

Global School-based Student Health Survey (GSHS)

2008 Nauru GSHS Questionnaire

For more information:

www.cdc.gov/gshs or
www.who.int/chp/gshs/en/



2008 NAURU 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. Grade 7
 - B. Grade 8
 - C. Grade 9
 - D. Grade 10
 - E. Grade 11
 - F. Grade 12

The next 3 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
0	0	0
	1	1
2	2	2
	3	
	4	4
		5
	6	6
	7	7
	8	8
	9	9
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. 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 2 questions ask about foods you might eat.

7. During the past 30 days, how many times per day did you **usually** eat fruit, such as mango, pandanus, sour sop, apple, banana, 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
8. During the past 30 days, how many times per day did you **usually** eat vegetables, such as bele, cabbage, water cress, or green leafy vegetables?
- 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 4 questions ask about personal health activities.

9. 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

10. 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

11. 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

12. 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.

13. 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

14. Have you ever been physically forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

15. During this school year, were you taught in any of your classes what to do if someone is trying to force you to have sexual intercourse?

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

The next question asks about verbal abuse.

16. 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 feeling safe on the way to and from school.

17. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

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

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 in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 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 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.

26. 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
27. 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 3 questions ask about riding in cars or other motor vehicles.

28. 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. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
29. During the past 30 days, how many times did you drive a car or other motor vehicle **when you had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
30. 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 question asks about helmet use.

31. Do you think a helmet should be worn when riding a bicycle or motorcycle?
- A. Yes
 - B. No

The next question asks about learning first aid.

32. 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 6 questions ask about your feelings and friendships.

33. During the past 12 months, how often have you felt lonely?
- 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 sleep at night?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
35. 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

36. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
37. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
38. How many close friends do you have?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more

The next 10 questions ask about cigarette and other tobacco use.

39. 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
40. 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

41. 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
42. During the past 30 days, on the days you smoked, how many cigarettes did you **usually** smoke?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
43. During the past 30 days, how much do you think you spent on cigarettes?
- a. I did not buy cigarettes during the past 30 days
 - b. Less than \$1.00
 - c. \$1.00 to \$2.00
 - d. \$2.00 to \$5.00
 - e. More than \$5.00
44. How long ago did you stop smoking?
- A. I have never smoked cigarettes
 - B. I have not stopped smoking cigarettes
 - C. 1 to 3 months ago
 - D. 4 to 11 months ago
 - E. 1 year ago
 - F. 2 years ago
 - G. 3 or more years ago

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. 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

47. 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

48. Has anyone in your family or at school discussed the harmful effects of smoking with you?

- A. Yes
- B. No

The next 14 questions ask about drinking alcohol. This includes drinking beer, spirits, home brew, or moonshine. Drinking alcohol does not include drinking a few sips of wine for religious purposes.

49. 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

50. 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

51. During the past 30 days, how many times did you drink grog?

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

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 got it some other way

54. 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

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. What is the **most** number of drinks you have had on one occasion?

- A. I do not drink alcohol
- B. Less than one drink
- C. 2 drinks
- D. 3 drinks
- E. 4 drinks
- F. 5 or more drinks

57. How difficult do you think it would be for you to get alcohol, such as moonshine, ebeda, or dogogiyok if you wanted to?

- A. Impossible
- B. Very difficult
- C. Fairly difficult
- D. Fairly easy
- E. Very easy
- F. I do not know

58. 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

59. Do any members of your immediate family drink alcohol?

- A. Yes
- B. No

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

- A. Yes
- B. No

61. How often do your friends drink alcohol?

- A. Once a week
- B. 2 or more times per week
- C. Once a fortnight
- D. 2 or more times per fortnight
- E. Once a year
- F. 2 or more times per year

62. During this school year, were you taught in any of your classes the effects of drinking alcohol?

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

The next 5 questions ask about drugs.

63. 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

64. How old were you when you tried drugs, such as marijuana, for the first time?

- A. I have never tried drugs, such as marijuana
- 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

65. 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
- C. Tranquilisers or sedatives, 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 petrol or glue)
- H. Some other drug

66. During the past 30 days, has anyone offered, sold, or given you a drug, such as marijuana?

- A. Yes
- B. No

67. During this school year, were you taught in any of your classes the dangers of using drugs, such as marijuana?

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

The next 6 questions ask about sexual intercourse.

68. Have you ever had sexual intercourse?

- A. Yes
- B. No

69. 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
70. 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
71. During the past 12 months, have you had sexual intercourse?
- A. Yes
 - B. No
72. 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
73. During this school year, were you taught in any of your classes about sexual health?
- A. Yes
 - B. No
 - C. I do not know

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, wrestling, or swimming.

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

74. 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
75. 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.

76. 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 or bingo?
- 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.

77. 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
78. 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 5 questions ask about your experiences at school and at home.

79. 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
80. 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
81. 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
82. 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

83. 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