Serial Number: ­\_\_ \_\_ \_\_ \_\_

Today’s Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

**ADAPTED GHANA SCHOOL-BASED HEALTH QUESTIONNAIRE**

Please write the answers to the questions or draw a circle where it applies to you. This is not an examination it is only to find out about you and your health. Also this information is STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH YOUR PARENTS/GUARDIAN, SCHOOL AUTHORITIES OR ANYONE WITHOUT YOUR PRIOR INFORMATION.

**I. The next 6 questions ask about your feelings and friendships.**

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

A) Never

B) Rarely

C) Sometimes

D) Most of the time

E) Always

2. 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

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

A) Yes

B) No

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

A) Yes

B) No

5. 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

6. How many close friends do you have?

A) 0

B) 1

C) 2

D) 3 or more

**II. The next four questions ask about drinking alcohol. This includes drinking local liquor (“akpeteshie”/apio, nsafuo, bonsamnsuo, herbal bitters). Drinking alcohol does not include drinking a few sips of wine for communion or religious purposes. A “drink” is a glass of wine, a bottle of beer, a cup/small glass/tot of liquor or a mixed drink**.

7. Do you drink alcohol/ have you ever drunk alcohol?

A) I have never had a drink of alcohol other than a few sips

B) Yes, I used to, but I have not drunk in the past 30 days.

C) Yes, and I still drink alcohol continually

8. What age were when you first drunk alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

9. During your life, how many times did you drink alcohol so much that you were really drunk?

A) 0 times

B) 1 or 2 times

C) Up to 10 times

D) More than 10 times

10. During your life, how many times have you got into trouble with your family or friend, missed school, or got into fights as a result of drinking alcohol?

A) 0 times

B) 1 or 2 times

C) Up to 10 times

D) More than 10 times

**III. The next two questions ask about drug use. This includes using marijuana (‘wee’), amphetamines, cocaine, inhalants, glue sniffing and other local examples.**

11. Have you ever used drugs?

A) No, I have never used any drugs

B) Yes, but it has been more than a month since I stopped using drugs.

C) Yes, and I still use drugs

12. Which of the drugs do you take/ have you ever taken?

A) Marijuana (“wee”, Jah, ahabammono, indian hemp, ganja)

B) Amphetamines (“ice”, “yellow”)

C) Cocaine

D) Inhalants (petrol, diesel, kerosene, turpentine, thinner etc)

E) Glue

F) Benzene

G) Opioids (heroine, Pethidine, Tramadol/Tramol, codeine/cough syrups)

H) Diazepam/benzodiazepines (valium etc)

I) Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

13. Have you ever tried cigarette?

A) No, I have never tried cigarette.

B) Yes, I used to smoke but it has been more than a month since I stopped smoking

C) Yes, and I still smoke or have smoked in the last 30 days.

14. Have you ever used tobacco products other than cigarettes?

A) No, I have never used tobacco products

B) Yes, but it has been a month since I last sued tobacco

C) Yes, and I still use or have used tobacco in the last 3o days.

14. (If you still smoke), have you ever tried to stop smoking cigarettes?

A) Yes, but I couldn’t succeed

B) No, I have never considered or tried to stop smoking cigarette

C) No, I have never tried, but I many times consider stopping smoking

15. Does any of your parents or guardians use any form of tobacco?

A) Yes, my father or male guardian

B) Yes, my mother or female guardian

C) Both

D) I do not know

**V. The next question asks about physical attacks. A physical attack occurs when one or more people hit or strike someone, or one or more people hurt someone with a weapon (such as a piece of wood, cutlass/machete, knife or gun). It is not a physical attack if one two students of about the same strength or power choose to fight each other.**

16. During the past 12 months, did you experience physical attack?

A) No, I didn’t

B) Yes, only one time

C) Yes, I was physically attacked more than one times (Specify how many times \_\_\_\_)

17. If yes, by whom?

A) a relative/member of household

B) someone in my community/school known to me

C) stranger

**The next question asks about physical fights. A physical fight occurs when two students of about the same power or strength choose to fight each other.**

18. During the past 12 months, were you involved in a physical fight?

A) No, I was not involved in any physical fight

B) Yes, one or two times

C) Yes, repeatedly more than two times.

**The next 2 questions ask about bullying. Bullying occurs when a student or a group of students say or do bad and unpleasant things to another. It is also teasing 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 and power argue or fight or when teasing is done in a friendly and fun way.**

19. During the past 30 days, were you bullied?

A) No, I was not bullied during the past 30 days.

B) Yes, one or two days only

C) Yes, many days

D) Yes, almost all the past 30 days.

20. Please specify how were you bullied most often?

A) I was hit, kicked, pushed, shoved around, or locked indoors

B) I was made fun of because of my race or color

C) I was made fun of with sexual jokes, comments or gestures

D) I was left out of activities on purpose or completely ignored

E) I was made fun of because of how my body or face looks

F) I was bullied in some other way

**The next 6 questions ask about your experiences at school and at home.**

21. 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

22. 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

23. 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

24. 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

25. 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

26. 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