



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

WELCOME PAGE

New Brunswick Student Wellness and Education Survey 2024-2025

Dear Parent/Guardian,

The New Brunswick Health Council (NBHC), in partnership with the Department of Education and Early Childhood Development as well as the Department of Health, would like to invite you to participate in a short, 5 minutes survey. As parents and guardians, you are in a good position to tell us about your child's and family's habits. Your participation allows the NBHC to better information its partners, including your child's school, about the health of students in New Brunswick.

You have the choice to participate or not, and you can choose to stop participating at any time.

Your responses are anonymous and confidential, meaning no one will know what you answered.

If you don't want to answer a question, you can skip to the next one.

It is not possible to complete a part of the survey and return to it later.

Thank you!

Begin the Survey

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ABOUT YOUR CHILD

1 What grade is your child in?

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

2 You picked grade [SELECTED GRADE], is that right?

- No
- Yes

[GO TO 1]
[CONTINUE]

3 What is your child's age?

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

4 Which of the following best describes your child?

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

5 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.

- | | No | Yes | I do not know |
|--|-----------------------|-----------------------|-----------------------|
| a) Indigenous (First Nations, Mi'kmaq, Wolastoqewiyik, Maliseet, Passamaquoddy, Inuit, or Métis descent)
[If YES GO TO 6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Persons with a disability or special need | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



- c) Immigrants, newcomers and refugees (persons not born in Canada)
[If YES GO TO 7]
- d) Black (for example, African, African Canadian, Afro-Caribbean descent)
- e) South Asian (for example, East Indian, Pakistani, Sri Lankan)
- f) Filipino
- g) Arab
- h) Chinese
- i) Latin American (for example, Hispanic or Latin American descent)
- j) Southeast Asian (for example, Vietnamese, Cambodian, Laotian, Thai)
- k) Korean
- l) West Asian (for example, Iranian, Afghan, Turkish)
- m) Japanese
- n) White/Caucasian

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

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

7 How many years has your child lived in Canada?

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

8 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

9 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

10 Yesterday, how many times do you think your child ate:

	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"/>

11 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

12 On most days, how much physical activity does your child do?

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

13 When does your child usually go to sleep when she or he has school the next morning?

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

Please select whether it is AM or PM.

AM PM

14 When does your child usually wake up on school mornings?

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



Please select whether it is AM or PM.

AM

PM

15 Yesterday, how many times did you drink or eat:

	Number of times							
	None	1	2	3	4	5	6	7+
a) Vegetables, including <i>fresh, cooked, frozen or canned</i> vegetables?	<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, <i>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 (for example, <i>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 (for example, <i>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"/>

16 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"/>

17 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

18 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



19 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"/>	<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"/>

20 Do you or any people you live with smoke?

- No
- Yes

21 Are people allowed to smoke inside your home?

- No
- Yes

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

- No
- Yes



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