



## New Brunswick Student Wellness and Education Survey Student Questionnaire: 7-12

### Notes:

The questions in blue are only asked to students from the anglophone sector as part of an integrated education and wellness survey.

### WELCOME PAGE

## New Brunswick Student Wellness and Education Survey 2024-2025

Dear student,

The New Brunswick Health Council (NBHC), in partnership with the Department of Education and Early Childhood Development as well as the Department of Health, and your school need to hear from students. We want to better understand how students in New Brunswick are doing and what they need. We would like to ask you some questions about your health and your experience in school.

You have the choice to participate or not, and you can choose to stop participating at any time. If you do not want to participate, you can tell your teacher.

THIS IS NOT A TEST. There are no right or wrong answers.

Your answers are private and anonymous, which means that no one will be able to know what you answered. So, please be honest. Your answers are very important.

If you do not want to answer a question, leave it blank.

Thank you!

To begin answering the questions, please enter the PIN code provided by your teacher.

### Begin the survey

You may enter your PIN with either uppercase or lowercase letters.

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## ABOUT YOU

**1 What grade are you in?**

- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade

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

- No
- Yes

[GO TO 1]  
[CONTINUE]

**3 How old are you today?**

- 10 or younger
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years
- 19 years or older

**4 What language do you speak at home most of the time?**

- English
- French
- English and French equally
- Mi'kmawi'simk / 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.

**5 What sex were you assigned at birth?**

- Male
- Female
- Or please specify: \_\_\_\_\_



**6 Which of the following best describes you?**

- Male
- Female
- Two-Spirit
- In another way: \_\_\_\_\_
- I prefer not to answer

**7 People with different backgrounds may have different experiences in their daily lives. This may include the way they are treated. The following questions can help us understand how that may affect your health and learning.**

**Do you 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 8]	<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) 2SLGBTQIA+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and plus sign which reflects the countless affirmative ways in which people choose to self-identify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Immigrants, newcomers and refugees (persons not born in Canada) [IF YES GO TO 9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Black (e.g., African, African Canadian, Afro-Caribbean descent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) South Asian (e.g., East Indian, Pakistani, Sri Lankan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Filipino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Arab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Latin American (e.g., Hispanic or Latin American descent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) West Asian (e.g., Iranian, Afghan, Turkish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) White/Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8 Do you live in your First Nation community (on-reserve)?**

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

**9 If you were not born in Canada, how long have you lived in Canada?**

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



**10 In general, would you say your health is...?**

Poor  
Fair  
Good  
Very good  
Excellent

**11 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?**

0 Worst possible life  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10 Best possible life

**12 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

**13 How tall are you without your shoes on?**

Answer in feet and inches  
Answer in centimetres  
I do not know how tall I am



## ABOUT YOU AND OTHERS

**14 We are interested in how you feel about yourself and how you think other people see you. For each sentence, 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/guardians.	<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/guardians 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/guardians 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"/>

**15 How much do the following statements apply to you? There are no right or wrong answers.**

	No	Sometimes	Yes
a) I get along with people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Getting an education is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I know how to behave/act in different situations (such as school and home).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My parents(s)/caregiver(s) really look out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) If I am hungry, I can get food to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) People like to spend time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I feel supported by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- |   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| j) I feel that I belong at my school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k) My family/caregiver(s) stand by me during difficult times (for example if I am sick or have done something wrong). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l) My friends stand by me during difficult times (for example if I am sick or have done something wrong)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m) I am treated fairly in my community.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n) I have chances to show others that I am responsible and can do things by myself.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o) I feel safe when I am with my family/caregiver(s).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p) I have chances to learn things that will be useful when I am older (like cooking, working, and helping others).    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q) I like the way my family/caregiver(s) celebrate things (like holidays or learning about my culture).               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**16 For each sentence, choose what best describes what you are like as a person.**

- |   | Definitely<br>not like<br>me | 1                     | 2                     | 3                     | 4                     | Definitely<br>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 or say nice things to 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"/> |

**17 For each sentence, choose what best describes what you are like as a person.**

- |  | Definitely<br>not like<br>me | 1                     | 2                     | 3                     | 4                     | Definitely<br>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 or don't listen to my parents/guardians.              | <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"/> |



