

Global School-based Student Health Survey (GSHS)

2012 Ghana GSHS Questionnaire

For more information:

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



2012 GHANA 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. JHS 1
 - B. JHS 2
 - C. JHS 3
 - D. SHS 1
 - E. SHS 2
 - F. SHS 3
 - G. SHS 4

4. Who is **most** responsible for taking care of your needs? SELECT ONLY ONE RESPONSE.
 - A. Both my father and mother
 - B. Only my father
 - C. Only my mother
 - D. My uncle or aunt
 - E. My grandmother or grandfather
 - F. My sister or brother
 - G. Some other person

The next 4 questions ask about your height, weight, going hungry, and eating breakfast.

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"/>	I do not know	

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
8. During the past 30 days, how often did you eat breakfast?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 4 questions ask about what you might eat and drink.

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as oranges, pineapple, watermelon, banana, guava, pear, sweet apple, mangoes, or pawpaw?
- 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
10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as kontomire, garden eggs, lettuce, cabbage, okra, alefu, bira, ayoyo, or bean leaves?
- 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
11. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Pepsi, Coca-cola, Fanta, Lucozade, 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

12. During the past 7 days, on how many days did you eat food from a fast food restaurant, such as vendors who sell pizza, hamburgers, fried chicken, fried rice, fried doughnuts, fried yams or potatoes, fried plantains, fried turkey (chofi), fried fish, or fried beef?
- 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 4 questions ask about cleaning your teeth and washing your hands.

13. 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
14. 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

15. 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
16. 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 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.

17. 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
18. 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.

19. 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.

20. 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

21. 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
22. 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 7 questions ask about bullying. Bullying occurs when a student or group of students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly and fun way.

23. 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

24. 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

25. During the past 30 days, how often did you feel like **not** going to school because you were afraid of being bullied?

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

26. During the past 30 days, how often did you see other students being bullied?

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

27. Have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)

- A. Yes
- B. No

28. During the past 30 days, how often did you bully other students?

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

29. What is the **most common** reason that some students bully other students? **SELECT ONLY ONE RESPONSE.**

- A. They are seniors or in a higher class
- B. They are bigger and stronger
- C. They think it is fun
- D. It is pay back for being bullied themselves
- E. They want to "show off" or impress their friends
- F. For other reasons
- G. I do not know

The next 7 questions ask about your feelings and friendships.

30. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
31. 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
32. 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 your usual activities?
- A. Yes
 - B. No
33. During the past 12 months, did you ever **seriously** consider attempting suicide?
- A. Yes
 - B. No
34. During the past 12 months, did you make a plan about how you would attempt suicide?
- A. Yes
 - B. No

35. 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
36. 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.

37. 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
38. 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

39. During the past 30 days, on how many days did you use any tobacco products other than cigarettes, such as tawa snuff powder, chewing tobacco, paper rolled tobacco, dip, cigars, or pipe?
- 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 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
41. 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
42. 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 11 questions ask about drinking alcohol. This includes drinking beer, akpeteshie, plam wine, pito, gin, brandy, bonsamnsou, yebudidi, schnapps, Johnny Walker, or Guinness. 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.

43. 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
44. 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

45. 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
46. 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
47. Where were you the **last time** you had a drink of alcohol?
- A. I have never had a drink of alcohol
 - B. At home
 - C. At someone else's home
 - D. At school
 - E. Out on the street, in a park, or in some other open area
 - F. At a bar, pub, or disco
 - G. In a restaurant
 - H. Some other place

48. Which of your parents or guardians drink alcohol?
- A. Neither
 - B. My father or male guardian
 - C. My mother or female guardian
 - D. Both
 - E. I do not know
49. During this school year, were you taught in any of your classes how to tell someone you did not want to drink 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.

50. 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
51. During the past 30 days, 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

52. 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

53. How many of your friends frequently drink 5 or more drinks on one occasion?

- A. None
- B. A few
- C. Some
- D. Most
- E. All

The next 4 questions ask about drug use. This includes using marijuana (wee), amphetamines, cocaine, inhalants, heroine, valium, or crack.

54. 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

55. During your life, how many times have you used marijuana (also called wee, Jah, indian hemp, ahabammono, and ganja)?

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

56. During the past 30 days, how many times have you used marijuana (also called wee, Jah, indian hemp, ahabammono, and ganja)?

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

57. During your life, how many times have you used amphetamines or methamphetamines (also called **ice** or **yellow**)?

- 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 11 questions ask about sexual intercourse.

58. Have you ever had sexual intercourse?

- A. Yes
- B. No

59. 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 year old or older

60. 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

61. 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

62. The **first time** you had sexual intercourse, did you or your partner use a condom or rubber?

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

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

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

64. If you wanted to get a condom or rubber, 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

65. 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

66. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. I do not know

67. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection, such as HIV, AIDS, gonorrhea, syphilis, chlamydia, HPV, or genital warts?

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

68. How many of your friends have had sexual intercourse?

- A. None
- B. A few
- C. Some
- D. Most
- E. All

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, football, ampe, skipping, and hop scotch.

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

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

72. 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 oware, ludu, draft, snake and ladders, or other board games?

- 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.

73. 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

74. 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

75. 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

76. 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

77. 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

78. 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

The next 7 questions ask about other health-related issues.

79. How do you describe your health in general?

- A. Excellent
- B. Very good
- C. Good
- D. Fair
- E. Poor

80. **During this school term** are you a boarding or day student?

- A. Boarding student
- B. Day student

81. **During this school term** how many times have you been told by a doctor or nurse that you were sick with **malaria**?

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

82. **During this school term**, how many days have you missed school or classes because you were sick with **malaria**?

- A. I have not been sick with malaria during this school term
- B. 0 days
- C. 1 day
- D. 2 days
- E. 3 days
- F. 4 days
- G. 5 or more days

83. **During this school term**, how often do you sleep in a **mosquito net**?

- A. Always
- B. Sometimes
- C. Never

84. **During this school term**, do you use a mosquito net treated with **insecticide (chemicals)**?

- A. I do not use a mosquito net
- B. Yes
- C. No
- D. I do not know

85. **During this school term**, is the room in which you normally sleep sprayed with **mosquito spray**?

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