

**New Brunswick Student Wellness and Education Survey
Student Questionnaire: 4-5
Year A**

LANDING PAGE

New Brunswick Student Wellness and Education Survey 2023-2024

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.

	Begin the <u>S</u>urvey
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You may enter your PIN with uppercase or lowercase letters.

ABOUT YOU

A1-c What grade are you in?

- 3
- 4
- 5
- 6

[REDIRECT*]
[CONTINUE]
[CONTINUE]
[REDIRECT†]

* This survey is for students in grades 4 and 5. Please see your teacher.

† This survey is for students in grades 4 and 5. Please see your teacher for the survey for students in grade 6.

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

- Yes
- No

[CONTINUE]
[GO TO A1-c]

A3-c Which of the following best describes you?

- A boy
- A girl
- In another way: _____
- I prefer not to answer

A4-c Were you born in Canada?

- Yes
- No
- I do not know

A5-c Are you Indigenous?

(Indigenous means all of these: Mi'kmaw, Wəlastəkewiyik/Wolastoqew/Maliseet, Peskotomuhkati, First Nation, Inuk, and Métis.)

- Yes
- No
- I am not sure
- I prefer not to answer

A6-c For each item, choose what best describes your feelings and ideas.

	Not like me	A little like me	A lot like me
a) I feel I do things well at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I like to spend time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel I do things well at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel I have a choice about when and how to do my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I like to spend time with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel I have a choice about which activities to do with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I feel I do things well when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I like to spend time with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) 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"/>

YOU AND SCHOOL

B1-c How are things going for you at school? Pick the answer below that best describes how true each statement is for you 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 speed at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Teachers/adults in this school listen to my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) 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"/>
d) My teachers like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel I belong at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel free to express myself at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I can succeed in my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2-c How hard do you find your schoolwork?

	Too easy	A little easy	Just right	A little hard	Too hard
a) The work I am given at school is....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B3-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 are important for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4-c In the past two weeks, how often did the following things happen in school?

	Many times each day	At least once every day	On most days	Once or twice	Not at all
a) The teacher checked at least once to make sure I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I worked with a partner, or in a small group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) 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"/>
d) The teacher let me show what I learned in different ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) 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"/>
f) I understood what was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I could have learned just as well by reading or looking it up on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) It was hard to pay attention because of students interrupting the class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) The teacher expected me to work hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B5-c What program are you in?

English Program
French Immersion

--- ANGLOPHONE ONLY QUESTIONS END ---

YOU AND EATING

C1-c Last week, how many times did you:

	Number of times:							
	None	1	2	3	4	5	6	7+
a) Eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat at a breakfast or snack program at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C2-a Yesterday, how many times did you eat or drink:

	Number of times:							
	None	1	2	3	4	5	6	7+
a) Vegetables? <i>(For example, fresh, cooked, frozen or canned)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fruit? <i>(For example, fresh, frozen, canned or dried fruits; do not count fruit juice or fruit flavoured candies)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Candy, sweets, chips, or French fries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Pop, flavoured water, sports drinks, energy drinks, Slushies®, juice, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Any kind of milk? <i>(For example, white, chocolate, soy, smoothies, milk put on cereal)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOU AND YOUR ACTIVITIES

D1-c On most days, how much time do you spend...

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I do not know
a) Watching TV/Movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Using a smart phone or tablet (for games, YouTube, FaceTime, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Using the computer (not for school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Reading (not for school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Being physically active at school (walking/biking to school, open gyms in the morning or lunch time, intramurals, physical education class, fitness breaks, yoga, Mornings in Motion, school-sports team or clubs.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Being physically active outside school (running, walking, swimming, sports, yard work, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Playing outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2-a Being very physically active means doing activities that make you breathe hard and sweat, such as running, biking, playing sports, skating, dancing, swimming, etc. Last week, on how many days were you very physically active for a total of 60 minutes (1 hour: it can be done at 5-10 minutes at one time, or all at once)?

None	3 days	6 days
1 day	4 days	7 days
2 days	5 days	

D3-a How do you usually get to school?

- I walk or bike or ride my scooter or skateboard.
- I take the bus, or ride in a car, truck or van.

ABOUT YOUR HOME

E1-a Is your parent(s) or guardian(s) physically active, such as: walking, running, biking, going to the gym or doing yard work?

- Yes
- No
- I do not know

E2-a Does your parent(s) or guardian(s) eat healthy food, such as: fruits and vegetables?

- Yes
- No
- I do not know

E3-a Do any of the people you live with smoke cigarettes or use tobacco?

- Yes
- No

E4-a Are people allowed to smoke inside your home?

- Yes
- No

E5-a Are people allowed to smoke inside your family's car, van or truck?

- Yes
- No

ABOUT BULLYING

It is BULLYING when we say or do unfriendly things to hurt others. It is bullying to tease others over and over in a mean way. It is bullying to leave someone out on purpose.

It is NOT BULLYING when two students of about the same power argue or fight. It is also not bullying when teasing feels friendly and playful to the person being teased.

F1-c I have been bullied this year.

- Yes
- No

F2-c I feel I can tell adults in this school when there are bullying problems.

- Yes
- No

--- ANGLOPHONE ONLY QUESTIONS START ---

F3-c In the last two months, have you been bullied at school in the ways listed below?
(You can choose more than one answer.)

[SKIP THIS IF ANSWER TO F1c is NO]

	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) Online bullying (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"/>

F4-c Do you stay away from any places in your school because of bullying?
(You can choose more than one answer.)

[SKIP THIS IF ANSWER TO F1c is NO]

- 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

DISTRICT AND SCHOOL CUSTOM QUESTIONS

--- ANGLOPHONE ONLY QUESTIONS END ---

Thank you!