

New Brunswick Student Wellness Survey Questionnaire Year A

Note.

The following questions relating to smoking, vaping, alcohol, and cannabis were only asked to students from grades 7 to 12: H5-a, I2-a, J1-a, J2-a, J3-c, J4-c, K1-a and K2-c.

The questions in blue were only asked to students from the anglophone sector as part of an integrated education and wellness survey.

LANDING PAGE

New Brunswick Student Education and Wellness Survey 2021-2022

Dear student,

We would really appreciate your help.

The Departments of Education and Health, and your school need to hear from students. We want to better understand how things are going for you and what is needed by students in New Brunswick. This survey is about physical and mental health and about your experience in school.

THIS IS NOT A TEST. There are no right or wrong answers.

Your answers are confidential. No one will be able to know what you answered. So, please be honest. Your answers to these questions are very important.

If you do not want to answer a question, leave it blank. You may stop the survey at any time.

Thank you!

To begin the survey, please enter the PIN code provided by your teacher

Your PIN code is not case sensitive, you may enter your PIN with either uppercase or lowercase letters.

ABOUT YOU

A1-c What grade are you in?

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

A2-c To confirm, you are in grade [SELECTED GRADE], is that correct?

- Yes
- No

A3-c How old are you today?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

A4-c What language do you speak at home most of the time?

- English
- French
- English and French equally
- Mi'kmaw
- Wolastoqey
- Or please specify: _____

The next questions are about your sex and your gender. Sex depends on your anatomy at birth, and it is what the hospital writes on your birth certificate. Gender is the way that you feel and identify. It may be different from your sex at birth or the same.

A5-c What sex were you assigned at birth?

Male

Female

Or please specify: _____

A6-c How do you identify?

Man / boy

Woman / girl

Non-binary

Two-Spirit

I am not sure of my gender identity

I am not sure what this question means

I prefer not to answer

Or please specify: _____

A7-c Which of the following best describes you?

Heterosexual (straight)

Homosexual (gay or lesbian)

Bisexual

Pansexual

Two-Spirit

Asexual (someone who does not experience sexual attraction)

I am not sure of my sexual identity

I am not sure what this question means

I prefer not to answer

Or please specify: _____

A8-c Do you identify as First Nations (including Mi'kmaq, Wolastoqey or Passamaquoddy), Métis and/or Inuk/Inuit?

Yes

No

I prefer not to answer

CONTINUE

GO TO A10-c

GO TO A10-c

A9-c Please select which of the following apply to you.

(You can choose more than one answer.)

First Nations person living in a First Nation community

First Nations person not living in a First Nation community

Métis

Inuk/Inuit

I prefer not to answer

A10-c Were you born in Canada?

- Yes
- No

**GO TO A12-c
CONTINUE**

A11-c How long have you lived in Canada?

- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 or more years

A12-c Answers to the next question will be used to help us understand the experiences of students of different races. Please select which of the following categories best describe you.

(You can choose more than one answer.)

- Black *(for example, African, Afro-Caribbean, African Canadian descent)*
- East/Southeast Asian *(for example, Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)*
- Indigenous *(for example, First Nations [including Mi'kmaq, Wolastoqey or Passamaquoddy], Métis or Inuk/Inuit)*
- Latino *(for example, Latin American, Hispanic descent)*
- Middle Eastern *(for example, Arab, Persian, West Asian descent like Afghan, Iranian, Turkish or Kurdish)*
- South Asian *(for example, Indian, Pakistani, Bangladeshi, Indo-Caribbean)*
- White *(for example, European descent)*
- Another category
- I do not know
- I prefer not to answer

A13-c In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

A14-c Imagine a picture of a ladder. The top of the ladder (10) is the best possible life for you and the bottom (0) is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?

- 10 Best possible life
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 Worst possible life

A15-c How much do you weigh without your shoes on?

Enter weight in pounds

Enter weight in kilograms

I do not know how much I weigh

A16-c How tall are you without your shoes on?

Answer in feet and inches

Answer in centimetres

I do not know how tall I am

A17-c Have you received any of the following diagnoses? If so, please select which one(s).

(You can choose more than one answer.)

Autism / Asperger's syndrome

Behavioural disorder

Blind or low vision

Deaf or hard-of-hearing

Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)

Intellectual disability

Language / speech impairment

Learning disability

Physical disability

Mental illness (*for example, depression, anxiety, bipolar disorder*)

Gifted

Or please specify: _____

I have not received any of these diagnoses.

