

Global School-based Student Health Survey (GSHS)

2015 Suriname GSHS Questionnaire

For more information:

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



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 1
 - B. Grade 2
 - C. Grade 3
 - D. Some other grade

4. What is your ethnicity?
 - A. Hindustani
 - B. Creole
 - C. Maroons
 - D. Javanese
 - E. Indigenous
 - F. Chinese
 - G. Mixed ethnicity
 - H. Some other ethnicity

The next 4 questions ask about your height and weight.

5. 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 | |

6. 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"/> |
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| | <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 | |

7. During the past 12 months, have you been weighed and measured?
- A. Yes
B. No
8. How do you describe your weight?
- A. Very underweight
B. Slightly underweight
C. About the right weight
D. Slightly overweight
E. Very overweight

The next 10 questions ask about what you might eat and drink.

9. During the past 30 days, how often did you eat breakfast?
- A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
10. 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
11. 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
12. During the past 30 days, how many times per day did you **usually** eat fruit, such as avocado, manja, sinaasappel, or ananas?
- 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 amsoi, bitawiri, boulanger, or kouseband?

- 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 carbonated soft drinks, such as Fernandes, Coca Cola, Pepsi, Thrill, Busta, Chubby, or Sprite? (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

15. During the past 30 days, how many times per day did you **usually** drink carbonated energy drinks, such as 220 Volt, Monster, or Red Bull?

- A. I did not drink energy 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

16. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Naskip, McDonalds, KFC, Popeye's, Rotishop, Warung, 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

17. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as pap, chocolate milk, yoghurt, or vla?

- 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

18. During the past 30 days, how many times per day did you **usually** eat salty foods, such as chips, zoutvlees, or zoute vis?

- A. I did not eat salty foods 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

The next 2 questions ask about what you have been taught.

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
20. 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 11 questions ask about your teeth, washing your hands, and hygiene.

21. 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
22. How would you describe the health of your teeth?
- A. Excellent
 - B. Very good
 - C. Good
 - D. Average
 - E. Poor
 - F. Very poor

23. 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
24. 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
25. 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
26. 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

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

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

28. Are toilets or latrines safe **at school**?

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

29. Are toilets or latrines clean **at school**?

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

30. 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

31. During the past 30 days, how often did you use soap when washing your hands **at school**?

- A. I did not wash my hands at school during the past 30 days
- 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.

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

The next question asks about physical fights. A physical fight occurs when two or more students of about the same strength or power choose to fight each other.

33. 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 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.

34. 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
35. 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

36. 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
37. 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.

38. 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

39. 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 8 questions ask about your feelings and friendships.

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

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

41. 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

42. 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

43. 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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

46. 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

47. How many close friends do you have?

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

The next 6 questions ask about cigarette and other tobacco use.

48. 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

49. 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

50. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as tabak or shag?

- 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

51. 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

52. 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

53. 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 bier, chiller, rum, whiskey, or kasirie. 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.

54. 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
55. 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
56. 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

57. 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.

58. 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
59. During your life, how many times have you ever 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 drug use. This includes using marijuana, cocaine, inhalants, and ecstasy.

60. 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
61. During your life, how many times have you used marijuana (also called wiri, jonko, or stickie)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
62. During the past 30 days, how many times have you used marijuana (also called wiri, jonko, or stickie)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
63. During your life, how many times have you used amphetamines or methamphetamines (also speed or ecstasy)?
- 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 5 questions ask about sexual intercourse.

64. Have you ever had sexual intercourse?
- A. Yes
 - B. No
65. 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
66. 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
67. 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

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

The next 4 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you breathe hard. 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, slagbal, and zwemmen.

69. 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

70. 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

71. 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

72. 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.

73. 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 checkers and cards?

- 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 of sleep you get.

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 6 questions ask about your experiences at school and at home.

75. 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

76. 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

77. 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

78. 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

79. 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

80. 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