



وزارة التربية والتعليم



وزارة الصحة

GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

Sultanate OF Oman

2015

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.

Core questions

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 are you?**
 - A. Eighth
 - B. Ninth
 - C. Tenth
 - D. Eleventh
 - E. Twelfth

Country specific questions

4. **What is your nationality?**
 - A. Omani
 - B. Non Omani

The next 3 questions ask about your height, weight, and going hungry.

Core questions

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.

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

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.

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

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 7 questions ask about what you might eat and drink.

Core questions

8. **During the past 30 days, how many times per day did you usually eat fruit, such as dates, apples, oranges or bananas?**

- 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

9. **During the past 30 days, how many times per day did you usually eat vegetables, such as tomatoes, cucumbers, carrots or lettuce?**

- 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

10. **During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Pepsi, Cola or Mountain Dew? (Do not include diet soft drinks.)**

- 1. I did not drink carbonated soft drinks during the past 30 days
- 2. Less than 1 time per day

- 3. 1 time per day
 - 4. 2 times per day
 - 5. 3 times per day
 - 6. 4 times per day
 - 7. 5 or more times per day
11. **During the past 7 days, on how many days did you eat food from a fast food restaurant, such as burger, pizza or shawarma?**
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

Core - Expanded questions

12. **During the past 30 days, how often did you eat breakfast?**
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
13. **During a typical or usual school day, what snack do you eat most often at school? (select only one response)**
- A. I do not eat snacks at school
 - B. Sandwiches
 - C. Fruits
 - D. Vegetables
 - E. Pastries
 - F. Biscuits
 - G. Chocolate or Candies
 - H. Some other kind of snack
14. **During the past 30 days, how many times per day did you usually drink energy drinks, such as Power Horse , Red Bull , Star , Bokari Sweet?**
- A. I did not drink energy drinks 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 times per day
 - G. 5 or more times per day

The next 4 questions ask about cleaning your teeth and washing your hands

Core questions

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 30 days, how often did you wash your hands before eating?**
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
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 use soap when washing your hands?**
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next question asks about physical attacks:

A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other.

Core questions

19. **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.

Core questions

20. **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.

Core questions

21. 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
22. 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
23. 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.

Core questions

24. 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

25. **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 4 questions ask about sexual transmitted diseases.

Country specific questions

26. **Have you ever heard about sexually transmitted diseases (gonorrhea , syphilis, hepatitis B, Genital herpes)?**
- A. Yes
 - B. No
27. **During this school year, were you taught in any of your classes about sexually transmitted diseases (gonorrhea , syphilis, hepatitis B, Genital herpes)?**
- A. Yes
 - B. No
 - C. I do not know
28. **During this school year, were you taught in any of your classes how to avoid sexually transmitted diseases (gonorrhea , syphilis, hepatitis B, Genital herpes)?**
- A. Yes
 - B. No
 - C. I do not know
29. **Have you ever talked about sexually transmitted diseases (gonorrhea , syphilis, hepatitis B, Genital herpes) with your parents or guardians?**
- A. Yes
 - B. No

The next 4 questions ask about HIV infection or AIDS.

Core questions

30. **Have you ever heard of HIV infection or the disease called AIDS?**
- C. Yes
 - D. No
31. **During this school year, were you taught in any of your classes about HIV infection or AIDS?**
- D. Yes
 - E. No
 - F. I do not know
32. **During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?**
- D. Yes
 - E. No
 - F. I do not know
33. **Have you ever talked about HIV infection or AIDS with your parents or guardians?**

- C. Yes
- D. No

The next 3 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you breathe hard. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, football, and COUNTRY SPECIFIC EXAMPLES.

Core questions

34. 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
35. 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
36. 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.

Core questions

37. 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 or reading ...?
- 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

Core questions

38. **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
39. **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
40. **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
41. **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
42. **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
43. **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 6 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO.

Core questions

44. **How old were you when you first tried a cigarette?**
- A. I have never smoked cigarettes
 - B. 7 years old or younger
 - C. 8 - 9 years old
 - D. 10 - 11 years old
 - E. 12 - 13 years old
 - F. 14 - 15 years old
 - G. 16 – 17 years old
 - H. 18 years old or older
45. **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
46. **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
47. **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
48. **During the past 30 days , on how many days did you use any tobacco products other than cigarettes , such as chewing tobacco (Afzalm, Gutka, suwaika, etc)?**
- A. 0 days
 - B. 1 to 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. **Which of your parents or guardians use any form of tobacco?**
- A. Neither
 - B. My father or male guardian
 - C. My mother or female guardian
 - D. Both
 - E. I do not know

The next 6 questions ask about drug use. This includes using marijuana, amphetamines, cocaine, inhalants, and grass, weed).

Core questions

50. 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
51. During your life, how many times have you used marijuana (also called grass, weed)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
52. During the past 30 days, how many times have you used marijuana (also called grass, weed)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times
53. During your life, how many times have you used amphetamines or methamphetamines (also called speed, crystal)?
- 1. 0 times
 - 2. 1 or 2 times
 - 3. 3 to 9 times
 - 4. 10 to 19 times
 - 5. 20 or more times

Core - Expanded questions

54. During your life, how many times have you used the glue sniffing?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 or more times

Country specific questions

55. In your opinion, which of the following substances are most prevalent and used among young people?
- A. Tobacco
 - B. Marijuana
 - C. Morphine
 - D. Heroin
 - E. Qat
 - F. Glue

The next 4 questions ask about your feelings and friendships:

Core questions

56. **During the past 12 months, how often have you felt lonely?**
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
57. **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
58. **During the past 12 months, did you ever seriously consider attempting suicide?**
- A. Yes
 - B. No
59. **How many close friends do you have?**
- A. 0
 - B. 1
 - C. 2
 - D. 3 or more