities.

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. 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 drinking water at school.

20. How often do you drink water from the water source at school?
- A. There is not a water source at school
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always

The next 2 questions ask 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.

21. 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
22. During this last school year, were you taught in any of your classes what to do if someone is trying to force you to have sexual intercourse?
- A. Yes
 - B. No
 - C. I do not know

The next 2 questions ask about verbal abuse.

23. During the past 12 months, how many times were you 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
24. During the past 12 months, how many times were you verbally abused by your parents or guardians?
- 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 physical fights. A physical fight occurs when two or more students of about the same strength or power choose to fight each other.

25. 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

26. 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
27. During this last school year, were you taught in any of your classes how to avoid physical fights and violence?
- A. Yes
 - B. No
 - C. I do not know

The next 5 questions ask about the most serious injury that happened to you during the past 12 months. 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.

28. 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

29. 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, scooter, or skateboard
- 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

30. 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, assaulted, or abused by someone
- G. I was in a fire or too near a flame or something hot
- H. Something else caused my injury

31. 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

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, puncture, 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 all or part of a foot, leg, hand, or arm
- H. Something else happened to me

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.

33. 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

34. 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 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 question asks about riding in a vehicle driven by someone else.

35. During the past 30 days, how often did you ride in a car or other motor vehicle driven by someone who had been drinking alcohol?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 8 questions ask about your feelings and friendships.

36. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

37. 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
38. 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
39. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
40. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
41. During this last school year, were you taught in any of your classes the signs of depression and suicidal behavior?
- A. Yes
 - B. No
 - C. I do not know
42. How many close friends do you have?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more

43. During this last school year, were you taught in any of your classes how to manage stress and anger?

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

The next 10 questions ask about cigarette and other tobacco use.

44. 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

45. 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

46. During the past 30 days, how did you **usually** get your own cigarettes? **SELECT ONLY ONE RESPONSE.**

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store, shop, or from a street vendor
- C. I bought them from a vending machine
- D. I gave someone else money to buy them for me
- E. I borrowed them from someone else
- F. I stole them
- G. An older person gave them to me
- H. I got them some other way

47. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?

- A. I did not try 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 keep me from buying cigarettes

48. During the past 30 days, on how many days did you use any other form of tobacco, such as cigars?

- 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

49. 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

50. Have you ever received help or advice to help you stop smoking? SELECT ONLY ONE RESPONSE.

- A. I have never smoked cigarettes
- B. Yes, from a programme or professional
- C. Yes, from a friend
- D. Yes, from a family member
- E. Yes, from both programme or professional and from friends or family member
- F. No

51. 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

52. 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

53. Do you think smoke from other people's cigarettes is harmful to you?

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

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, Spy, Satho, or Maekong. Drinking alcohol does not include drinking a few sips of wine for religious purposes.

54. 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

55. 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

56. 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
57. 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
58. 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
59. 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

60. 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 2 questions ask about drugs.

61. During your life, how many times have you used drugs, such as methamphetamines (Yaba), ecstasy, 4x100, or marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 or more times
62. How old were you when you first tried drugs, such as marijuana, opium, kratom, amphetamines (Yama), ecstasy, 4x100, heroine, or tinner, for the first time?
- A. I have never tried 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

The next 8 questions ask about sexual intercourse.

63. Have you ever had sexual intercourse?
- A. Yes
 - B. No

64. 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
65. 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
66. During the past 12 months, have you had sexual intercourse?
- A. Yes
 - B. No
67. The **last time** you had sexual intercourse, what method of birth control did you or your partner use?
- A. I have never had sexual intercourse
 - B. I did not use any method of birth control
 - C. Condom
 - D. Birth control pill
 - E. Emergency birth control pill
 - F. Safe period
 - G. Withdrawal
 - H. I do not know

68. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
69. If you wanted to get a condom, 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 from friends
 - F. I would get it some other way
 - G. I do not know
70. During the past 12 months, how often did you or your partner use a condom, 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

The next 2 questions ask about HIV infection or AIDS.

71. Can people protect themselves from HIV infection or AIDS by using a condom correctly every time they have sexual intercourse?
- A. Yes
 - B. No
 - C. I do not know

72. Can a healthy-looking person be infected with HIV?

- 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, and aerobic exercise.

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

73. 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

74. 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

75. During this last school year, were you taught in any of your classes about preventing injury during 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.

76. 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 reading books or talking on the telephone?

- 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.

77. 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

78. 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 6 questions ask about your experiences at school and at home.

79. 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

80. 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

81. 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

82. 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

83. 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

84. How many hours do you usually sleep per day?

- A. 5 hours or less
- B. 6 or 7 hours
- C. 8 or 9 hours
- D. 10 hours or more