

Global School-based Student Health Survey (GSHS)

# 2005 Lebanon 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 LEBANON 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. 7<sup>th</sup> grade
- B. 8<sup>th</sup> grade
- C. 9<sup>th</sup> grade

**The next 5 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="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"/>
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	<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
		
		
		
		
		
		
		
		
		
		
	I do not know	

6. How do you describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
7. 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

8. 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 9 questions ask about foods you might eat.**

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as apples, bananas, and 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
10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as salads, spinach, eggplant, tomatoes, and cucumbers?
- 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

11. During the past 30 days, how many times per day did you usually eat cereals and carbohydrates, such as potato, wheat, rice, or maize and their products like bread cornflakes ,etc,?
- A. I did not eat cereals 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
12. During the past 30 days, how many times per day did you usually drink milk or eat milk products, such as yogurt, labneh, cheese, and cream?
- 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
13. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Pepsi, Coca Cola, Fanta, and Seven-Up?
- 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
14. During the past 30 days, how often did you eat breakfast?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
15. 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
16. 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
17. During the past 7 days, on how many days did you eat at or order from a restaurant that serves fast food such as burgers, shawarma, pizza, falafel, thyme, or pastries?
- 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 personal health activities.**

18. 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
19. 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
20. 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
21. 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

22. 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 3 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.**

23. 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

24. During the past 30 days, how many times were you physically attacked by an adult family member?

- 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, how many times were you physically attacked by a teacher or school staff?

- 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.**

26. 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 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.**

27. 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

28. 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 (OTHER COUNTRY SPECIFIC NON-MOTORIZED FORM OF TRANSPORTATION)
- 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

29. 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

30. 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

31. 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.

32. 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

33. 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 3 questions ask about other types of violence and injury.**

Sexual harassment occurs when someone makes comments of sexual natures, touches you in private body parts, and/or tries to force on you a sexual relationship

34. Have you ever been subjected to sexual harassment ?
- A. Yes
  - B. No
  - C. I don't know
35. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your car, clothing, or books, **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
36. During the past 30 days, how often did you use a seat belt when **riding** in a car or other motor vehicle driven by someone else?
- A. I did not ride in a motor vehicle driven by someone else
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

**The next 8 questions ask about your feelings and friendships.**

37. During the past 12 months, how often have you felt lonely?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
38. 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
39. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
40. 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
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. How many close friends do you have?

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

44. Are you satisfied with the number of close friends you have?

- A. Yes
- B. No

**The next 6 questions ask about drinking alcohol. This includes drinking beer, arak, whisky, wine, vodka, or alcohol containing juices such as Bacardi and Smirnoff. Drinking alcohol does not include drinking a few sips of wine in church for religious purposes.**

45. 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

46. 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

47. 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 got it some other way

48. 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

49. 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

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

**The next 2 questions ask about drugs and what you have been taught in school.**

51. During your life, how many times have you used drugs, such as marijuana (hashish), cocaine, heroin, ecstasy, medical tranquilizers, or stimulants without prescription?

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

52. During this school year, have you been taught at school about the dangers of drinking alcohol and using drugs?

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

**The next 9 questions ask about topics related to education on reproductive and sexual health.**

53. In your opinion, when should education on reproductive and sexual health start?

- A. Before the age of puberty
- B. During the age of puberty
- C. When one is getting ready for marriage
- D. I do not know

54. Are you with the discussion of reproductive and sexual health topics in school classes?

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

55. Do you prefer that the discussion of reproductive and sexual health topics to be in "boys only" or "girls only" classes?

- A. I am against the discussion of reproductive and sexual health topics in school classes
- B. I prefer that the discussions take place in "boys only" or girls only" classes
- C. I prefer that the discussions take place just as other subjects are taught
- D. I have no preference
- E. I do not know

56. How did your teacher react when you asked him/her about reproductive and sexual health topics?

- A. I did not ask the teacher
- B. The teacher scolded me
- C. The teacher refused to answer
- D. The teacher referred me to ask somebody else
- E. The teacher answered my question

57. How did your parent/s react when you asked them about reproductive and sexual health topics?

- A. I did not ask my parents
- B. My parent/s scolded me
- C. My parent/s refused to answer
- D. My parent/s referred me to ask somebody else
- E. My parent/s answered my question

58. Have you ever heard of HIV infection or AIDS?

- A. Yes
- B. No

59. 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

60. Can people protect themselves from HIV infection or AIDS by not having sexual intercourse?

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

61. 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 your experiences at school and at home.**

62. 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

63. 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

64. 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

65. 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

66. 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