

Global School-based Student Health Survey (GSHS)

# 2010 Saint Kitts & Nevis 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 SAINT KITTS & NEVIS 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 or older

2. What is your sex?
  - A. Male
  - B. Female

3. In what form are you?
  - A. Form 2
  - B. Form 3
  - C. Form 4
  - D. Another Form

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 5 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 mangoes, papaw, bananas, pineapple, or guineps?
- 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 eddoes, carrots, sweet potatoes, christophene, beets, sweetcorn, pumpkin, or breadfruit?
- 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 carbonated soft drinks, such as Coke, Sprite, Busta, or Red? (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

10. During the past 30 days, how many times per day did you **usually** eat salty foods, such as crisps, chips (French fries), popcorn, or cheese curls?

- 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. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Dominos, KFC, or RediFried ?

- 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 4 questions ask about cleaning your teeth and washing your hands.**

12. 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

13. 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

14. 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

15. 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 5 questions ask about physical attacks and violence. 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

**Violence occurs when a person or a group of people attack other people or a group of people with insults, bullying, hits, assault, robbery, or rape.**

17. Do you belong to any violent group?
- A. Yes
  - B. No
18. Have you ever been forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No
19. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, club, stone, bottle, or machete?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

20. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, stone, bottle, or machete, **on school property**?
- A. 0 days
  - B. 1 day
  - C. 2 or 3 days
  - D. 4 or 5 days
  - E. 6 or more days

**The next 4 questions ask about physical fights. A physical fight occurs when two students of about the same strength or power choose to fight each other.**

21. 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
22. 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

23. 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
24. 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.**

25. 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

26. 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
27. 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 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.**

28. 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

29. 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

**The next 2 questions ask about your safety on the way to or from school and on school property.**

30. 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

31. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your bike, clothing, books, cell phone, or cash **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 riding in a car or other motor vehicle driven by someone else.**

32. 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 10 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, how often have you been so worried about something that you wanted to use alcohol or other drugs to feel better?

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

36. During the past 12 months, how often have you been so worried about something that you could not eat or did not feel hungry?

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

37. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?

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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

40. 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

41. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- A. **I did not attempt suicide** during the past 12 months
- B. Yes
- C. No

42. How many close friends do you have?

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

**The next 4 questions ask about what you have learned.**

43. During this school year, were you taught in any of your classes how to manage anger?
- A. Yes
  - B. No
  - C. I do not know
44. During this school year, were you taught in any of your classes signs of depression and suicidal behavior?
- A. Yes
  - B. No
  - C. I do not know
45. 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
46. 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 16 questions ask about sexual behaviors.**

47. Have you ever had sexual intercourse?
- A. Yes
  - B. No

48. 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
49. 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
50. 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
51. With whom have you had sexual intercourse?
- A. I have never had sexual intercourse
  - B. Females only
  - C. Males only
  - D. Both females and males

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

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

53. 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

54. How often do you or your partner use a condom when you have sexual intercourse?

- A. I have never had sexual intercourse
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

55. If you wanted to get a condom, 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 from a parent or family member
- F. I would get it some other way
- G. I do not know

56. Do you know how to tell someone you do not want to have sexual intercourse with them **unless** a condom is used?

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

57. During this school year, were you taught in any of your classes how to use a condom?

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

58. The **first time** you had sexual intercourse, did you or your partner use any other method of birth control or protection, 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

59. 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

60. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. I do not know

61. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, Runnings, Fire (gonorrhoea) Crabs, or Chlamydia?

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

62. Have you ever had a boyfriend or girlfriend or sexual partner who was more than 5 or 10 years older than you?

- A. I have never had a boyfriend or girlfriend or sexual partner
- B. I have had a boyfriend or girlfriend or sexual partner who was more than 5 but less than 10 years older than me
- C. I have had a boyfriend or girlfriend or sexual partner who was more than 10 years older than me

**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, basketball, or playing netball.**

63. 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

64. 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

65. 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

66. 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.**

67. 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 video games, surfing the net, texting, listening to music, or watching TV?
- 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 question asks about how many hours sleep you get.**

68. 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 17 questions ask about your experiences at school and at home.**

69. 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

70. 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

71. 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

72. 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

73. 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

74. 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

75. 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

76. During the past 30 days, how often did your parents or guardians show you affection?

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

77. 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

78. 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

79. During the past 30 days, how often did your parents or guardians provide for your necessities, such as food, basic clothing, and shelter?

- 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 ridicule you or put you down (for example, say you were stupid or useless)?

- 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 expect too much of you (for example, to do better in school or be a better person)?

- 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 embarrass you in public or in front of your friends?

- 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 unfairly compare you to someone else (such as to your brother or sister or to themselves)?

- 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 try to make you feel guilty for something you had done or something they thought you should do?

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

85. Do you think of yourself as a religious or spiritual person?

- A. Yes
- B. No