

Global School-based Student Health Survey (GSHS)

# 2012 Swaziland 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/)



## 2012 SWAZILAND 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 are you?

- A. Form 1
- B. Form 2
- C. Form 3
- D. Form 4
- E. Form 5
- F. Some other form

The next 7 questions ask about your height, weight, going hungry, and meals you may have eaten.

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="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input checked="" type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 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 12 months, have you been weighed and measured?

- A. Yes  
B. No

7. How do you describe your weight?

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

8. 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

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

10. During the past 30 days, how often was lunch offered to you at school?

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

**The next 4 questions ask about what you might eat and drink.**

11. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, tincozi, grapes, granadilla, bananas, apples, umfomfo, and emanumbela?

- 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

12. During the past 30 days, how many times per day did you **usually** eat vegetables, such as umbhidvo, chuchuza, cabbage, spinach, lettuce, inshubaba, inkakha, and carrots?
- 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
13. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Fanta, Coca Cola, Sprite, cream soda, and Squeezer? (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
14. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Kentucky Fried Chicken, Hungry Lion, Steers, Chicken King, and Nandos?
- 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 2 questions ask about what you have learned.**

15. 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
16. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?
- A. Yes
  - B. No
  - C. I do not know

**The next 7 questions ask about washing your hands and using the toilet or latrine.**

17. 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
18. 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

19. 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

20. Are there separate toilets or latrines for boys and girls **at school**?

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

21. Are the toilets or latrines safe **at school**?

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

22. Are the toilets or latrines private **at school**?

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

23. 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

**The next 8 questions ask about oral health and going to the dentist.**

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

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

25. How would you describe the health of your gums?

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

26. 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

27. Which of the following do you use most often to clean your teeth or gums?

- A. Toothbrush
- B. Wooden toothpicks
- C. Plastic toothpicks
- D. Dental floss or thread
- E. Charcoal
- F. Chew stick or umsutane
- G. Something else

28. 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
29. During the past 12 months, did a tooth ache cause you to miss classes or school?
- A. Yes
  - B. No
30. Do you avoid smiling or laughing because of how your teeth look?
- A. Yes
  - B. No
31. 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

**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.**

32. 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
33. 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
34. Have you ever been forced to have sexual intercourse when you did not want to?
- A. Yes
  - B. No

**The next question asks about feeling safe or unsafe.**

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

36. 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.**

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 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.**



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

**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.**

42. Do you belong to any violent group?

- A. Yes
- B. No

**The next 9 questions ask about your feelings and friendships.**

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

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

44. 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

45. During the past 12 months, how often have you been so worried about something that wanted to use alcohol or other drugs to feel better?

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

46. 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

47. During the past 12 months, how often have 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

50. 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

51. How many close friends do you have?

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

**The next 10 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, glue, and spirits.**

52. 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

53. During your life, how many times have you used marijuana (also called insangu)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

54. During the past 12 months, how many times have you used marijuana (also called insangu)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

55. During the past 30 days, how many times have you used marijuana (also called insangu)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

56. How difficult do you think it would be for you to get marijuana (also called insangu) if you wanted to?

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

57. During your life, how many times have you used amphetamines or methamphetamines (also called likhekhe lezoli)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

58. During the past 12 months, how many times have you used amphetamines or methamphetamines (also called likhekhe lezoli)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

59. During the past 30 days, how many times have you used cocaine (also called sidzakwamizwa seliphilisi or coke)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 or more times

60. How difficult do you think it would be for you to get cocaine (also called sidzakwamizwa seliphilisi or coke) if you wanted to?

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

61. 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 using drugs?

- 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 11 questions ask about sexual intercourse.**

62. Have you ever had sexual intercourse?

- A. Yes
- B. No

63. 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

64. 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

65. Did you drink alcohol or use other drugs before you had sexual intercourse the **last time**?

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

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

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

67. If you wanted to get a condom or *lijazi lemkhwenyane*, 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. *Umgcugcuteli*
- F. I would get it some other way
- G. I do not know

68. 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

69. If you wanted to get birth control, 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 borrow it from someone else
- F. I would steal from someone using them
- G. I would get it some other way
- H. I do not know

70. 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

71. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, or *Gcunsula*?

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

72. During this school year, were you taught in any of your classes about the benefits of **not** having sexual intercourse?

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

**The next 7 questions ask about HIV infection or AIDS.**

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

- A. Yes
- B. No

74. 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

75. 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

76. During this school year, were you taught in any of your classes where to get tested for HIV infection or AIDS?

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

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

- A. Yes
- B. No

78. Can a pregnant woman with HIV infection or AIDS infect her unborn child?

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

79. Can a healthy-looking person be infected with HIV?

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

**The next 6 questions ask about your experiences at school and at home.**

80. 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

81. 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

82. 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

83. 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

84. 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

85. 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