

## 2019 NIUE 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. Year 7
- B. Year 8
- C. Year 9
- D. Year 10
- E. Year 11
- F. Year 12
- G. Year 13

**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 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 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- 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 6 questions ask about what you might eat and drink.**

8. During the past 7 days, how many times did you eat fruit, such as vi's, bananas, apples, pears, grapes, oranges, mandarins, watermelon, or pawpaw?
- A. I did not eat fruit during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
9. During the past 7 days, how many times did you eat vegetables, such as cabbage, pok choy, lettuce, kaluku, lau lu talo, spring onions, tomatoes, cucumber, or pumpkin?
- A. I did not eat vegetables during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day
10. During the past 7 days, how many times did you drink a can, bottle, or glass of a carbonated soft drink, such as Sprite, Coke, Coke Zero, Fanta, L&P, Sparkling duet, Mountain Dew, or Fresh up? (Do **not** include diet soft drinks.)
- A. I did not drink carbonated soft drinks during the past 7 days  
B. 1 to 3 times during the past 7 days  
C. 4 to 6 times during the past 7 days  
D. 1 time per day  
E. 2 times per day  
F. 3 times per day  
G. 4 or more times per day

11. During the past 7 days, how many times did you drink milk or eat milk products, such as long life milk, full cream milk, skim milk, soya milk, yoghurt, ice cream, butter, or cheese?
- A. I did not drink milk or eat milk products during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
12. During the past 7 days, how many times did you eat salty foods, such as povi masima, corned beef, tinned SPAM, ham, salted chips, or other salty snacks?
- A. I did eat salty foods during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
13. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as Washaway café, Matavai, Vaiolama, Fusion Flava, Falala Fa, Katuali's, Crazy Uga, Gills Curry House, Jenna's de la cuisine, Crow's Nest, Tavana's Café, Talo's Restaurant, Torito, Hio Café, or R'Lina's Restaurant?
- 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 7 questions ask about cleaning your teeth and washing your hands.**

14. 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
15. 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
16. During the past 30 days, how did you **usually** wash your hands before eating?
- A. I did not wash my hands before eating during the past 30 days
  - B. In a dish of water used by others
  - C. In a dish of water used only by me
  - D. Under running water
  - E. Some other way
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 wash your hands after using the toilet or latrine **at school**?

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

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

**The next 6 questions ask about your oral health and going to the dentist.**

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

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

22. 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

23. During the past 12 months, how many times did you go to the dentist?

- A. 0 times
- B. 1 time
- C. 2 times
- D. 3 times
- E. 4 times
- F. 5 or more times

24. What was the main reason for your last visit to the dentist?

- A. I have never been to the dentist
- B. Something was wrong with my teeth or gums
- C. For follow-up treatment from an earlier visit
- D. For a check-up or exam
- E. I do not know

25. Are you satisfied with the appearance of your teeth?

- A. Yes
- B. No

26. Do you have difficulty chewing?

- A. Yes
- C. No

**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.**

27. 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

28. 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

29. 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 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.**

30. 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

31. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

A. I did not date or go out with anyone during the past 12 months  
B. 0 times  
C. 1 time  
D. 2 or 3 times  
E. 4 or 5 times  
F. 6 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.**

32. 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

33. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse or missed your usual activities?

A. 0 times  
B. 1 time  
C. 2 or 3 times  
D. 4 or 5 times  
E. 6 or more times

**The next 2 questions ask about violence.**

34. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your bike, clothing, or books, **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

35. During the past 30 days, on how many days did you carry **a gun?**

A. 0 days  
B. 1 day  
C. 1 time  
D. 2 or 3 days  
E. 4 or 5 days  
F. 6 or more days

**The next question asks about road safety.**

36. During the past 30 days, how often did you use a seat belt when driving a car or other motor vehicle?

A. I did not drive a motor vehicle  
B. Never  
C. Rarely  
D. Sometimes  
E. Most of the time  
F. Always

The next 2 questions ask about bullying. Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumors about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.

37. During the past 12 months, have you ever been bullied **on school property**?

- A. Yes
- B. No

38. During the past 12 months, have you ever been bullied when you were **not on school property**?

- A. Yes
- B. No

The next 9 questions ask about your feelings and friendships.

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

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

40. 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

41. During the past 12 months, how many times have you felt depressed?

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

42. During the past 12 months, how often have you felt stressed in your life?

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

43. During the past 12 months, how many times have you thought of causing harm to yourself?

- 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 5 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 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

51. 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

52. 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 9 questions ask about drinking alcohol.**

**This includes drinking a can or bottle of beer, wine, premixes, liquor, or cocktails. 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.**

53. 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

54. 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

55. 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

56. 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

57. With whom do you **usually** drink alcohol?

- A. I did not drink alcohol
- B. With my friends
- C. With my family
- D. With persons I have just met
- E. I usually drink alone

58. Are you allowed to drink alcohol at home?

- A. I did not drink alcohol
- B. Yes
- C. No

59. Do your parents or guardians know that you drink alcohol?

- A. I did not drink alcohol
- B. Yes
- C. No
- D. I do not know

60. If one of your best friends offered you a drink of alcohol, would you drink it?

- A. Definitely not
- B. Probably not
- C. Probably yes
- D. Definitely yes

61. 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

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

62. 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

63. 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 5 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, touch rugby, rugby, tag, soccer, netball, circuit, or lifting weights.**

64. 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

65. 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

66. 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

67. 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

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

69. 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 texting, or surfing the net?

- 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.**

70. 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

71. 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

72. 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

73. 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

74. During the past 30 days, how often did your parents or guardians have open communication with you?

- 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 **really** know what you were doing with your free time?

- 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 go through your things without your approval?

- 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 expect too much of you (for example, to do better in school or be a better person)?

- 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 unfairly compare you to someone else (such as to your brother or sister or to themselves)?

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