

Global School-based Student Health Survey (GSHS)

# 2014 Tokelau 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/)



## 2014 TOKELAU 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
  - 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?
  - A. Option 1 Year 6
  - B. Option 2 Year 7
  - C. Option 3 Year 8
  - D. Option 4 Year 9
  - E. Option 5 Year 10
  - F. Option 6 Year 11
  - G. Option 7 Year 12
  - H. Option 8 Year 13+

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 7 questions ask about what you might eat and drink.**

7. During the past 30 days, how many times per day did you **usually** eat fruit, such as apu, moli, pea, fala, or grapes?
- 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 kapihi, luau, lau pele, kukama, kaloti, or tomato?
- 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
9. During the past 30 days, how many times per day did you usually drink sugar-sweetened drinks, such as sweetened tea, sweetened coffee, milo, or cordial?
- A. I did not drink sugar-sweetened 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

10. During the past 30 days, how many times per day did you **usually** eat salty foods, such as salt fish or noodles?

- A. I did not eat salty foods
- B. Less than 1 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. 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 2 questions ask about your weight.**

12. How do you describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

13. 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

**The next 3 questions ask about what you learned in school about healthy eating.**

14. 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

15. During this school year, were you taught in any of your classes how to safely prepare or store food?

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

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

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

**The next 12 questions ask about cleaning your teeth and washing your hands.**

17. 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

18. Do you use toothpaste that contains fluoride?

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

19. During the past 12 months, how often did you have a tooth ache or feel discomfort because of your teeth?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
20. During the past 12 months, did a tooth ache cause you to miss classes or school?
- A. Yes
  - B. No
21. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
  - B. Between 12 and 24 months ago
  - C. More than 24 months ago
  - D. Never
  - E. I do not know
22. 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
23. 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

24. 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
25. 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
26. Is there a place for you to wash your hands before eating **at school**?
- A. Yes
  - B. No
27. 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
28. Do you bring water from home to drink while you are **at school**?
- A. Yes
  - B. No

**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.**

29. 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 ask about violence in relationships.**

30. 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

**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.**

31. 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.**

32. 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

33. 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

34. 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 3 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.**

35. 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

36. 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

37. During this school year, were you taught in any of your classes how to avoid being bullied?

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

**The next 3 questions are about school and safety.**

38. 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

39. During the past 12 months, did your teacher ever hit, slap, or physically hurt you on purpose?

- A. Yes
- B. No

40. During this school year, were you taught in any of your classes how to give first aid?

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

**The next 6 questions ask about your feelings and friendships.**

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

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

42. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

45. 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

46. How many close friends do you have?

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

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

47. 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

48. 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

49. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as snuff or chewing 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

50. 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

51. 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

52. 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 8 questions ask about drinking alcohol. This includes drinking beer, wine, or spirits. 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.**

53. 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

54. 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

55. 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

56. 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

57. What is the legal minimum age for alcohol consumption on your island?

- A. 15
- B. 16
- C. 17
- D. 18
- E. 19
- F. 20
- G. 21
- H. I do not know

58. 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

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

59. 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

60. 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

**The next 2 questions are about what you learned in school about alcohol use.**

61. 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

62. 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 4 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, and inhalants.**

63. 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

64. 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

65. 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

66. 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

**The next 5 questions ask about sexual intercourse.**

67. Have you ever had sexual intercourse?

- A. Yes
- B. No

68. 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 year old or older

69. 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

70. The **last time** you had sexual intercourse, did you or your partner use a condom?

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

71. 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

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, football, and zumba.

72. 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

73. 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

74. 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.

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 bingo or weaving?

- 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 13 questions ask about your experiences at school and at home.

76. 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

77. 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

78. 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

79. 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

80. 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

81. 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

82. During the past 30 days, how often did your parents or guardians comfort you?

- 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 support and encourage you?

- 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 give you attention and listen to you?

- 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 have open communication with you?

- 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 spend time with you?

- 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 give you advice and guidance?

- 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 **really know** where you went at night?

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

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

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

- A. Yes
- B. No

90. 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

91. 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

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

- A. Yes
- B. No