

Global School-based Student Health Survey (GSHS)

# 2011 Sudan 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/)



## 2011 SUDAN 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. 6<sup>th</sup> grade basic school
- B. 7<sup>th</sup> grade basic school
- C. 8<sup>th</sup> grade basic school
- D. 1<sup>st</sup> grade secondary school
- E. 2<sup>nd</sup> grade secondary school
- F. 3<sup>rd</sup> grade secondary school

The next 7 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"/>
	<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. 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, 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

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

- A. Yes
- B. No

10. 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 about breakfast.**

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

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

12. 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

13. During the past 30 days, how often did you bring your breakfast to school?

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

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

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

**The next 6 questions ask about what you might eat and drink.**

15. During the past 30 days, how many times per day did you **usually** eat vegetables, such as onions, tomatoes, pumpkins, or okra?

- 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

16. During the past 30 days, how many times per day did you **usually** eat fruit, such as bananas, watermelon, oranges, 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

17. During the past 30 days, how many times per day did you **usually** drink fruit juice, such as lemon, orange, mango, or other common herbal juices?

- 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

18. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as fresh milk, cheeses, 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

19. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Pepsi, Coca Cola, Fanta, or 7-up? (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

20. During the past 7 days, on how many days did you eat food from a fast food restaurant?

- 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 3 questions ask about how carbonated soft drinks, such as Pepsi, Coca Cola, Fanta, or 7-up (Do not include diet soft drinks) and foods from fast food restaurants, are advertised and sold.**

21. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

**The next 2 questions ask about what you have learned.**

24. 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

25. 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 11 questions ask about cleaning your teeth and washing your hands.**

26. 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

27. 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

28. During the past 30 days, how did you **usually** wash your hands before eating?
- A. I did not wash my hands before eating during the past 30 days
  - B. In a dish of water used by others
  - C. In a dish of water used only by me
  - D. Under running water
  - E. Some other way
29. 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
30. During the past 30 days, how often did you wash your hands after using the toilet or latrines **at school**?
- A. There are no toilets or latrines at school
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
31. Is there a place for you to wash your hands after using the toilet or latrine **at school**?
- A. There are no toilets or latrines at school
  - B. Yes
  - C. No
32. Are there separate toilets or latrines for boys and girls **at school**?
- A. There are no toilets or latrines at school
  - B. Yes
  - C. No

33. Are the toilets or latrines clean **at school**?
- A. There are no toilets or latrines at school
  - B. Yes
  - C. No
34. 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
35. During the past 30 days, how often did you use soap when washing your hands **at school**?
- A. I did not wash my hands at school during the past 30 days
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
36. 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

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

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

**The next question asks about worm infections.**

38. During this school year, were you taught in any of your classes how to avoid worm infections?

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

**The next 3 questions ask about oral hygiene.**

39. During the past 12 months, how often did you have a tooth ache or feel discomfort because of your teeth?

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

40. Do you use toothpaste that contains fluoride?

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

41. Which of the following do you use most often to clean your teeth or gums?

- A. Toothbrush
- B. Wooden toothpicks
- C. Plastic toothpicks
- D. Dental floss or thread
- E. Charcoal
- F. Chew stick
- G. Something else

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

42. 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

43. 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

44. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as snuff, saaoad, or tumbak?

- 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 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



46. 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

47. 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 4 questions ask about HIV infection or AIDS.**

48. Have you ever heard of HIV infection or the disease called AIDS?

- A. Yes
- B. No

49. During this school year, were you taught in any of your classes about HIV infection or AIDS?

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

50. 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

51. Have you ever talked about HIV infection or AIDS with your parents or guardians?

- A. Yes
- B. No

**The next 4 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, and football.**

52. 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

53. 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

54. 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
55. 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.**

56. 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?
- 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 16 questions ask about your experiences at school and at home.**

57. 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

58. 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
59. 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
60. 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
61. 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

62. 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

63. During the past 30 days, how often did your parents or guardians support and encourage you?

- 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 give you attention and listen to you?

- 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 praise you?

- 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 give you advice and guidance?

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

67. During the past 30 days, how often did your parents or guardians provide for your necessities?

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

68. During the past 30 days, how often did your parents or guardians ridicule you or put you down (for example, say you were stupid or useless)?

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

69. During the past 30 days, how often did your parents or guardians unfairly compare you to someone else (such as to your brother or sister or to themselves)?

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

70. During the past 30 days, how often did your parents or guardians **try to know** who your friends were?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
71. During the past 30 days, how often did your parents or guardians **try to know** how you spent your money?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
72. During the past 30 days, how often did your parents or guardians **try to know** where you were most afternoons after school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always