## YOU AND SCHOOL

- 18 Which of the following best describes your marks of last year? Answer Part A OR Part B based on the type of marks 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

- 19 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

- 20 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"/>

- 21 How strongly do you agree or disagree with the following sentence: I feel my learning needs are met at my school?**

Strongly disagree  
Disagree  
Agree  
Strongly agree



--- ANGLOPHONE SECTOR ONLY QUESTIONS START ---

**22** 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) Teachers/adults in this school listen to my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) 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"/>
c) I can be myself in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I can succeed in my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I get to school late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I get to class late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I pay attention in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23** How hard do you find your schoolwork?

The work I am given at school is...

- Too Hard
- A Little Hard
- Just Right
- A Little Easy
- Too Easy

**24** What do you think of the following statements about learning in your school?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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"/>
d) I am learning things at school that I can use outside of school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) 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"/>





**25 In the past two weeks, how often have you noticed the following in your classes?**

	It happened in ...	It didn't happen at all	hardly any classes	A few of my classes	Most of my classes	Nearly all my classes
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 at least once to make sure I understand (for example: talked to me, used exit slips, whiteboards, thumbs up thumbs down, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c)	I worked 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)	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"/>
e)	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"/>
f)	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"/>
g)	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"/>
h)	I understood what was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i)	I could have learned my school work just as well by looking it up or reading on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j)	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"/>
k)	The teacher expected me to work hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26 What program are you in?**

English Program  
French Immersion

--- ANGLOPHONE SECTOR ONLY QUESTIONS END ---



## PHYSICAL ACTIVITY AND REST

**27 When do you usually go to sleep when you have school the next morning? Choose an answer:**

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

**Please select whether it is AM or PM.**

AM PM

**28 When do you usually wake up on school mornings? Choose an answer:**

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

**Please select whether it is AM or PM.**

AM PM

**29 About how many hours a day do you usually spend on social media sites or apps, such as TikTok, Instagram, Snapchat, X (previously 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

**30 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 any activity that makes your heartbeat fast and makes you sweat. Some examples of physical activity are running, walking fast, inline skating, skateboarding, biking, playing soccer, or other team sports.

0 days  
1 day  
2 days  
3 days  
4 days  
5 days  
6 days  
7 days



**31 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

**32 Before lunch, at lunch time or after school, do you participate in physical activities organized by your school (for example, intramurals, non-competitive physical activities)?**

- No
- Yes
- None offered at my school

**33 On average, how many hours a day do you do the following activities, in your free time when it is a weekday?**

	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"/>

**34 On average, how many hours a day do you do the following activities, in your free time when it is the weekend?**

	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,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



instant messaging, emailing or surfing  
the Internet?

## EATING HABITS

35 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) 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"/>

36 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?

- Never
- Sometimes
- Often
- Always

## MENTAL HEALTH

37 In general, would you say your mental health is...?

- Poor
- Fair
- Good
- Very good
- Excellent

38 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?

- No
- Yes



39 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?

No  
Yes

## BULLYING

It is BULLYING when a person or group of people hurts or upsets someone on purpose, and more than once. It is different from an argument, conflict or fight because the person being bullied has difficulty defending herself or himself.

In the last two months, have you been bullied at school in the ways listed below?

40 In the last two months, have you been bullied at school in the ways listed below?

- |   | No                    | Yes                   |
|---|-----------------------|-----------------------|
| 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"/> |

41 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/guardians 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 ---

42 If you were bullied, including online bullying, when did it happen most often? (You can choose more than one answer.) [SKIP this if all answer to 40 are No]

- Before school
During classes
Between classes
During recess or lunch
During extra-curricular activities (for example, sports, clubs)
After school

43 Do you stay away from any of these places in your school because of bullying? (You can choose more than one answer.) [SKIP this if all answer to 40 are 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

44 What do you think of the following statements about how your school handles bullying?

Table with 5 columns: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree. Rows a) Adults notice when bullying occurs, b) I feel I can tell adults at my school when bullying happens, c) Respect for others is valued and taught, d) Kindness/empathy is valued and taught.

