

Global School-based Student Health Survey (GSHS)

# 2005 UAE 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)



United Arab Emirates  
Ministry of Health  
Preventive Medicine Sector  
Central School Health Dept.

United Arab Emirates  
Ministry of Education & Youth  
Information, Research & Statistics  
Dept.  
Health & Sports Activities Dept.

**Global School-based Student Health Survey  
(GSHS)  
UNITED ARAB EMIRATES - 2005-01-15**

**Centers for Disease Control**

Executive Office for the Council of the  
Ministers of Health in the GCC

**World Health Organization**

## 2005 UAE GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

### Dear student/participant...

We thank you for accepting to participate in the Global School-Based Health Survey, the results of which will provide useful information on your health status. This information will enable us to plan preventive programs and enhance our health services to better serve and protect you and your friends and family members.

We assure you that the this information is strictly confidential and will be used by the Ministry of Health with extreme care to insure its confidentiality, and will be solely use for the purpose of scientific research and health program planning.

### Useful tips:

- 1- Read each and every question carefully
- 2- Select one right answer for every question and darken the corresponding cell on the answer sheet completely. In case you are not sure of the right answer you can select the closest one that you think is right.

Correct ☐ False ☐ ☐

- 3- Fill one cell for every question
- 4- Use the pencil given to you by the researcher to fill the cells on the answer sheet
- 5- Try to answer all the questions in the questionnaire.
- 6- In case you wanted to change an answer, you have to erase the darkened cell completely, and darken another cell as explained above.

### Example:

Does fish live in water? A. Definitely not B. Probably not C. Probably yes D. Definitely Yes	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
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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

4. What is your Nationality?

- A. UAE
- B. Other GCC countries (Kuwait, KSA, Oman, Qatar, Bahrain, and Yemen)
- C. Lebanon, Syria, Jordan, Palestine, and Iraq
- D. North Africa (Egypt, Tunisia, Morocco, Algeria, Libya, and Mauritania)
- E. South East Asia (India, Pakistan, Bangladesh, Srilanka, Philippines, and Indonesia)
- F. Europe, USA, and Australia
- G. Some other country

5. What is the highest level of schooling your father attained?

- A. Did not attend school
- B. Completed primary school
- C. Completed intermediate school
- D. Completed secondary school
- E. Completed college or university
- F. Do not know

6. What is the highest level of schooling your mother attained?

- A. Did not attend school
- B. Completed primary school
- C. Completed intermediate school
- D. Completed secondary school
- E. Completed college or university
- F. Do not know

**The next 3 questions ask about going hungry or eating breakfast.**

7. 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

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

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

9. 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. Food is not always prepared at home in the morning
- E. There is not always food in my home
- F. Some other reason

**The next 6 questions ask about foods you might eat.**

10. During the past 30 days, how many times per day did you **usually** eat fruit, such as apples, oranges, grapes, kiwi, mango, pears, bananas, or melons?
  - 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
11. During the past 30 days, how many times per day did you **usually** eat vegetables, such as tomatoes, cucumbers, lettuce, or carrots?
  - 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** drink carbonated soft drinks, such as Coke, Pepsi, 7-Up, Mountain Dew, or Merinda?
  - 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

13. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds, Burger King, Pizza Hut, Hardees, Subway, or KFC?
  - A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
14. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as yogurt, cheese or labneh?
  - 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
15. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as shawarma, harees, biryani, fried meat, or fried potatoes?
  - A. I did not eat foods high in fat
  - 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 question asks about what you have learned in school.**

16. 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

**The next 6 questions ask about personal health activities.**

17. 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. I clean my teeth but not everyday
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
  - F. 4 or more times per day
18. 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
19. 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

20. 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

21. 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

22. During the past 7 days, how many times did you take a bath?

- A. I did not take a bath during the past 7 days.
- B. Once in the past 7 days
- C. Once every 4 to 5 days
- D. Once every 2 to 3 days
- E. One time per day
- F. 2 to 3 times per day

**The next 2 questions ask about physical attacks or belonging to a gang. 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. Do you currently belong to a gang?

