

Global School-based Student Health Survey (GSHS)

2015 Kuwait GSHS Questionnaire

For more information:

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



2015 KUWAIT 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
- 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. Grade 7
- B. Grade 8
- C. Grade 9
- D. Grade 10
- E. Grade 11
- F. Grade 12

The next 4 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. During the past 12 months, have you been weighed or measured?
- A. Yes
B. No
7. 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 10 questions ask about what you might eat and drink.

8. During the past 30 days, how many times per day did you **usually** eat fruit, such apples, bananas, or oranges?
- 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
9. During the past 30 days, how many times per day did you **usually** eat vegetables, such cucumbers, tomatoes, 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
10. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coca cola, Pepsi, Sprite, 7up, Fanta, or Miranda? (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

11. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as McDonalds, Burger King, or KFC?

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

12. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as cheese, milk, yogurt, frozen yogurt, labneh, laban, or gemar?

- 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

13. During the past 30 days, how many times per day did you **usually** eat salty foods, such as mixed nuts, potato chips, French fries, popcorn, noodles, or spaghetti?

- A. I did not eat salty foods
- 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** eat foods high in fat, such as French fries, chips, mayonnaise, butter, chocolate, ice cream, or sausages?

- A. I did not eat salty foods
- 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** drink fruit juice, such as orange, apple, strawberry, mango, or pineapple juice?

- A. I did not drink fruit juice 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 often did you eat breakfast?

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

17. 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 3 questions ask about how carbonated soft drinks, such as Coca cola, Pepsi, Sprite, 7up, Fanta, or Miranda (Do not include diet soft drinks) and foods from fast food restaurants, such as McDonalds, Burger King, or KFC, are advertised and sold.

18. When you watch television, videos, or movies, how often do you see advertisements for carbonated soft drinks or fast foods?
- A. I do not watch television, videos, or movies
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always
19. Can you buy **fast foods** or get them for free in your school?
- A. Yes
 - B. No
20. During the past 30 days, how many advertisements for carbonated soft drinks or fast foods did you see **in your school**?
- A. I did not see any advertisements for carbonated soft drinks or fast foods in my school
 - B. A lot
 - C. A few
 - D. None

The next 6 questions ask about losing or gaining weight.

21. How do you describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight

22. 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
23. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
24. During the past 30 days, did you **take any diet pills, powders, or liquids without a doctor's advice** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
25. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
26. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 2 questions ask about what you were taught in any of your classes.

27. 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

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

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

The next 7 questions ask about cleaning your teeth, washing your hands, and washing up.

29. 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

30. 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

31. During the past 30 days, how often did you wash your hands before eating **at school**?

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

32. 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

33. 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

34. During the past 30 days, how often did you use the toilets or latrines **at school**?

- A. There are no toilets or latrines at school
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

35. Are the toilets and latrines clean **at school**?

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

The next 3 questions ask about drinking water.

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

- A. Yes
- B. No

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

- A. Yes
- B. No

38. 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 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.

39. 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.

40. 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

41. 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 4 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.

42. 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

43. 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
44. 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
45. During the past 12 months, where did the most serious injury that happened to you occur?
- A. I was not seriously injured during the past 12 months
 - B. At home
 - C. At school
 - D. At work
 - E. On a playing field or court or in a gymnasium
 - F. On or near a road
 - G. In a park
 - H. Somewhere else

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.

46. 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
47. 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 question asks about carrying a weapon.

48. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, club, dagger, hammer, or razor?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

The next question asks about vehicle safety.

49. During the past 30 days, how often did you use a seat belt when riding in a car or other motor vehicle driven by someone else?
- A. I did not ride in a motor vehicle driven by someone else
 - B. Never
 - C. Rarely
 - D. Sometimes
 - E. Most of the time
 - F. Always

The next 12 questions ask about your feelings and friendships.

50. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

51. 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

52. 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

53. 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

54. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

57. 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

58. 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

59. How many close friends do you have?

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

60. 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

61. 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.

62. 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

63. 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

64. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as hubbly bubbly or cigars?

- 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

65. 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

66. 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

67. 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 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, basketball, and volleyball.

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

The next question asks about the time you spend mostly sitting when you are not in school or doing homework.

71. 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 Dewaneya; using mobile or tablet devices to play games or chat using social media like Instagram, Snapchat, or Twitter; playing cards; or going to the cinema?
- 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 6 questions ask about your experiences at school and at home.

72. 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
73. 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

74. 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

75. 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

76. 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

77. 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