

**New Brunswick Student Education and Wellness Survey
Student Questionnaire: 6-12
Year B**

LANDING PAGE

New Brunswick Student Education and Wellness Survey 2022-2023

Dear Student,

We would really appreciate your help.

The Departments of Education and Health, and your school need to hear from you. 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 either uppercase or lowercase letters.

ABOUT YOU

A1-c What grade are you in?

- 5 [REDIRECT*]
- 6 [CONTINUE]
- 7 [CONTINUE]
- 8 [CONTINUE]
- 9 [CONTINUE]
- 10 [CONTINUE]
- 11 [CONTINUE]
- 12 [CONTINUE]

* This survey is for students in grades 6 to 12. Please see your teacher for the survey for students in grade 5.

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

- Yes [CONTINUE]
- No [GO TO A1-c]

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'kmawisimk / Mi'kmaq
- Wolastoqey / Maliseet
- 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 Were you born in Canada?

- Yes
 - No
- [GO TO A10-c]
[CONTINUE]

A9-c How long have you lived in Canada?

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

A10-c Do you 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 A14-c]
[GO TO A14-c]
[GO TO A14-c]

A11-c With which Indigenous group(s) do you identify?

(You can choose more than one answer.)

	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 A14-c]
e) Métis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[GO TO A14-c]
f) Another First Nation in Canada: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[GO TO A14-c]

A12-c Are you a member of any of the following First Nations communities?

(You can choose more than one answer.)

Buctouche (Tjipogtotjig)

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

I prefer not to answer

[GO TO A14-c]

[GO TO A14-c]

A13-c Do you live in your First Nation community (on-reserve)?

Yes

No

I am not sure

I prefer not to answer

A14-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, Wəlastəkewiyik / Wolastoqiyik / Maliseet or Peskotomuhkati / Passamaquoddy], Métis or Inuk)

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

A15-c In general, would you say your health is...?

Excellent
Very good
Good
Fair
Poor

A16-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

A17-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

A18-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

A19-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 SCHOOL

B1-b Which of the following best describes your academic achievement of last year? Answer Part A OR Part B based on the grading method used in your school.

Part A

- Mostly 90% or more
- Mostly 80 - 89%
- Mostly 70 - 79%
- Mostly 60 - 69%
- Mostly 59% or less

Part B

- Mostly 4 Excelling
- Mostly 3 Meeting
- Mostly 2 Approaching
- Mostly 1 Working Below

B2-b About how much time do you usually spend reading for fun (for example, books, eBooks, magazines, websites, blogs)?

- I do not read for fun
- 30 minutes or less a day
- Between 30 minutes and 60 minutes a day
- More than 1 hour a day

B3-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"/>

B4-c How strongly do you agree or disagree with the following statement: I feel my learning needs are met at my school?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

--- ANGLOPHONE SECTOR ONLY QUESTIONS START ---

B5-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"/>

B6-c The work I am given at school is....

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

B7-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"/>

B8-c In the past two weeks, how often have you noticed the following in your classes?

	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.	<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"/>

B9-c What program are you in?

- English Program
- French Immersion

B10-c What do you think of the following statement about language and culture?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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"/>

--- ANGLOPHONE SECTOR ONLY QUESTIONS END ---

PHYSICAL ACTIVITY AND REST

C1-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

C2-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

C3-b How do you usually get to and from school?

- Actively (for example, walk, bike, skateboard)
- Inactively (for example, by car, bus, public transit)
- Mixed, actively and inactively

C4-b Do you participate in before school, noon hour, or after school physical activities organized by your school (for example, intramurals, non-competitive physical activities)?

- Yes
- No
- None offered at my school

C5-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 smart watch) 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"/>

C6-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 smart watch) 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"/>

C7-c 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

EATING HABITS

D1-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"/>

D2-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

ABOUT YOU AND OTHERS

E1-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"/>

E2-c To what extent do the statements below describe you?

	Not at all	A little	Somewhat	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"/>

E3-b For each item, chose the option that best describes what you are like as a person.

	Definit ely not like me	1	2	3	4	5	6	Definit ely like me
a) I often do favours for people without being asked.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) I often lend things to people without being asked.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) I often help people without being asked.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) I often compliment people without being asked.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) I often share things with people without being asked.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

E4-b For each item, chose the option that best describes what you are like as a person.

