



# Global School-based Student Health Survey

# Core Questionnaire Modules



## 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.        

Thank you very much for your help.

## GSHS Core Questionnaire Respondent Demographics Module

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
- G 17 years old
- H 18 years old or older

2. What is your sex?

- A Male
- B Female

3. In what grade/class/ standard are you?

COUNTRY SPECIFIC RESPONSE OPTIONS

- A OPTION 1
- B OPTION 2
- C OPTION 3
- D OPTION 4
- E OPTION 5
- F OPTION 6

## GSHS Core Questionnaire Alcohol Use Module

The next 6 questions ask about drinking alcohol. This includes drinking **COUNTRY SPECIFIC EXAMPLES**. Drinking alcohol does not include drinking a few sips of wine for religious purposes. A "drink" is a glass of wine, a bottle of beer, a small glass of liquor, or a mixed drink.

1. 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 or 17 years old
- H 18 years old or older

2. 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

3. 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

4. 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 my family
- F I stole it or got it without permission
- G I got it some other way

**Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.**

5. 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

6. During your life, how many times have you 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

## GSHS Core Questionnaire Dietary Behaviours Module

The next 3 questions ask about your height, weight, and going hungry.

- 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)			Height (cm)		
1	5	3			
<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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<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		<input type="radio"/>	I do not know	

- 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)			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 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 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know		<input type="radio"/>	I do not know	

- 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 what you might eat and drink.

- During the past 7 days, how many times did you eat fruit, such as COUNTRY SPECIFIC EXAMPLES?

- A I did not eat fruit during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

- During the past 7 days, how many times did you eat vegetables, such as COUNTRY SPECIFIC EXAMPLES?

- A I did not eat vegetables during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

- During the past 7 days, how many times did you drink a can, bottle, or glass of a carbonated soft drink, such as COUNTRY SPECIFIC EXAMPLES? (Do **not** include diet soft drinks.)

- A I did not drink carbonated soft drinks during the past 7 days
- B 1 to 3 times during the past 7 days
- C 4 to 6 times during the past 7 days
- D 1 time per day
- E 2 times per day
- F 3 times per day
- G 4 or more times per day

## GSHS Core Questionnaire Dietary Behaviours Module

7. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as COUNTRY SPECIFIC EXAMPLES?

- A 0 days
- B 1 day
- C 2 days
- D 3 days
- E 4 days
- F 5 days
- G 6 days
- H 7 days

## GSHS Core Questionnaire Drug Use Module

The next 4 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, and COUNTRY SPECIFIC EXAMPLES.

1. How old were you when you first used drugs?

- A I have never used drugs
- 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 or 17 years old
- H 18 years old or older

2. During your life, how many times have you used marijuana (also called COUNTRY SPECIFIC SLANG TERMS FOR MARIJUANA)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 or more times

3. During the past 30 days, how many times have you used marijuana (also called COUNTRY SPECIFIC SLANG TERMS FOR MARIJUANA)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 or more times

4. During your life, how many times have you used amphetamines or methamphetamines (also called COUNTRY SPECIFIC SLANG TERMS FOR AMPHETAMINES AND METHAMPHETAMINES)?

- A 0 times
- B 1 or 2 times
- C 3 to 9 times
- D 10 to 19 times
- E 20 or more times

## GSHS Core Questionnaire Hygiene Module

The next 4 questions ask about cleaning your teeth and washing your hands.

1. 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

2. 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

3. 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

4. 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

## GSHS Core Questionnaire Mental Health Module

The next 6 questions ask about your feelings and friendships.

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

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

2. 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

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

A Yes  
 B No

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

A Yes  
 B No

5. 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

6. How many close friends do you have?

A 0  
 B 1  
 C 2  
 D 3 or more

## GSHS Core Questionnaire Physical Activity Module

The next 3 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you breathe hard. 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 COUNTRY SPECIFIC EXAMPLES.

1. 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

2. 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

3. 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

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

4. 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 COUNTRY SPECIFIC EXAMPLES?

- 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

## GSHS Core Questionnaire Protective Factors Module

The next 6 questions ask about your experiences at school and at home.

1. 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

2. 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

3. 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

4. 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

5. 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

6. 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

## GSHS Core Questionnaire Sexual Behaviours That Contribute to HIV Infection, Other STI, and Unintended Pregnancy Module

The next 5 questions ask about sexual intercourse.

1. Have you ever had sexual intercourse?

- A Yes
- B No

2. 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 or 17 years old
- H 18 years old or older

3. 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

4. The **last time** you had sexual intercourse, did you or your partner use a condom or [COUNTRY SPECIFIC SLANG TERM FOR CONDOM]?

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

5. The **last time** you had sexual intercourse, did you or your partner use any other method of birth control, such as withdrawal, rhythm (safe time), birth control pills, or any other method to prevent pregnancy?

- A I have never had sexual intercourse
- B Yes
- C No
- D I do not know

## GSHS Core Questionnaire Tobacco Use Module

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

1. 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 or 17 years old
- H 18 years old or older

2. 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

3. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as COUNTRY SPECIFIC EXAMPLES?

- 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

4. 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

5. 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

6. 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 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.

1. 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

2. 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

3. 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 question asks 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.

4. 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 asks about physical fights. A physical fight occurs when two students of about the same strength or power choose to fight each other.

5. 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 bullying. Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumors about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.**

6. During the past 12 months, have you ever been bullied **on school property**?

A Yes  
 B No

7. During the past 12 months, have you ever been bullied when you were **not on school property**?

A Yes  
 B No

8. During the past 12 months, have you ever been **cyber** bullied? (Count being bullied through texting, Instagram, Snapchat, Facebook, COUNTRY SPECIFIC EXAMPLES, or other social media.)

A Yes  
 B No

**The next 4 questions ask about HIV infection or AIDS.**

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

A Yes  
 B No

2. 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

3. 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

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

A Yes  
 B No