

Global School-based Student Health Survey (GSHS)

# 2009 United Arab Emirates 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/)



**Global School-based Student Health Survey  
(GSHS)  
UNITED ARAB EMIRATES - 2009**

**Centers for Disease Control**

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

**World Health Organization**

**Abu Dhabi health authority**

**Dubai health authority**

**Abu Dhabi educational council**

**Dubai Knowledge authority**

## 2009 UAE GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

### Dear student/participant...

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. Grade 8
  - B. Grade 9
  - C. 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. Completed Master or PHD
  - G. 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. Completed Master or PHD
  - G. Do not know

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

7. 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 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"/>
<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	

8. 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 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"/>
<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	

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

9. During the past 30 days, how often did you eat breakfast?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
10. 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
  - Food is not always prepared at home in the morning
  - There is not always food in my home
  - Some other reason

11. 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 6 questions ask about what you might eat and drink.**

12. 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?
- 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
13. During the past 30 days, how many times per day did you **usually** eat vegetables, such as tomatoes, cucumbers, lettuce, zucchini, sweet peppers, or carrots?
- I did not eat vegetables 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

14. 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? (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

15. 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

16. 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

17. 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 been taught in school.**

18. 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 5 questions ask about cleaning your teeth and washing your hands.**

19. 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

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

23. 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 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.**

24. 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 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

**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.**

26. 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

27. 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

28. 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 3 questions ask about personal safety.**

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

30. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your bike, 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

31. During this school year, were you taught in any of your classes how to avoid or prevent motor vehicle accidents?

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

**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, 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 9 questions ask about your feelings and friendships and what you have learned in school.**

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

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

35. 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

36. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

39. 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
40. How many close friends do you have?
- A. 0
  - B. 1
  - C. 2
  - D. 3 or more
41. 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
42. 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 6 questions ask about cigarette and other tobacco use.**

43. 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

44. 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
45. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, 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
46. 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
47. 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

48. 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 7 questions ask about drinking alcohol.**

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
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
54. Did you ever drink alcohol?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 or more times

**The next 8 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 smoke; black ants; or ingesting a sedative drug without medical need.**

55. During this school year, were you taught in any of your classes the dangers of using illegal drugs?
- A. Yes
  - B. No
  - C. I do not know
56. During this school year, were you taught in any of your classes how to tell someone you did not want to use illegal drugs?
- A. Yes
  - B. No
  - C. I do not know
57. How much do you think people risk harming themselves (physically or in other ways) if they use illegal drugs?
- A. No risk
  - B. Slight risk
  - C. Moderate risk
  - D. Great risk

58. How many of your friends use illegal drugs?

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

59. Had anyone ever offered or sold you illegal drugs?

- A. Yes
- B. No

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

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

61. During this school year, how did you **usually** get the illegal drug you used?

- A. I did not use illegal drugs during this school 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 illegal 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 5 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

66. 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, swimming, cycling, dancing, football, cricket, tennis, and basketball.**

67. 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 SPEND IN 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

68. 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

69. 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

70. 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.**

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 7 questions ask about your experiences at school and at home.**

72. 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

73. 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

74. 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
75. 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
76. 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
77. 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