

**New Brunswick Student Wellness Survey
Parent Questionnaire: K-5**

LANDING PAGE

New Brunswick Student Wellness Survey 2022-2023

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 Is your child ...

- Boy
- Girl
- Or please specify: _____

A5 Was your child born in Canada?

- Yes
- No

[GO TO A7]
[CONTINUE]

A6 How many years have they lived in Canada?

- 1 to 2 years
- 3 to 5 years
- More than 5 years

A7 Does your child self-identify as Indigenous?

(Indigenous includes: Mi'kmaw, Wəlastəkewiyik/Wolastoqew/Maliseet, Peskotomuhkati, First Nation, Inuk and Métis.)

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

[CONTINUE]
[GO TO A11]
[GO TO A11]
[GO TO A11]

A8 With which Indigenous group does your child identify?

(Please select all that apply.)

	Yes	No	I am not sure	
a) Mi'kmaq	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[IF YES, CONTINUE]
b) Wəlastəkewiyik/Wolastoqiyik/Maliseet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[IF YES, CONTINUE]
c) Peskotomuhkati/Passamaquoddy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[IF YES, CONTINUE]
d) Inuit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[GO TO A11]
e) Métis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[GO TO A11]
f) Another First Nation in Canada: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[GO TO A11]

A9 Is your child a member of any of the following First Nations communities?

(Please select all that apply.)

Buctouche (Tjipogtotjg)				
Eel Ground				
Ugpi'Ganjig (Eel River Bar)				
Elsipogtog				
Esgenoôpetitj				
Fort Folly				
Minigog (Indian Island)				
Pilick (Kingsclear)				
Matawaskiye (Madawaska Maliseet)				
Metepenagiag				
Welamukotuk (Oromocto)				
Pabineau				
Sitansisk (Saint Mary's)				
Neqotkuk (Tobique)				
Wotstak (Woodstock)				
Another First Nation in Canada: _____				
I am not sure				[GO TO A11]
I prefer not to answer				[GO TO A11]

A10 Does your child live in an Indigenous community (on-reserve)?

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

A11 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

A12 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

A13 Has your child received any of the following diagnoses? If so, please select which one(s).
(Please select all that apply.)

- 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: _____
- My child has not received any of these diagnoses

A14 We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. 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 your child.
(Please select all that apply.)

- 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, Wəlastəkewiyik/Wolastoqiyik/Maliseet or Passamaquoddy], Métis or Inuk)
- Latino/a
(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

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? (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"/>	<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"/>	<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? <i>(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)</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"/>
d) Sugary drinks? <i>(For example, pop, juice, flavoured waters, sport and energy drinks, hot or cold tea and coffee drinks, flavoured milks [like chocolate milk])</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"/>

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 Are you aware of the "Healthier Food and Nutrition in Public Schools" policy (Policy 711)?

- Yes
- No

B8 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

B9 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

B10 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 (<i>for example, TV/movies, video games, computer, texting, email, surfing the Internet, FaceTime, Facebook, YouTube, other social media</i>)	<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 (<i>for example, crafting, singing, listening to music, playing piano</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"/>
d) Being physically active (<i>for example, running, walking, swimming, sports, yard work</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"/>

B11 Do you or any people you live with smoke or use tobacco?

Yes
No

B12 Are people allowed to smoke inside your home?

Yes
No

B13 Are people allowed to smoke inside your family's vehicle?

Yes
No

CLOSING PAGE

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