

New Brunswick Student Wellness and Education Survey Parent/Guardian Questionnaire: K-5

LANDING PAGE

New Brunswick Student Wellness and Education Survey 2023-2024

Dear Parent/Guardian,

We would really appreciate your help.

The Departments of Education and Early Childhood Development and Health, and your school need to hear from you. We want to better understand how things are going and what is needed by students in New Brunswick. This survey is about your child's and their family's wellness.

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. 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.

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

ABOUT YOUR CHILD

A1 What grade is your child in?

- K
- 1
- 2
- 3
- 4
- 5

A2 To confirm, your child is in grade [SELECTED GRADE], is that correct?

- Yes
- No

[CONTINUE]
[GO TO A1]

A3 What is your child's age?

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- or older

A4 Which of the following best describes your child?

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

A5 People with different backgrounds may have different experiences in their daily lives. This may include the way they are treated. The following question can help us understand how that affects your child's health and learning.

Does your child identify with any of the following groups? You can say yes to more than one group (yes/no/I don't know).

	Yes	No	I do not know
1) Indigenous (First Nations, Mi'kmaq, Wolastoqewiyik, Maliseet, Passamaquoddy, Inuit, or Métis descent) [If YES GO TO A6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Persons with a disability or special need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Immigrants, newcomers and refugees (persons not born in Canada) [If YES GO TO A7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Black (for example, African, African Canadian, Afro-Caribbean descent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) South Asian (for example, East Indian, Pakistani, Sri Lankan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Filipino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Arab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Latin American (for example, Hispanic or Latin American descent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Southeast Asian (for example, Vietnamese, Cambodian, Laotian, Thai)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) West Asian (for example, Iranian, Afghan, Turkish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) White/Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A6 Does your child live in an Indigenous community (on-reserve)?

Yes

No

I am not sure

I prefer not to answer

A7 How many years has your child lived in Canada?

1 to 2 years

3 to 5 years

More than 5 years

A8 How much does your child weigh without their shoes on?

Enter weight in pounds

Enter weight in kilograms

I do not know how much my child weighs

A9 How tall is your child without their shoes on?

Answer in feet and inches

Answer in centimetres

I do not know how tall my child is

HEALTHY LIFESTYLES

B1 Yesterday, how many times do you think your child consumed:

	Number of times:								I do not know
	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"/>	<input type="radio"/>
b) Fruit? <i>(For example, fresh, frozen, canned or dried fruits; do not include 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"/>	<input type="radio"/>

B2 Last week, how many times did your child eat meals while watching TV?

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7+
- I do not know

B3 On most days, how much physical activity does your child take part in?

- None
- Less than 30 min
- 30 min
- 1 hour
- 1 hour and 30 min
- 2 hours
- 3 hours or more
- I do not know

B4 How long do you think your child usually spends sleeping each night?

- Under 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 to less than 10 hours
- 10 hours to less than 11 hours
- 11 hours or more

B5 Yesterday, how many times did you consume:

	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 include 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) Highly processed foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(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)

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])

B6 Last week, how many times did you:

	Number of times:							
	None	1	2	3	4	5	6	7+
a) eat at a fast-food place or restaurant with your child?	<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 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"/>
c) eat dinner (evening meal) with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B7 Last week, on how many days were you very physically active (doing activities that make you breathe hard and sweat), such as running, biking, playing sports for at least 30 minutes?

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

B8 How often are you physically active with your child, playing active games, sports or physical activities?

- Never
- Rarely (less than 1 time weekly)
- Sometimes (1-2 times weekly)
- Often (3-5 times weekly)
- Very often (daily)
- I am not sure

B9 On most days (except for working hours) 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) In front of a screen (for example, TV/movies, video games, computer, texting, email, surfing the Internet, FaceTime, Facebook, YouTube, other social media)	<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) Reading (not for work)	<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) Doing leisure activities (for example, crafting, singing, listening to music, playing piano)	<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) Being physically active (*for example, running, walking, swimming, sports, yard work*)

B10 Do you or any people you live with smoke or use tobacco?

Yes
No

B11 Are people allowed to smoke inside your home?

Yes
No

B12 Are people allowed to smoke inside your family's vehicle?

Yes
No

Thank you very much for your time!

By doing this survey, you have helped us get a better understanding of how things are going for students and families in New Brunswick.

Ask your school's administrator to see the results next Spring!

Please push submit to finish your survey.

Submit