	Definit ely not like me	1	2	3	4	5	6	Definit ely like me
a) I cut classes or skip school.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) I make other people do what I want.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) I disobey my parents.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) I talk back to my teachers.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) I get into fights.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f) I often say mean things to people to get what I want.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g) I take things that are not mine from home, school or elsewhere.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

MENTAL HEALTH

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

- Excellent
- Very good
- Good
- Fair
- Poor

F2-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

F3-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

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 (<i>for example, getting beaten up, pushed or kicked</i>).	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (<i>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</i>).	<input type="radio"/>	<input type="radio"/>
c) Online bullying (<i>for example, receiving mean text messages or having rumours spread about you on the Internet or on social media</i>).	<input type="radio"/>	<input type="radio"/>
d) Exclusion (<i>for example, being left out of things on purpose, being excluded from a group of friends or completely ignored</i>).	<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-c 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: _____

--- ANGLOPHONE SECTOR ONLY QUESTIONS START ---

G3-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 extracurricular activities (*for example, sports, clubs*)

After school

Or please specify: _____

G4-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

G5-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"/>

--- ANGLOPHONE SECTOR ONLY QUESTIONS END ---

--- GRADES 7 TO 12 ONLY QUESTIONS START ---

SEXUAL SAFETY

H1-b Has anyone ever made you do any sexual activity (for example, kissing, oral sex, intercourse) when you didn't want to (for example, by pressuring you with their words or actions, or by using alcohol or drugs)?

- Yes
- No

H2-b During the past 12 months, did someone you were dating or going out with physically, sexually, psychologically or emotionally hurt you (for example, being hit or injured, yelled at, bullied, keeping you from friends or family or making you to do unwanted sexual activities)?

- I did not date or go out with anyone during the last 12 months
- Yes
- No

H3-b Do you know when you are legally able to consent to sexual activity?

- Yes
- No

--- GRADES 7 TO 12 ONLY QUESTIONS END ---

SUBSTANCE USE

I1-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

I2-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

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

--- GRADES 7 TO 12 ONLY QUESTIONS START ---

I4-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

I5-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 (for example, 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

I6-c In the last 12 months, how often did you use cannabis?

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

- 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

I7-b Have you ever taken the following drugs to get high in the last 12 months?

	Never	1 time	2 times	3 or more times
a) LSD and other hallucinogens (<i>for example, PCP, magic mushrooms, mescaline, peyote, Salvia</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Pain Relievers (<i>for example, Fentanyl, Percodan, Percs, Demerol, Oxycontin, Oxycodone, Oxy, Oxyneo, OC, APO, Codeine, Morphine</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Amphetamines (speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Ecstasy, MDMA (E, Xtc, Adam, X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cocaine (coke, crack, snow, rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Cough and cold medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Stimulants (<i>for example, Ritalin, Concerta, Adderall</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Sedatives/tranquillizers (<i>for example, Valium, Ativan, Xanax, GHB</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Methamphetamines / Crystal methamphetamine (ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Glue or solvents (<i>for example, gasoline, butane, model glue</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Heroin (horse, tar, junk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--- GRADES 7 TO 12 ONLY QUESTIONS END ---

SAFETY

--- GRADES 7 TO 12 ONLY QUESTIONS START ---

J1-b In the last 12 months, how many times did you drive an off-road vehicle (for example, snowmobile, ATV, dirt bike) after drinking alcohol, using cannabis, or other drugs?

- I did not drive an off-road vehicle
- Never
- 1-3 times
- 4 or more times

J2-b In the last 12 months, how many times did you ride in an on-road vehicle (for example, car, van, truck) driven by someone who had been drinking alcohol, using cannabis, or other illegal drugs?

- I did not ride in an on-road vehicle
- Never
- 1-3 times
- 4 or more times

--- GRADES 7 TO 12 ONLY QUESTIONS END ---

J3-b During the last 12 months, how often did you wear a helmet when you rode a bicycle?

- I did not ride a bicycle
- Never
- Sometimes
- Most of the time
- Always

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as measles or the flu.

J4-b During the last 12 months, have you been injured and had to be treated by a doctor or nurse?

- Yes, please specify: _____
- No

--- ANGLOPHONE SECTOR ONLY QUESTIONS START ---

J5-b For these statements, pick the choice that best describes how you feel. During the past two weeks...

	Not at all true	Only a little true	Mostly true	Very true
a) ... I did not want to go to school because I was afraid someone would physically hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) ... I did not want to go to school because I was afraid other students would be mean to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--- ANGLOPHONE SECTOR ONLY QUESTIONS END ---

FREE TIME

K1-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)

K2-c Do you participate in any of the following activities or groups outside 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

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

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

K3-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 (for example, food bank, UNICEF, Operation Christmas Child)	<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 (for example, coaching sports, helping at Sunday School, volunteering at hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Helping neighbours or relatives (for example, cutting grass, babysitting or shovelling snow without being paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Another organized volunteer activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISTRICT AND SCHOOL CUSTOM QUESTIONS

CLOSING PAGE

Thank you very much for your time!

The Department of Education 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