- A. Yes
- B. No

**The next 2 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 this 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.**

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, skate board, or roller skates
- 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 3 questions ask about personal safety.**

32. During the past 30 days, how often did you wear a helmet when riding a bicycle or other non-motorized vehicle?

- A. I did not ride a bicycle or other non-motorized vehicle
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

33. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 day
- E. 6 or more days

34. 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



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.

35. 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
36. 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 8 questions ask about your feelings and friendships and what you have learned in school.

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, 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
40. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
41. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No

42. How many close friends do you have?

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

43. During this school year, were you taught in any of your classes how to handle stress in healthy ways?

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

44. During this school year, were you taught in any of your classes how to manage anger?

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

**The next 3 questions ask about cigarette and other tobacco use.**

45. 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

46. 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

47. During the past 30 days, on how many days did you use any other form of tobacco, such as midwakh or shisha?

- 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

**The next 6 questions ask about drinking alcohol.**

48. Do you know what is alcohol?

- A. Yes
- B. No

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

- A. Yes
- B. No

50. During this school year, were you taught in any of your classes the dangers of alcohol use?

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

51. How much do you think people risk harming themselves (physically or in other ways) if they drink alcohol?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk
- E. I do not know

52. How many of your friends drink alcohol?

- A. None
- B. A few
- C. Some
- D. Most
- E. All

53. 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 9 questions ask about use of illegal drugs, such as marijuana (hashish) or cocaine. Drug use also represents smelling the fumes of gasoline, glue, correctors, car exhaust, or burning; black ants; or ingesting Actifed without medical need.**

54. During this school year, were you taught in any of your classes the dangers of using drugs?

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

55. During this school year, were you taught in any of your classes how to tell someone you did not want to use drugs?

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

56. How much do you think people risk harming themselves (physically or in other ways) if they use drugs?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk

57. Had anyone ever offered, sold you drugs?

- A. Yes
- B. No

58. How did you know about drugs the first time?

- A. I do not know anything about drugs
- B. I read about it in books, newspapers, or magazines
- C. I watched it in TV, movie, or videos.
- D. A friend told me about it
- E. My parents told me about it
- F. Some other way

59. How many of your friends use drugs?

- A. None
- B. A few
- C. Some
- D. Most
- E. All

60. During your life, how many times have you used drugs?

- A. I never used drugs
- B. 1 time
- C. 2 times
- D. 3 to 9 times
- E. 10 or more times

61. During the previous year, how did you **usually** get the drug you used?

- A. I did not use drugs in the previous year
- B. I bought it in a store 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

62. How difficult do you think it would be for you to get drugs if you wanted to?

- A. Impossible
- B. Very difficult
- C. Fairly difficult
- D. Fairly easy
- E. Very easy
- F. I do not know

**The next 3 questions ask about HIV infection or AIDS.**

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

- A. Yes
- B. No

64. 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

65. 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

**The next 5 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, swimming, cycling, dancing, football, cricket, tennis, and basketball.**

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

66. 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

67. 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

68. 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

69. During this 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

70. During this school year, were you taught in any of your classes about weather-related safety, such as avoiding physical activity during the hottest part of the day?

- 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.**

71. 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 3 questions ask about going to and coming home from school.**

72. 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

73. 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

74. How do you usually travel to and back from school?

- A. On foot
- B. By bicycle
- C. By car or taxi
- D. By motorcycle
- E. By bus or coach
- F. Some other way

**The next 5 questions ask about your experiences at school and at home.**

75. 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

76. 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

77. 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

78. 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

79. 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

**The next 2 questions ask about your height and weight.**




80. 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"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input checked="" type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 9	I do not know	

81. 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 type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>
	<input type="text" value="4"/>	<input type="text" value="4"/>
		<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	