ABOUT YOU AND OTHERS

B1-c We are interested in how you feel about yourself and how you think other people see you. For each item, choose what best describes your feelings and ideas in the last week.

	Really false for me	Sort of false for me	Sort of true for me	Really true for me
a) I feel I do things well at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My teachers like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel free to express myself at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel my teachers think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I like to spend time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel free to express myself with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I feel I do things well at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My parents like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I feel I have a choice about when and how to do my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I feel my parents think that I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I like to be with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I feel I have a choice about which activities to do with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) I feel I do things well when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) My friends like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) I feel free to express myself at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) I feel my friends think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) I like to spend time with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) I feel like I have a choice about when and how to do my household chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2-c To what extent do the statements below describe you?

	Not at all	A little	Somewh at	Quite a bit	A lot
a) I am able to solve problems without harming myself or others (for example by using drugs, alcohol or violence).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I know where to go in my community to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Getting an education is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I try to finish what I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I have people I look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My parent(s)/caregiver(s) know a lot about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My family stands by me during difficult times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My friends stand by me during difficult times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I am treated fairly in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I feel I belong at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I enjoy my cultural and family traditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOU AND SCHOOL

C1-c How strongly do you agree or disagree with each of the following?

	Strongly agree	Agree	Disagree	Strongly Disagree
a) I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel I am part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel the teachers at my school treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel my learning needs are met at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C2-a How important are each of the following to you?

	Very important	Important	Not very important	Not at all important
a) Getting good grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Making friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Getting to class on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Learning new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Expressing my opinion in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Getting involved in the student council or other similar groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Learning about my culture / heritage (for example, First Nations, Irish, Francophone).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C3-c We are interested in how things are going for you at school. For each item, choose what best describes your feelings and ideas this school year.

	Really false for me	Sort of false for me	Sort of true for me	Really true for me
a) I can work at my own pace at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I have choices in how I show what I have learned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Teachers/adults in this school listen to my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) There is at least one adult at school I can go to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I can succeed in my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I am disruptive in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I get to school or class late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I work hard to learn in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I pay attention in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C4-c The work I am given at school is....

- Too hard
- A Little hard
- Just Right
- A little Easy
- Too Easy

C5-c What do you think of the following statements about learning in your school?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) In the past two weeks, I learned at least one thing in school that made me want to know more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The things I learn at school help me to understand the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The things I learn at school are important for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C6-c In the past two weeks, how often have you noticed the following in your classes?

It happened in ...	nearly all of my classes	most of my classes	a few of my classes	hardly any classes	It didn't happen at all
a) The purpose of the lesson was clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The teacher checked to make sure I understood at least once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I had an opportunity to work collaboratively with a partner, or in a small group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) We used a rubric to self-assess our learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) We co-constructed a rubric.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The teacher showed us how to do something, then worked through an example with us, and then gave us a chance to try it on our own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) The teacher gave me a chance to explain my thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) The teacher took my interests and strengths into account when assigning schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I got feedback from the teacher that helped me to improve what I was working on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I understood what was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I could have learned just as well by reading or researching on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) It was hard to pay attention because of the disruptions in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) I am expected to work hard in my subjects/courses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C7-c What program are you in?

English Program
French Immersion

C8-c What do you think of the following statements about language and culture?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I am comfortable speaking French outside of school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I understand when my teacher speaks French to me in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Respecting other cultures is something that students should learn as early as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL ACTIVITY AND REST

D1-a How many hours do you usually spend sleeping each night?

(Do not include time spent resting.)

Under 2 hours

2 hours to less than 3 hours

3 hours to less than 4 hours

4 hours to less than 5 hours

5 hours to less than 6 hours

6 hours to less than 7 hours

7 hours to less than 8 hours

8 hours to less than 9 hours

9 hours or more

D2-a On average, about how many hours a day do you watch / stream TV shows or movies; play video / computer games; FaceTime; text / SMS; use instant messaging (for example, Facebook chat, Snapchat); surf the Internet; email; use other social media (for example, Facebook, Twitter, apps, Instagram, games, YouTube, etc.)?

None

Less than 1 hour a day

1 to 2 hours a day

More than 2, but less than 5 hours a day

5 or more hours a day

D3-c About how many hours a day do you usually spend on social media sites or apps, such as TikTok, Instagram, Snapchat, Twitter, Facebook, either posting or browsing?

