

Global School-based Student Health Survey (GSHS)

2015 Nepal GSHS Questionnaire

For more information:

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



2015 NEPAL 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/class/ standard are you?

- A. Class 7
- B. Class 8
- C. Class 9
- D. Class 10
- E. Class 11

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
<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"/>	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 7 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 apples, oranges, mangoes, or papayas?
- 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 cauliflower, cabbage, or Brinjal?
- 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 Coca-Cola, Pepsi, 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

10. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as mo mo, chowmein, burgers, or pizza?

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

11. During the past 30 days, how many advertisements for carbonated soft drinks or fast foods did you see when you watched **television**?

- A. I did not watch television during the past 30 days
- B. A lot
- C. A few
- D. None

12. During the past 30 days, how many times per day did you **usually** eat salty foods, such as noodles, crackers, daalmoth (mixtures), or paapad?

- 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

13. During the past 30 days, how many times per day did you **usually** eat foods high in fat, such as ghee, fried food, ice cream, or cream doughnuts?

- A. I did not eat foods high in fat
- 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

14. 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 personal health issues.

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 12 months, how often did you have a tooth ache or feel discomfort because of your teeth?

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

17. Do you use toothpaste that contains fluoride?

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

18. 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

19. 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

20. 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

21. 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

22. 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

23. 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

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

- A. Yes
- B. No

25. Do you have a toilet or latrine **at home**?

- A. Yes
- B. No

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.

26. 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 students of about the same strength or power choose to fight each other.

27. 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.

28. 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

29. 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
30. 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.

31. 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

32. 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 at school.

33. 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

34. During the past 12 months, did your teacher ever hit, slap, or physically hurt you on purpose?

- A. Yes
- B. No

The next question asks about violence in relationships.

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

- A. Yes
- B. No

The next 2 questions ask about riding a motor bike.

36. During the past 30 days, how often did you use a helmet when driving a motor bike?

- A. I did not drive a motor bike during the past 30 days
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

37. During the past 30 days, how many times did you drive a motor bike **when you had been drinking alcohol**?

- A. I did not drive a motor bike during the past 30 days
- B. 0 times
- C. 1 time
- D. 2 or 3 times
- E. 4 or 5 times
- F. 6 or more times

The next 8 questions ask about your feelings and friendships.

38. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
39. 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
40. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
41. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No
42. 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

43. How many close friends do you have?
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more
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 how to handle stress in healthy ways?
- A. Yes
 - B. No
 - C. I do not know
- The next 8 questions ask about cigarette and other tobacco use.**
46. 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

47. 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
48. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as chewing tobacco SURTI, KHAINI, GUTKA, or PARAG?
- 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
49. 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
50. 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

51. 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
52. At any time during the next 12 months, do you think you will smoke a cigarette?
- A. Definitely not
 - B. Probably not
 - C. Probably yes
 - D. Definitely yes
53. If one of your best friends offered you a cigarette, would you smoke it?
- A. Definitely not
 - B. Probably not
 - C. Probably yes
 - D. Definitely yes

The next 10 questions ask about drinking alcohol. This includes drinking beer, rum, whisky, wine, Jaad, Chyaang, Tungba, and Tharra. 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 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
60. What type of alcohol do you **usually** drink? **SELECT ONLY ONE RESPONSE.**
- A. I do not drink alcohol
 - B. Beer
 - C. Wine
 - D. Spirits, such as Whiskey, Rum, Vodka
 - E. Local Raksi (Tharra, Aela etc)
 - F. Jaad, Chhyang, Tongba
 - G. Some other type
61. With whom do you **usually** drink alcohol?
- A. I do not drink alcohol
 - B. With my friends
 - C. With my family
 - D. With persons I have just met
 - E. I usually drink alone
62. Do your parents or guardians know that you drink alcohol?
- A. I do not drink alcohol
 - B. Yes
 - C. No
 - D. I do not know

63. During this school year, were you taught in any of your classes the problems associated with drinking alcohol?

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

The next 7 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, Gaaja, and Chareh.

64. 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

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

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

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

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

67. During your life, how many times have you used amphetamines or methamphetamines (also called stimulants)?

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

68. During the past 30 days, how many times have you taken a prescription drug (such as trama, fencidyl, nitrosun, or morphine) without a doctor's prescription?

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

69. During your life, how many times have you used a needle to inject any illegal drug into your body?

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

70. During this school year, were you taught in any of your classes the problems associated with using drugs, such as marijuana, amphetamines, cocaine, inhalants, Gaaja, or Chareh?

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

The next 10 questions ask about sexual intercourse.

71. Have you ever had sexual intercourse?

- A. Yes
- B. No

72. 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

73. 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

74. 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

75. During the past 12 months, how many times did you have sexual intercourse?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 to 9 times
- E. 10 to 29 times
- F. 30 or more times

76. The **last time** you had sexual intercourse, did you or your partner use a condom or Dhaal?

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

77. 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

78. If you wanted to get a condom or Dhaal, 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 some other way
- F. I do not know

79. How often do you or your partner use a condom or Dhaal 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
80. 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 don't know

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, volleyball, kabaddi, and Cricket.

81. 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

82. 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

83. 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

84. During this school year, were you taught in any of your classes the benefits of physical activity?
- A. Yes
 - B. No
 - C. I don't know

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

85. 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 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 6 questions ask about your experiences at school and at home.

86. 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

87. 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

88. 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

89. 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

90. 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

91. 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