

Global School-based Student Health Survey (GSHS)

# 2010 Tonga 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/)



## 2010 TONGA 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.

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. Form 1
  - B. Form 2
  - C. Form 3
  - D. Form 4
  - E. Form 5
  - F. Form 6

**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="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 checked="" 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	

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

- 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.**

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as apples, oranges, mango, bananas, kuava, or lesi?

- 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

10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as tomatoes, carrots, cucumber, beans, pele, or lu?

- 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

11. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coca Cola, Fanta, Sprite, Grape, or Frubu? (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

12. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as BBQ take away, Hot Curry take away, Country Fried Chicken take away, and Fish & Chips take away?

- 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 what you have learned.**

13. 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

14. 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

15. During this school year, were you taught in any of your classes healthy ways to lose weight?

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

**The next 6 questions ask about cleaning your teeth and washing your hands.**

16. 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

17. During this school year, were you taught in any of your classes the importance of cleaning or brushing your teeth?

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

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

**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.**

22. 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.**

23. 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.**

24. 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

25. 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

26. 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 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**?
- 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 3 questions ask about riding in motor vehicles.**

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 time
  - F. Always

30. During the past 30 days, how often did you ride in a car or other motor vehicle **driven by someone who had been drinking alcohol**?
- A. I did not ride in motor vehicle driven by someone else
  - B. 0 times
  - C. 1 time
  - D. 2 or 3 times
  - E. 4 or 5 times
  - F. 6 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 11 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 wanted to use alcohol or other drugs to feel better?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
35. During the past 12 months, did you ever **seriously** consider harming yourself?
- A. Yes
  - B. No
36. During the past 12 months, did you make a plan about how you would harm yourself?
- A. Yes
  - B. No
37. During the past 12 months, how many times did you actually harm yourself?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or more times
38. How many close friends do you have?
- A. 0
  - B. 1
  - C. 2
  - D. 3 or more
39. 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

40. During this school year, were you taught in any of your classes signs of depression and suicidal behavior?

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

41. During this school year, were you taught in any of your classes what to do if a friend is thinking about suicide?

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

42. 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

**The next 8 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 cigars or Port Royal?

- 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

49. 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

50. 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

**The next 9 questions ask about drinking alcohol. This includes drinking beer, whiskey, and other alcoholic drinks, but not Kava Tonga. 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.**

51. 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

52. 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

53. 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

54. 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.**

55. 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

56. 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

57. 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

58. During this school year, were you taught in any of your classes the problems associated with drinking alcohol?

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

59. During this school year, were you taught in any of your classes the effects of alcohol use on decision making?

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

**The next 7 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, and inhalants.**

60. 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 years old or older

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

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

62. During the past 30 days, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 or more times
63. During the past 12 months, how many times have you used marijuana?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 or more times
64. During your life, how many times have you used amphetamines or methamphetamines?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 or more times
65. 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 using drugs?
- A. 0 times
  - B. 1 or 2 times
  - C. 3 to 9 times
  - D. 10 to 19 times
  - E. 20 or more times

66. During this school year, were you taught in any of your classes the problems associated with using drugs, such as marijuana, benzene sniffing, and glue and autos sniffing?
- A. Yes
  - B. No
  - C. I do not know

**The next 9 questions ask about HIV infection or AIDS.**

67. Have you ever heard of HIV infection or the disease called AIDS?
- A. Yes
  - B. No
68. 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
69. 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
70. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?
- A. Yes
  - B. No
  - C. I do not know

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

- A. Yes
- B. No

72. During this school year, were you taught in any of your classes the importance of being kind and supportive to persons with HIV infection or AIDS?

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

73. During this school year, were you taught in any of your classes the signs and symptoms of HIV infection or AIDS?

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

74. During this school year, were you taught in any of your classes about the effectiveness of condoms?

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

**The next 3 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.**

75. 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

76. 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

77. 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.**

78. 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 lalanga, tutu, and faikava tonga?
- 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 what you have learned.**

79. 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
80. During this school year, were taught in any of your classes about opportunities for physical activity in your community?
- A. Yes
  - B. No
  - C. I do not know

**The next 9 questions ask about your experiences at school and at home.**

81. 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

82. 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

83. 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

84. 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

85. 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

86. 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

87. 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

88. During the past 30 days, how often did your parents or guardians **try to know** where you went at night?

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

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

- A. Yes
- B. No