

Global School-based Student Health Survey (GSHS)

# 2017 Paraguay 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/)



## 2017 PARAGUAY 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. Octavo (8°)
  - B. Noveno (9°)
  - C. Primer Curso (1°)
  - D. Segundo Curso (2°)
  - E. Tercer Curso (3°)

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="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 checked="" 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	

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?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
7. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always

**The next 4 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 as oranges, bananas, tangerines, apples, mango, or other fruits?
- I did not eat fruit during the past 30 days
  - Less than one time per day
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day
9. During the past 30 days, how many times per day did you **usually** eat vegetables, such as lettuce, tomatoes, carrots, or other vegetables?
- I did not eat vegetables during the past 30 days
  - Less than one time per day
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 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, Fanta, Pepsi, Sprite, Nico, Pulp, or other carbonated soft drinks? (Do **not** include diet soft drinks.)
- I did not drink carbonated soft drinks during the past 30 days
  - Less than one time per day
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 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, Pancheros, or Pizza Hut?

- 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 how carbonated soft drinks, such as Coca Cola, Fanta, Pepsi, Sprite, Nico, and Pulp (Do not include diet soft drinks) and foods from fast food restaurants, such as McDonalds, Burger King, Pancheros, or Pizza Hut, are advertised and sold.**

12. 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

**The next 2 questions ask about salt consumption.**

13. During the past 7 days, how many times per day did you **usually** add salt to your food after it was served on your plate?

- A. I did not add salt to my food during the past 7 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. How much salt do you **usually** eat each day?

- A. Way too much
- B. Too much
- C. Just the right amount
- D. Very little
- E. Too little or almost nothing
- F. I do not know

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

15. 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

16. 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

17. 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

18. 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 question asks about drinking water.**

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

- A. Yes
- B. No

**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.**

20. 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

21. Have you ever been forced to have sexual intercourse when you did not want to?

- A. Yes
- B. No

**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.**

22. 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.**

23. 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

24. 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

25. 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.**

26. 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

27. 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 violence.**

28. Do you belong to any violent group?
- A. Yes
  - B. No

**The next 2 questions ask about riding in a car or motor vehicle.**

29. 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

30. 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 a 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 helmet use.**

31. During the past 30 days, how often did you wear a helmet when riding a bicycle?
- A. I did not ride a bicycle
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always

**The next 6 questions ask about your feelings and friendships.**

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

33. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

36. 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

37. How many close friends do you have?

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

**The next 8 questions ask about drinking alcohol. This includes drinking wine, beer, vodka, whiskey, rum, cane, or tequila. 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.**

38. 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 or 17 years old
- H. 18 years old or older

39. 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

40. 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

41. 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

42. What type of alcohol do you **usually** drink? **SELECT ONLY ONE RESPONSE.**

- A. I do not drink alcohol
- B. Beer, lager, or stout
- C. Wine
- D. Whiskey
- E. Vodka
- F. Cane
- G. Some other type

**Staggering when walking, not being able to speak right, and throwing up are some signs of being really drunk.**

43. 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

44. 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 question asks about how often you see alcohol advertisements on videos, magazines, or the internet or at movie theaters, sports events, or music concerts.**

45. During the past 30 days, how often did you see any alcohol advertisements?

- A. Never
- B. Rarely
- C. Sometimes
- D. Almost daily
- E. Daily

**The next 10 questions ask about sexual intercourse.**

46. Have you ever had sexual intercourse?

- A. Yes
- B. No

47. 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

48. 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 years old or older

49. 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

50. 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

51. 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

52. 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

53. 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 in a service station
- F. I would get it some other way
- G. I do not know

54. 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

55. 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
- F. I would get it at a service station
- G. I would get it some other way
- H. 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, or football.**

56. 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

57. 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

58. 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.**

59. 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 videos, using the phone, or watching videos.

- 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 your sleeping habits.**

60. 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 8 questions ask about your experiences at school and at home.**

61. 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
62. 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
63. 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

64. 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
65. 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
66. 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
67. 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

68. 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

**The next 2 questions are about diabetes and high blood pressure diagnosed by a doctor or nurse. Any advice on the street should not be included.**

69. Have you ever been told by a doctor or nurse that your blood sugar was high or that you had diabetes?

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

70. Have you ever been told by a doctor or nurse that you have high blood pressure or hypertension?

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

**The next 2 questions refer to your participation in school activities.**

71. During the past 12 months, in which school activity did you participate in **most often**? (SELECT ONLY ONE ANSWER.)

- A. I did not participate in any school activity during the past 12 months
- B. Sports/Dancing
- C. Environmental activities
- D. Civic activities
- E. Recycling project
- F. Boy Scouts
- G. Support group for people with disabilities
- H. Some other school activity

72. In which school activity would you like to participate or continue to participate in **the most**? (SELECT ONLY ONE ANSWER.)

- A. I would not like to participate in any school activity
- B. Sports/Dancing
- C. Environmental activities
- D. Civic activities
- E. Recycling project
- F. Boy Scouts
- G. Support group for people with disabilities
- H. Some other activity in my school