

Global School-based Student Health Survey (GSHS)

# 2010 Oman 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 OMAN 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. Eighth
  - B. Ninth
  - C. Tenth
  
4. What is your nationality?
  - A. Omani
  - B. Non-Omani

The next 5 questions ask about your height and weight.

5. 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 |   |

6. 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                    |                                  |

7. During the past 12 months, have you been weighed and measured?
- A. Yes
  - B. No
8. How do you describe your weight?
- A. Very underweight
  - B. Slightly underweight
  - C. About the right weight
  - D. Slightly overweight
  - E. Very overweight
9. 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 14 questions ask about nutrition and dietary behaviors.**

10. 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
11. During the past 30 days, how often did you eat breakfast?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
12. 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. Nobody prepares food for me
  - F. Some other reason
13. During a typical or usual school day, what snack do you eat **most often** at school? (Select only one response.)
- A. I do not eat snacks at school
  - B. Sandwiches
  - C. Fruits
  - D. Vegetables
  - E. Pastries
  - F. Biscuits, cookies, or cakes
  - G. Chocolate or candies
  - H. Some other kind of snack

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

- 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 tomatoes, cucumbers, carrots, or lettuce?

- 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

16. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Pepsi, Cola, or Mountain Dew? (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

17. What is the **main reason** you drank carbonated soft drinks during the past 30 days?

- A. I did not drink carbonated soft drinks during the past 30 days
- B. It is available
- C. It is tasty
- D. It is cheap
- E. It quenches my thirst
- F. It gives me energy
- G. Some other reason

18. During the past 30 days, how many times per day did you **usually** drink tea or coffee?

- A. I did not drink tea or coffee 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

19. During the past 30 days, how many glasses of water did you usually drink per day?

- A. Less than one glass per day
- B. One glass per day
- C. 2 glasses per day
- D. 3 glasses per day
- E. 4 glasses per day
- F. 5 or more glasses per day

20. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as burger, pizza, or shawarma restaurants?

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

21. What is the **main reason** you ate food from a fast food restaurant during the past 7 days?

- A. I did not eat food from a fast food restaurant
- B. It is available
- C. It is tasty
- D. It is cheap
- E. It is fast and convenient
- F. It is good food
- G. It is filling
- H. Some other reason

22. During this school year, were you taught in any of your classes or extra curricular activities the benefits of healthy eating?

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

23. During this school year, were you taught in any of your classes or extra curricular activities how to safely prepare or store foods?

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

**The next 9 questions ask about cleaning your teeth, washing your hands, or hygiene.**

24. 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

25. 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

26. 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

27. During the past 30 days, how often were the toilets that you used clean?

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

28. Are there enough toilets at school?
- A. Yes
  - B. No
  - C. I do not know
29. 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
30. 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
31. Is there a source of clean water for drinking at school?
- A. Yes
  - B. No
  - C. Sometimes
32. Do you bring water from home to drink while you are at school?
- A. Yes
  - B. No
  - C. Sometimes

**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.**

33. 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 2 questions ask about physical fights. A physical fight occurs when two students of about the same strength or power choose to fight each other.**

34. 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
35. During this school year, were you taught in any of your classes how to avoid physical fights and violence?
- A. Yes
  - B. No
  - C. I do not know

**The next 3 questions ask about serious injuries that happened to you. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.**

36. 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

37. 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

38. 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 4 questions ask about safety.**

39. 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
40. During this school year, were you taught in any of your classes how to avoid or prevent other types of accidents, such as fires or poisonings?
- A. Yes
  - B. No
  - C. I do not know
41. 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

42. In your home, is there a first aid box?

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

**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.**

43. 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

44. 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

45. 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 5 questions ask about HIV or AIDS.**

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

- A. Yes
- B. No

47. 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

48. 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

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

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

50. During this school year, were you taught in any of your classes how to deal with HIV patients?

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

**The next 10 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 swimming.**

51. 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

52. 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

53. What is the **main reason** you do not walk or ride a bicycle to or from school?

- A. I walk or ride a bicycle to or from school
- B. My parents do not allow me to walk or ride a bicycle to or from school
- C. I do not like to walk or ride a bicycle to or from school
- D. School is far away
- E. My parents or school provide transportation to or from school
- F. The weather is not suitable for walking or riding a bicycle to or from school
- G. The roads are not suitable for walking or riding a bicycle to or from school
- H. Some other reason

54. 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

55. During the past 12 months, how often did you practice physical activity outside of school?

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

56. What is the **main reason** you did not do physical activity outside of school?

- A. I did physical activity outside of school
- B. The weather is not suitable for doing physical activity outside of school
- C. My parents do not allow me to do physical activity outside of school
- D. I do not have time to do physical activity outside of school
- E. There is no suitable place to do physical activity outside of school
- F. Some other reason

57. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles such as push-ups, sit-ups, or weight lifting?

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

58. During the past 7 days, on how many days did you walk for at least half an hour?

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

59. During physical activity, do you follow the safety rules such as wearing special shoes or playing in special places?

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

60. 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.**

61. 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 reading?

- 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 8 questions ask about your experiences at school and at home.**

62. 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

63. 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

64. 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

65. 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

66. 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

67. 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

68. During the past 30 days, how often did your parents or guardians have open communication or conversation with you?

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

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

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