None at all

About 30 minutes

About 1 hour

About 2 hours

About 3 hours

About 4 hours

About 5 hours

About 6 hours

About 7 or more hours

D4-c In the last 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Physical activity is an activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can include sports, school activities, playing with friends or walking to school. Examples of physical activity include running, brisk walking, dancing, swimming, inline skating, skateboarding, biking, playing soccer, basketball or football.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

D5-c On average, how many hours a day do you do the following activities, in your free time when it is a weekday?

An electronic device means a TV, computer, laptop, tablet (like iPad), smartphone, wearable technology (like smartwatch) and videogame console.

	None at all	About half an hour a day	About 1 hour a day	About 2 hours a day	About 3 or more hours a day
a) Playing games on an electronic device (not including moving or fitness games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Watching TV, movies or videos (including YouTube and similar services) on any type of screen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Using electronic devices for other purposes like: social media, chatting, instant messaging, emailing or surfing the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D6-c On average, how many hours a day do you do the following activities, in your free time when it is the weekend?

An electronic device means a TV, computer, laptop, tablet (like iPad), smartphone, wearable technology (like smartwatch) and videogame console.

	None at all	About half an hour a day	About 1 hour a day	About 2 hours a day	About 3 or more hours a day
a) Playing games on an electronic device (not including moving or fitness games)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Watching TV, movies or videos (including YouTube and similar services) on any type of screen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Using electronic devices for other purposes like: social media, chatting, instant messaging, emailing or surfing the Internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D7-a How often do you use an electronic device in your bedroom in the last hour before going to sleep?

- Never
- 1 night a week
- 2 nights a week
- 3 nights a week
- 4 nights a week
- 5 nights a week
- 6 nights a week
- Every night

D8-c At what time do you usually go to sleep when you have school the next morning?

Hour Minute
 Select an answer... Select an answer...

Please select whether it is AM or PM.

AM PM

D9-c When do you usually wake up on school mornings?

Hour

Select an answer...

Minute

Select an answer...

Please select whether it is AM or PM.

AM

PM

D10-a How often do you have trouble going to sleep or staying asleep?

Never

Rarely

Sometimes

Most of the time

All of the time

EATING HABITS

E1-c Yesterday, how many times did you eat or drink:

	Number of times:						
	None	1	2	3	4	5	6+
a) Vegetables (for example, fresh, cooked, frozen or canned)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fruit (for example, fresh, frozen, canned or dried fruits; do not include fruit juice or fruit flavoured candies)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Highly processed foods (for example, chips, chocolate, candies, ice cream and frozen desserts, fast foods like French fries and burgers, frozen entrées like pasta dishes and pizzas, bakery products like muffins, buns and cakes, processed meats like sausages and deli meats)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Sugary drinks (for example, pop, juice, flavoured waters, sport and energy drinks, hot or cold tea and coffee drinks, flavoured milks [like chocolate milk])?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Plain cow or soy milk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) High-energy drinks (for example, Red Bull®)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E2-a How often do you have an evening meal together with family, friend(s) or guardian(s)?

- Never
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- Every day

E3-a In the last 7 days, how often did you:

	Never	1-2 times	3-4 times	5-6 times	7+ times
a) Eat a meal from a fast-food restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat a meal while using any electronic device, such as a smartphone, computer, tablet, video game console or TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E4-a If you do not eat breakfast every day, why do you skip breakfast?
(You can choose more than one answer.)

- I eat breakfast every day
- I do not have time for breakfast
- I am not hungry in the morning
- I feel sick when I eat breakfast
- I am trying to lose weight
- There is nothing to eat at home
- Or please specify: _____

E5-c Some young people go to school or to bed hungry because there is not enough food at home.
How often does this happen to you?

- Always
- Often
- Sometimes
- Never

MENTAL HEALTH

F1-c In general, would you say your mental health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

F2-a Did you need to see or talk to someone for a mental or emotional problem you were having in the last 12 months?

- Yes **CONTINUE**
- No **GO TO F5-c**

F3-a If yes, did you see or talk to someone about your mental or emotional health?

- Yes **GO TO F5-c**
- No **CONTINUE**

F4-a If you needed to but did not see or talk to someone about your mental or emotional health, please select why not.

(You can choose more than one answer.)

- I took the necessary steps and I am waiting for my first appointment.
- I did not feel help was available.
- I thought the problem would go away on its own.
- I was told the wait time would be too long.
- I felt uncomfortable going for help.
- I did not know where to go to get help.
- Or please specify: _____

F5-c During the last 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?

