

Global School-based Student Health Survey (GSHS)

2008 Grenada GSHS Questionnaire

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2008 GRENADA 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 form are you?

- A. Form 1
- B. Form 2
- C. Form 3
- D. Form 4

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="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. 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 question asks about eating breakfast.

8. 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

The next question asks about fruits you might eat.

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as mangoes, bananas, pawpaw, or 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

The next question asks about vegetables you might eat such as cabbage, carrots, lettuce, pumpkins, callaloos, or tomatoes. Please, note that cereals and roots such as potatoes and yucca are NOT vegetables.

10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as cabbage, carrots, lettuce, pumpkins, callaloos, or tomatoes?

- 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

The next 2 questions ask about drinking and eating habits.

11. During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Coke, Chubby, Buster, or Pepsi Cola?
- 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
12. During the past 7 days, on how many days did you eat at a fast food restaurant such as McDonalds, KFC, Mario, or Royal Castle?
- 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.

13. 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

14. Do you avoid smiling or laughing because of how your teeth look?
- A. Yes
 - B. No
15. 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
16. 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
17. 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.

18. 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
19. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. I have not had a boyfriend or girlfriend during the past 12 months
 - B. Yes
 - C. No
20. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No

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.

21. 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.

22. 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

23. 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 or scooter
- 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

24. 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

25. 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

26. 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.

27. 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

28. During the past 30 days, how were you bullied **most often**? SELECT ONLY ONE RESPONSE.

- 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 the use of seat belt.

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. I did not ride in a motor vehicle driven by someone else
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the times
- F. Always

The next question asks about violent activities. Violence occurs when a person or a group of people attack other people or a group of people with insults, bullying, hits, assault, robbery, or rape.

30. Do you currently belong to a gang or violent group?

- A. Yes
- B. No

The next question asks about weapons.

31. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club?

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

The next 10 questions ask about your feelings and friendships.

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

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

33. 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

34. During the past 12 months, how often have you been so worried about something that you could not eat or did not have an appetite?

- 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 wanted to use alcohol or drugs to feel better?
- 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. At this point in time, do you feel like your future looks dark?
- A. Yes
 - B. No
38. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
39. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No

40. How many close friends do you have?

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

41. During the past 12 months, how many of your friends really knew what was going on in your life?

- A. I do not have friends
- B. 0
- C. 1
- D. 2
- E. 3
- F. 4 or more

The next 8 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 other form of tobacco, such as pipe or 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

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. At any time during the next 12 months, do you think you will smoke a cigarette?

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

47. If one of your best friends offered you a cigarette, would you smoke it?

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

48. 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

49. 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 10 questions ask about drinking alcohol. This includes drinking beer, Shandy, wine, or white rum. Drinking alcohol does not include drinking a few sips of wine for religious purposes.

50. 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

51. 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

52. 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

53. 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

54. 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

55. 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

56. At any time during the next 12 months do you think you will drink alcohol?

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

57. How many of your friends drink alcohol?

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

58. 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

59. How many drinks in a single occasion do you think could be harmful to your health?

- A. Drinking in a single night cannot harm my health
- B. 1 or 2 drinks
- C. 3 or 4 drinks
- D. 5 or more drinks

The next question asks about how often you see alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.

60. During the past 30 days, how often did you see any alcohol advertisements?

- A. Never
- B. Rarely
- C. Sometimes
- D. Almost daily
- E. Daily

The next 3 questions ask about drugs.

61. During your life, how many times have you used drugs, such as marijuana?

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

62. During the past 12 months, how many times have you used drugs, such as marijuana?

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

63. During the past 30 days, how many times have you used drugs, such as marijuana?

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

The next 6 questions ask about sexual intercourse.

64. Have you ever had sexual intercourse?

- A. Yes
- B. No

65. 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

66. 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

67. During the past 12 months, have you had sexual intercourse?

- A. Yes
- B. No

68. The **last time** you had sexual intercourse, did you or your partner use a condom, protection, or safe sex?

- A. I have never had sexual intercourse
- B. Yes
- C. No

69. If you wanted to get a condom or protection, how would you most likely get it? **SELECT ONLY ONE RESPONSE.**

- 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 some other way
- F. I do not know

The next question asks about the use of contraceptive and protective methods such as *coitus interruptus* (withdrawal), rhythm (safe time around the menstruation), contraceptive pills, condom, or any other method to avoid pregnancy.

70. During the past 12 months, how often did you or your partner use any method of birth control?

- 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 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 basketball.

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

71. 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

72. 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

The next question asks about the time you spend mostly sitting when you are not in school or doing homework.

73. 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 liming, playing cards or dominoes, or reading?
- 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.

74. 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
75. 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 question asks about physical education or gym class at school

76. During this school year, on how many days did you go to physical education class each week?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 or more days

The next 9 questions ask about your experiences at school and at home, as well as in your spiritual life.

77. 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
78. 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
79. 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

80. 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

81. 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

82. During the past 30 days, how often did you feel close to your mother or female guardian?

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

83. During the past 30 days, how often did you feel close to your father or male guardian?

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

84. Do you think of yourself as a religious or spiritual person?

- A. Yes
- B. No

85. During the past 30 days, how close did you feel to people at your school?

- A. Not at all
- B. Very little
- C. Somewhat
- D. Quite a bit
- E. Very much