--- ANGLOPHONE SECTOR ONLY QUESTIONS END ---

CIGARETTES

These questions are about your cigarette smoking. Include tobacco cigarettes that are bought ready-made and cigarettes that you make yourself. Don't include e-cigarettes, vaping devices and other tobacco products.

45 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



**46 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

## VAPING

This question is about vaping or using e-cigarettes. "Vaping" means using devices that heat liquid and transform it into vapour that you breathe in and out. When answering, include:

- Vaping e-liquid with nicotine
- Vaping e-liquid without nicotine (i.e., just flavouring)
- Vaping e-liquid when you didn't know whether it contained nicotine
- All e-cigarettes, vaporizers and vape pens
- When answering, don't include:
  - Vaping cannabis (weed, pot)

**47 How often do you use e-cigarettes (vapes) at present?**

- I do not use e-cigarettes
- Less than once a week
- At least once a week, but not every day
- Every day

## ALCOHOL

**48 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

**49 In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?**

- 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

**CANNABIS**

This question is about cannabis. When answering, include:

- Marijuana (e.g., weed, pot)
- Any other products made from the cannabis plant

When we ask about use, it includes using dry cannabis such as smoking or vaping. It also includes cannabis that is mixed or processed into another product such as a product that we consume as food, an extract, a concentrate, including a liquid, or other product.

**50 In the last 12 months, how often did you use cannabis?**

- 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

**OTHER DRUGS**

**51 Have you ever taken any of 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 (for example, PCP, magic mushrooms, mescaline, peyote, Salvia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Pain Relievers (for example, Fentanyl, Percodan, Percs, Demerol, Oxycotin, Oxycodone, Oxy, Oxyneo, OC, APO, Codeine, Morphine)	<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 (for example, Ritalin, Concerta, Adderall)               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Sedatives / tranquilizers (for example, Valium, Ativan, Xanax, GHB) | <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 (for example, gasoline, butane, model glue)        | <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   |                       |                       |                       |                       |

### SEXUAL SAFETY

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

- No  
Yes

**53 During the past 12 months, did a boyfriend/girlfriend or someone you were dating or going out with physically, sexually, psychologically or emotionally hurt you? (Count such things as being hit or injured, yelled at, bullied, keeping you from friends or family or making you to do unwanted sexual activities)**

- No  
Yes  
I did not have a boyfriend/girlfriend or date during the last 12 months

**54 Do you know when you are legally able to consent to sexual activity?**

- No  
Yes

### SAFETY

**55 In the last 12 months, how many times did you drive an off-road vehicle (e.g., snowmobile, ATV, dirt bike) after drinking alcohol, using marijuana, or other illegal drugs?**

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

**56 In the last 12 months, how many times did you ride in an on-road vehicle (e.g., car, van, truck) driven by someone who had been drinking alcohol, using marijuana, or other illegal drugs?**

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



---ANGLOPHONE SECTOR ONLY QUESTIONS START ---

57 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 ---

**YOUR COMMUNITY**

58 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)

59 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)



60 In the last 12 months, did you do in any of the following volunteer activities (not for school and without being paid)?

	No	Yes	I do not know
a) Supporting a cause ( <i>for example, food bank, UNICEF, Operation Christmas Child</i> )	<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 ( <i>for example, coaching sports, helping at Sunday School, volunteering at hospital</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Helping neighbours or relatives ( <i>for example, cutting grass, babysitting or shovelling snow <u>without being paid</u></i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Another organized volunteer activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### EECD DISTRICT AND SCHOOL CUSTOM QUESTIONS

#### HELP IS AVAILABLE

Some of the questions may have made you think of problems you are having. If this is the case, below are options for you to ask for help.

- Kidshelpphone.ca; 1-800-668-6868
- Chimo Helpline: 1-800-667-5005
- Bridgethegapp.ca
- School counsellor or psychologist
- Child and Youth team
- Another adult you trust (ex., family member, teacher)



**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 in New Brunswick.

Ask your school principal to see the school results next Spring!

Please push submit to finish your survey.

**Submit**