- Yes
- No

F6-c During the last 12 months, did you ever feel nervous, anxious or on edge or you were unable to stop or control worrying almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

F7-a During the last 12 months, how often have you felt lonely?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

F8-a Are you aware of the following programs?

	No	Yes, but I have never used it	Yes, and I have used it
a) LINK Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Bridge the GAPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Kids Help Phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BULLYING

A student is being bullied when another student, or a group of students, say or do unpleasant things to them. It is also bullying when a student is teased repeatedly in a way they do not like or when they are deliberately left out of things. But it is not bullying when two students of about the same strength or power argue or fight. It also is not bullying when two students tease each other in a friendly and playful way.

G1-c In the last two months, have you been bullied at school in the ways listed below?

	Yes	No
a) Physical attacks (for example, getting beaten up, pushed or kicked).	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (for example, being called mean names, made fun of or teased in a hurtful way, threatened, or having lies told or rumours spread about you).	<input type="radio"/>	<input type="radio"/>
c) Cyber-attacks (for example, receiving mean text messages or having rumours spread about you on the Internet or on social media).	<input type="radio"/>	<input type="radio"/>
d) Exclusion (for example, being left out of things on purpose, being excluded from a group of friends or completely ignored).	<input type="radio"/>	<input type="radio"/>
e) Someone stole from you or damaged your things.	<input type="radio"/>	<input type="radio"/>
f) Someone made mean comments about your race, religion or personal features.	<input type="radio"/>	<input type="radio"/>
g) Someone made sexual jokes, comments or gestures to you.	<input type="radio"/>	<input type="radio"/>

G2-a In the last two months, have you bullied another student at school in any of the ways listed above?

- Yes
- No

G3-a Think of the last time you saw or heard another student being bullied. What did you do?
(You can choose more than one answer.)

- I have not seen or heard another student being bullied
- I ignored it
- I stood up to the bully or fought back
- I tried talking to the bully
- I told an adult at the school about it
- I told my parents or another adult outside of school about it
- I told another student about it
- I tried to help the person being bullied
- Or please specify: _____

G4-a Think of the last time you were bullied. What did you do?

(You can choose more than one answer.)

I have not been bullied

I ignored it

I stood up to the bully or fought back

I tried talking to the bully

I told an adult at the school about it

I told my parents or another adult outside of school about it

I told another student about it

I called a helpline or other support service

Or please specify: _____

G5-c If you were bullied, including online bullying, when did it happen most often?

(You can choose more than one answer.)

I have not been bullied

Before school

During classes

Between classes

During recess or lunch

During extra-curricular activities (for example, sports, clubs)

After school

Or please specify: _____

G6-c Do you avoid any places in your school because of bullying?

(You can choose more than one answer.)

Classrooms (including library and computer rooms)

Hallways

Gym

Change rooms or locker rooms

Washrooms

Lunchroom or cafeteria

Outside on school property (for example, playground, parking lot)

Bus

G7-c What do you think of the following statements about how your school handles bullying?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) Adults notice when bullying occurs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) There is a safe process for reporting bullying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Adults deal with bullying quickly whenever it happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My school is good at preventing bullying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Respect for others is valued and taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Kindness/empathy is valued and taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SMOKING

H1-a Have you ever tried cigarette smoking, even just a few puffs?

Yes
No

H2-a Do you think in the future you might try smoking cigarettes?

Definitely yes
Probably yes
Probably not
Definitely not

H3-a If one of your best friends were to offer you a cigarette, would you smoke it?

Definitely yes
Probably yes
Probably not
Definitely not

H4-a At any time during the next year, do you think you will smoke a cigarette?

Definitely yes
Probably yes
Probably not
Definitely not

H5-a At what age did you smoke a cigarette (more than a puff) for the first time?

I have never smoked a cigarette
I do not know at what age I smoked a cigarette for the first time
8 years old or less
9 years old
10 years old
11 years old
12 years old
13 years old
14 years old
15 years old
16 years old
17 years old
18 years or older

H6-a Have you ever tried any of the following?

	Yes	No	I do not know
a) Smoking little cigars or cigarillos (plain or flavoured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoking cigars (not including little cigars or cigarillos, plain or flavoured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Smoking roll-your-own cigarettes (tobacco only, in rolling papers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Using heated tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Using smokeless tobacco (chewing tobacco, pinch, snuff or snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Using a water pipe (hookah) to smoke sheesha (herbal or tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Using blunt wraps (a tube made of tobacco used to roll cigarette tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H7-c How often do you smoke cigarettes at present?

