

Global School-based Student Health Survey (GSHS)

2010 Niue GSHS Questionnaire

For more information:

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



2010 NIUE 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
 - G. Form 7

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="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input checked="" type="radio"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
	<input type="text" value="3"/>	<input checked="" type="radio"/>
	<input type="text" value="4"/>	<input type="text" value="4"/>
	<input checked="" type="radio"/>	<input type="text" value="5"/>
	<input type="text" value="6"/>	<input type="text" value="6"/>
	<input type="text" value="7"/>	<input type="text" value="7"/>
	<input type="text" value="8"/>	<input type="text" value="8"/>
	<input type="text" value="9"/>	<input type="text" value="9"/>
<input type="text" value="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. 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 2 questions ask about eating breakfast.

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

The next 8 questions ask about what you might eat and drink.

12. During the past 30 days, how many times per day did you **usually** eat fruit, such as mangoes, guavas, vi's, apples, pears, plums, grapes, oranges, mandarins, watermelon, or pawpaw?
- 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
13. During the past 30 days, how many times per day did you **usually** eat vegetables, such as cabbage, pok choy, silverbeet, kaluku, lau lu talo, celery, spring onions, broccoli, cauliflower, tomatoes, cucumber, zucchini, pumpkin, parsley, garlic, or buttercup?
- 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
14. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as Longlife, fullcream, skim, or soya?
- A. I did not drink milk or eat milk products 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 salty foods, such as povi masima, corned beef, ham, or salted chips and snacks?
- 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
16. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as fried foods, foods cooked in coconut cream, pork, doughnuts, instant noodles, or povi masima?
- A. I did not eat foods high in fat
 - 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
17. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Sprite, Coke, Miranda, Fanta, Ginger Beer, 7-Up, Pepsi Cola, L&P, Cold Rush, or V-Drink? (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

18. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Mitaki's Café, Falala Fa, Katuali's, Crazy Uga's, Talo's restaurant, Tavana's, Jennas, Washaway Café, or Juana's Restaurant?

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

19. 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

The next 8 questions ask about cleaning your teeth, washing your hands, and using the toilet or latrine.

20. 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

21. 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

22. During the past 30 days, how did you **usually** wash your hands before eating?

- A. I did not wash my hands before eating during the past 30 days
- B. In a dish of water used by others
- C. In a dish of water used only by me
- D. Under running water
- E. Some other way

23. 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

24. During the past 30 days, how often did you wash your hands after using the toilet or latrines **at school**?

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

25. Are the toilets or latrines easy to get to **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

26. Are the toilets or latrines clean **at school**?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

27. 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 drinking water.

28. Is there a source of clean water for drinking **at school**?

- A. Yes
- B. No

29. Do you bring water from home to drink while you are **at school**?

- A. Yes
- B. No

30. How often do you drink water from the water source **at school**?

- A. There is not a water source at school
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

The next 2 questions ask about oral hygiene.

31. How would you describe the health of your teeth?

- A. Excellent
- B. Very good
- C. Good
- D. Average
- E. Poor
- F. Very poor

32. Do you use toothpaste that contains fluoride?

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

The next 2 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.

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

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

- A. Yes
- B. No

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.

35. 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

36. 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 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.

37. 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

38. 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

39. 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.

40. 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

41. 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

42. 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 2 questions ask about violence on the way to or from school or on school property.

43. 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

44. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your bike, 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 question asks about unintentional injury.

45. 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

The next question asks about what you have been taught in school.

46. 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 5 questions ask about your feelings and friendships.

47. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
48. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
49. 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
50. 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

51. 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 6 questions ask about cigarette and other tobacco use.

52. 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

53. 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

54. During the past 30 days, on how many days did you use any tobacco products other than 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

55. 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

56. 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

57. 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 6 questions ask about drinking alcohol. This includes drinking beer, spirits, liquor, and wine. 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.

58. 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

59. 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

60. 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

61. 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.

62. 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

63. 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 4 questions ask about HIV infection or AIDS.

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

- A. Yes
- B. No

65. 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

66. 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

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

- A. Yes
- B. No

The next 6 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, netball, touch rugby, or golf.

68. 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

69. 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

70. 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

71. During the past 12 months, on how many sports teams did you play?

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

72. 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

73. During the past 7 days, on how many days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?

- 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 hours of sleep at night.

74. On an average school night, how many hours of sleep do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

The next question asks about what you have been taught in school.

75. 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.

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 Xbox games or surfing the net?

- 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.

77. 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

78. 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

79. 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

80. 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

81. 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

82. 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

83. 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

84. 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

85. 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