

Global School-based Student Health Survey (GSHS)

# 2008 Fiji Islands 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/)



## 2008 FIJI ISLANDS 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 form are you?

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

The next 6 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. Which of the following are you trying to do about your weight?
- A. I am **not trying to do anything** about my weight
  - B. **Lose** weight
  - C. **Gain** weight
  - D. **Stay** the same weight

8. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
  - B. No
9. 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 3 questions ask about eating breakfast or bringing your lunch to school.**

10. During the past 30 days, how often did you eat breakfast?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
11. 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
12. During the past 30 days, how often did you bring your lunch to school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

**The next question asks about what you have learned.**

13. 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

**The next 2 questions ask about foods you might eat.**

14. During the past 30 days, how many times per day did you **usually** eat fruit, such as pawpaw, bananas, oranges, guava, or mangoes?
- 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
15. During the past 30 days, how many times per day did you **usually** eat vegetables, such as bele, rourou, cabbages, ota, or tubua (bhaji)?
- 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 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.**

16. 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 verbal abuse.**

17. During the past 12 months, how many times were you verbally abused by a teacher?
- 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 stolen or damaged property.**

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

19. 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
20. During the past 12 months, how many times were you in a physical fight **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 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.**

21. 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
22. 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

23. 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

24. 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

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, 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 question asks what you have learned in case of an injury.**

26. During this school year, were you taught in any of your classes first aid skills in case of an injury to yourself or someone else?

- 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.**

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 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.**

29. During the past 12 months, how often have you felt lonely?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
30. 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

31. 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
32. 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
33. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
  - B. No
34. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
  - B. No
35. During this school year, were you taught in any of your classes the signs of depression and suicidal behavior?
- A. Yes
  - B. No
  - C. I do not know
36. How many close friends do you have?
- A. 0
  - B. 1
  - C. 2
  - D. 3 or more

**The next 12 questions ask about cigarette and other tobacco use.**

37. 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

38. 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

39. Where do you **usually** smoke? SELECT ONLY ONE RESPONSE.

- A. I have never smoked cigarettes
- B. At home
- C. At school
- D. At work
- E. At friends' houses
- F. At social events
- G. In public spaces, such as parks, shopping centres, and street corners
- H. Other

40. During the past 30 days, on how many days did you use any other form of tobacco?

- 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

41. 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

42. 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

43. 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

44. Has anyone in your family discussed the harmful effects of smoking with you?

- A. Yes
- B. No

45. Do you think the smoke from other people's cigarettes is harmful to you?
- A. Definitely not
  - B. Probably not
  - C. Probably yes
  - D. Definitely yes
46. Are you in favor of banning smoking in public places, such as in restaurants; in buses, streetcars, and trains; in schools; on playgrounds; in gyms and sport arenas; and in discos?
- A. Yes
  - B. No
47. During the past 30 days, how many anti-smoking media messages (such as television, radio, billboards, posters, newspapers, magazines, and movies) have you seen?
- A. A lot
  - B. A few
  - C. None
48. During this school year, were you taught in any of your classes about the dangers of smoking?
- A. Yes
  - B. No
  - C. I do not know

**The next 9 questions ask about drinking alcohol. Drinking alcohol does not include drinking a few sips of wine for religious purposes.**

49. 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
50. 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
51. 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

52. With whom do you **usually** drink alcohol?

- A. I do not drink alcohol
- B. With my friends
- C. With my family
- D. With persons I have just met
- E. I usually drink alone

53. During the past 30 days, how many advertisements or promotions for alcohol have you seen in news papers or magazines?

- A. A lot
- B. A few
- C. None

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. Do your parents or guardians know that you drink alcohol?

- A. I do not drink alcohol
- B. Yes
- C. No
- D. I do not know

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

- A. Yes
- B. No

**The next 2 questions ask about drugs.**

58. During your life, how many times have you used drugs, such as marijuana or glue sniffing?

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

59. Which one of the drugs listed below have you used most often? **SELECT ONLY ONE RESPONSE.**

- A. I have never tried any of these drugs
- B. Marijuana or hashish
- C. Tranquilisers or sedatives, such as valium or morphine, without a doctor or nurse telling you to do so
- D. Amphetamines
- E. Methamphetamine
- F. Crack or other forms of cocaine
- G. Solvents or inhalants (also called benzene, methylated spirit, or glue)
- H. Some other drug

**The next 9 questions ask about sexual intercourse.**

60. Have you ever had sexual intercourse?

- A. Yes
- B. No

61. 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
62. 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
63. During the past 12 months, have you had sexual intercourse?
- A. Yes
  - B. No
64. Did you drink alcohol or use other drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No
65. The **last time** you had sexual intercourse, did you or your partner use a condom or rubber?
- A. I have never had sexual intercourse
  - B. Yes
  - C. No

66. The **last time** you had sexual intercourse, did you or your partner use any 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
67. If you wanted to get a condom or rubber, how would you most likely get it?
- 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
68. What is the **main** reason you have not had sexual intercourse?
- A. I have had sexual intercourse
  - B. I want to wait until I am older
  - C. I want to wait until I am married
  - D. I do not want to risk getting pregnant
  - E. I do not want to risk getting a sexually transmitted infection, such as HIV or AIDS
  - F. I have not had a chance to have sex or met anyone that I wanted to have sex with
  - G. It is against my religious values
  - H. Some other reason

**The next 2 questions ask about what you have learned about HIV infection or AIDS.**

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 how HIV infection or AIDS passes from one person to another?

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

**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, biking, dancing, football, rugby, soccer, netball, or volleyball.**

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

73. 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

74. 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.**

75. 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 playing cards, chess, or crumboard?
- 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.**

76. 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
77. 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