

2019 URUGUAY 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. ☒ (B) (C) (D) (E) (F) (G) (H)

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. CB
- B. 3 CB
- C. 1 BD
- D. 2 BD
- E. 3 BD

4. What adults do you live with most days of the week? (Select only **one** response.)

- A. Both my parents or guardians
- B. Only a male parent or guardian
- C. Only a female parent or guardian
- D. Some other adult
- E. None of the above

The next 7 questions ask about your height, weight, and going hungry.

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"/>
	<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"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

7. 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
8. During the past 30 days, did **you go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

9. During the past 30 days, did **you vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

10. 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

11. During a typical week, on how many days do you share breakfast, lunch, teatime, or dinner with one or both of your parents?

- 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 5 questions ask about what you might eat and drink.

12. During the past 7 days, how many times did you eat fruit, such as apples, bananas, or oranges?
- 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
13. During the past 7 days, how many times did you eat vegetables, such as lettuce, tomatoes, carrots, chard, 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
14. During the past 7 days, how many times did you drink a can, bottle, or glass of a carbonated soft drink, such as Coca Cola, Pepsi, Nix, Fresquita, Fanta, Salus Frutté, or Pomelo? (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

15. During the past 7 days, how many times did you drink milk or eat milk products, such as yogurt 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
16. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as McDonald's, Burger King, Barney's, or chorizo carts?
- 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 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.

17. 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

18. 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
19. 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 3 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
22. During the past 12 months, how many times did **anyone** 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. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 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.

23. 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 5 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.

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

- A. Yes
- B. No

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

- A. Yes
- B. No

26. How frequent are quarrels, fights, or bullying in your school?

- A. Very frequent
- B. Frequent
- C. Almost never
- D. Never

27. During the past 12 months, have you ever been **cyber** bullied? (Count being bullied through texting, Instagram, Snapchat, Facebook or other social media.)

- A. Yes
- B. No

28. During the past 12 months, how were you bullied face-to-face **most often**?

- A. I was not bullied face-to-face during the past 12 months
- 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 face-to-face in some other way

The next 2 questions ask about road safety.

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 10 questions ask about your feelings and friendships.

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

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

32. 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

33. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- A. Yes
- B. No

34. During the past 12 months, how often have you felt afraid at school, at home, or in your neighborhood?

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

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

- A. Yes
- B. No

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

- A. Yes
- B. No

37. 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

38. How many close friends do you have?

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

39. How are your friends **most likely** to describe you? (Select only **one** response.)

- A. Sad
- B. Fun and happy
- C. As a calm person
- D. As a nervous or worried person
- E. As a leader
- F. As a shy person
- G. I don't know

40. Are you satisfied with the way you are?

- A. Very satisfied
- B. Satisfied
- C. Little satisfied
- D. Not satisfied at all

The next 2 questions ask about finishing high school.

41. Do you think you will probably finish high school?

- A. Probably
- B. More or less probably
- C. Hardly probable
- D. For sure not
- E. I don't know

42. What would you like to do primarily once you have finished high school? (Select only **one** response.)

- A. Only work
- B. Only study for a technical career
- C. Only study at the university
- D. Study for a technical career and work
- E. Study at the university and work
- F. Something else
- G. I do not know

The next 4 questions ask about cigarette and other tobacco use.

43. During the past 12 months, have you used tobacco products such as cigarettes, hand rolled tobacco or chewing tobacco?

- A. Yes
- B. No

44. 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

45. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as pipe, hand rolled tobacco or chewing tobacco?

- 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

46. During the past 30 days, as far as you know or have seen, has someone smoked cigarettes or other tobacco products at home?

- A. Yes
- B. No

The next 8 questions ask about drinking alcohol. This includes drinking beer, wine, and whisky. 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.

47. 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

48. During the past 12 months, how often have you drank alcohol?

- A. Never
- B. Once
- C. Sometimes during the past 12 months
- D. Sometimes monthly
- E. Sometimes weekly
- F. Daily

49. 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

50. 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

51. 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

52. During the past 30 days, as far as you know or have seen, has someone drank alcohol at home?

- A. Yes
- B. No

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

53. 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

54. 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 8 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, pasta base, ecstasy, and ketamine.

55. During the past 12 months, how often have you used marijuana (also called porro, or cannabis)?

- A. I have never used marijuana
- B. Once
- C. Sometimes during the past 12 months
- D. Sometimes monthly
- E. Sometimes weekly
- F. Daily

56. During your life, how many times have you had a hangover, felt sick, had problems with your family or friends, missed high school or got into fights because of using marijuana?

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

57. During the past 12 months, have you ever used cocaine?

- A. Yes
- B. No

58. During the past 12 months, have you ever used hallucinogens?

- A. Yes
- B. No

59. During the past 12 months, have you ever used ecstasy?

- A. Yes
- B. No

60. During the past 12 months, have you ever used amphetamines or methamphetamines (also called crystals)?

- A. Yes
- B. No

61. During the past 30 days, as far as you know or have seen, has someone taken tranquilizers at home?

- A. Yes
- B. No

62. During the past 30 days, as far as you know or have seen, has someone used marijuana at home?

- C. Yes
- D. No

The next 8 questions ask about sexual intercourse.

63. Have you ever had sexual intercourse?

- A. Yes
- B. No

64. 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

65. 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

66. The **last time** you had sexual intercourse, did you or your partner use a condom, forro, or preservative

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

67. If you wanted to get a condom, forro, or preservative 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
- D. I would get it from a clinic or hospital
- E. I would give someone else money to buy it for me
- F. I would get it some other way
- G. I do not know

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

69. Who are you **most** comfortable talking with about your sexuality? (Select only **one** response.)

- A. Mother
- B. Father
- C. Brothers or sisters
- D. Friends
- E. Boyfriend or girlfriend
- F. Someone else
- G. No one

70. Have you talked about sexuality topics at home?

- A. Yes
- B. No

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, playing football or other sports.

71. 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

72. 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

73. 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.

74. 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 drinking mate?

- 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.

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. How much do your parents know your closest friends?

- A. Not at all
- B. A little
- C. Some
- D. A lot