- I do not smoke cigarettes
- Less than once a week
- At least once a week, but not every day
- Every day

H8-c In the last 7 days, how often did you ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- All 7 days
- I did not ride in a car in the last 7 days
- I do not know

VAPING

I1-a Have you ever used an e-cigarette (vape), even once or twice?

Yes

No

I2-a At what age did you use an e-cigarette (vape) for the first time?

I have never used an e-cigarette

I do not know at what age I used an e-cigarette for the first time

8 years old or less

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years or older

I3-c How often do you use e-cigarettes at present?

I do not use e-cigarettes

Less than once a week

At least once a week, but not every day

Every day

ALCOHOL

J1-a At what age did you drink alcohol (more than a sip) for the first time?

- I have never had alcohol
- I do not know at what age I had alcohol for the first time
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

J2-a At what age did you get drunk for the first time?

- I have never gotten drunk
- I do not know at what age I got drunk for the first time
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

J3-c In the last 12 months, how often did you drink alcohol (more than a sip)?

- I have never had alcohol
- I have done this, but not in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day
- I do not know

J4-c In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?

A DRINK means: 1 regular-sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle of cooler; 1 shot of liquor (for example, rum, whiskey); or 1 mixed drink (1 shot of liquor with pop, juice or an energy drink).

I have never had 5 drinks or more on one occasion

I have done this, but not in the last 12 months

Less than once a month

Once a month

2 to 3 times a month

Once a week

2 to 5 times a week

Daily or almost daily

I do not know

CANNABIS

Cannabis means all of these: a joint, pot, weed, hash or hash oil.

K1-a At what age did you use cannabis for the first time?

- I have never used cannabis
- I do not know at what age I used cannabis for the first time
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

K2-c In the last 12 months, how often did you use cannabis?

- I have never used cannabis
- I have used cannabis, but not in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day
- I do not know

YOUR COMMUNITY

L1-a Do any of the following behaviours take place inside your home?

(Do not count when those things are done outside.)

	Yes	No	I do not know
a) Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Smoking cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Vaping or using e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L2-a Do any of your close friends do the following?

	Yes	No	I do not know	Not applicable
a) Smoke cigarette	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Vape (other than cannabis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

L3-a What do you think of the following statements about the area where you live?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) People say 'hello' and often stop to talk to each other in the street.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) It is safe for younger children to play outside during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You can trust people around here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) There are good places to spend your free time (for example, recreation centres, parks, shopping centres).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I could ask for help or a favour from neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Most people around here would try to take advantage of you if they got the chance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FREE TIME

M1-c Do you participate in any of the following activities or groups inside school?

(You can choose more than one answer.)

Sports team *(for example, volleyball, hockey, soccer)*

Individual sport *(for example, running, cycling, skating)*

Arts group *(for example, music, dance, drama)*

STEM *(Science, technology, engineering, and mathematics)*

Church or other religious / spiritual group

Student club or group *(for example, peer helper, yearbook, TADD, Gender and Sexuality Alliance)*

Other activity or group *(for example, chess, math, debating)*

M2-c Do you participate in any of the following activities or groups outside school?

(You can choose more than one answer.)

Individual sport *(for example, running, cycling, skating)*

Sports team *(for example, volleyball, hockey, soccer)*

Arts group *(for example, music, dance, drama)*

STEM *(Science, technology, engineering, and mathematics)*

Church or other religious / spiritual group

Community group *(for example, scouts, Girl Guides, 4-H, cadets)*

Other activity or group *(for example, chess, math, debating)*

M3-c In the last 12 months, did you take part in any of the following volunteer activities (outside of school requirements and without being paid)?

	Yes	No	I do not know
a) Supporting a cause <i>(for example, food bank, UNICEF, Operation Christmas Child)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fundraising for charity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Helping in my community <i>(for example, coaching sports, helping at Sunday School, volunteering at hospital)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Helping neighbours or relatives <i>(for example, cutting grass, babysitting or shovelling snow <u>without being paid</u>)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Another organized volunteer activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EECD DISTRICT AND SCHOOL CUSTOM QUESTIONS

CLOSING PAGE

Thank you very much for your time!

The Department of Education and Early Childhood Development and the New Brunswick Health Council thank you for your responses. By doing this survey, you have helped us get a better understanding of how things are going for students in New Brunswick.

Ask your school principal to see the results next Spring!

Please push submit to finish your survey.

Submit