

New Brunswick Student Wellness and Education Survey, grades 4 and 5, 2025-2026

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

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, 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

ABOUT YOU

1. What grade are you in?

- 3rd grade
- 4th grade
- 5th grade
- 6th grade

2. Which of the following best describes you?

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

3. Were you born in Canada?

- No
- Yes
- I do not know

4. Are you Indigenous? (Indigenous means all of these: Mi'kmaw, Wəlastəkewiyik /Wolastoqew/Maliseet, Peskotomuhkati, First Nation, Inuk, and Métis.)

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

5. For each sentence, choose what best describes your feelings and ideas.

	Not like me	A little like me	A lot like me
a) I feel I do things well at school.	☐	☐	☐
b) I like to spend time with my parents/guardians.	☐	☐	☐
c) I feel I do things well at home.	☐	☐	☐
d) I feel I have a choice about when and how to do my schoolwork.	☐	☐	☐
e) I like to spend time with my teachers.	☐	☐	☐
f) I feel I have a choice about which activities to do with my friends.	☐	☐	☐
g) I feel I do things well when I am with my friends.	☐	☐	☐

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- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| h) I like to spend time with my friends. | ☐ | ☐ | ☐ |
| i) I feel like I have a choice about when and how to do my household chores. | ☐ | ☐ | ☐ |

YOU AND SCHOOL

6. For each sentence, choose what best describes your feelings and ideas.

- | | Not like
me | A little like
me | A lot like
me |
|--|-----------------------|-----------------------|-----------------------|
| a) I feel close to people at my school. | ☐ | ☐ | ☐ |
| b) I feel I am part of my school. | ☐ | ☐ | ☐ |
| c) I am happy to be at my school. | ☐ | ☐ | ☐ |
| d) I feel the teachers at my school treat me fairly. | ☐ | ☐ | ☐ |
| e) I feel safe in my school. | ☐ | ☐ | ☐ |

7. 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) I can work at my own pace at school | ☐ | ☐ | ☐ | ☐ |
| b) Teachers/adults in this school listen to my ideas and opinions | ☐ | ☐ | ☐ | ☐ |
| c) There is at least one adult at school I can go to for help | ☐ | ☐ | ☐ | ☐ |
| d) My teachers like me and care about me | ☐ | ☐ | ☐ | ☐ |
| e) I feel I belong at my school | ☐ | ☐ | ☐ | ☐ |
| f) I can be myself at school. | ☐ | ☐ | ☐ | ☐ |
| g) I feel free to express myself at school | ☐ | ☐ | ☐ | ☐ |
| h) I can succeed in my schoolwork | ☐ | ☐ | ☐ | ☐ |

8. 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

9. 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	☐	☐	☐	☐	☐
b) The things I learn at school are important for my future	☐	☐	☐	☐	☐
c) I am learning things in school that I can use outside of school.	☐	☐	☐	☐	☐

10. In the past two weeks, how often did you notice these things in class?

	Not at all	Once or twice	On most days	At least once every day	Many times each day
a) The teacher checked at least once to make sure I understood	☐	☐	☐	☐	☐
b) I worked with a partner, or in a small group	☐	☐	☐	☐	☐
c) The teacher gave me a chance to explain my thinking	☐	☐	☐	☐	☐
d) The teacher let me show what I learned in different ways	☐	☐	☐	☐	☐
e) I got feedback from the teacher that helped me to improve what I was working on	☐	☐	☐	☐	☐
f) I understood what was taught	☐	☐	☐	☐	☐
g) I could have learned my schoolwork just as well by reading or looking it up on my own	☐	☐	☐	☐	☐
h) It was hard to pay attention because of students interrupting the class	☐	☐	☐	☐	☐
i) The teacher expected me to work hard	☐	☐	☐	☐	☐

11. What program are you in?

English Program
French Immersion

YOU AND EATING

12. Last week, how many times did you:

a) Eat breakfast?

None
1 time
2 times
3 times
4 times
5 times
6 times
7+ times

b) Eat at a breakfast or snack program at school?

None
1 time
2 times
3 times
4 times
5 times
6 times
7+ times

13. Yesterday, how many times did you eat:

a) Vegetables? *(For example, fresh, cooked, frozen or canned)*

None
1 time
2 times
3 times
4 times
5 times
6 times
7+ times

b) Fruit? *(For example, fresh, frozen, canned or dried fruits; do not count fruit juice or fruit flavoured candies)*

None
1 time
2 times
3 times
4 times
5 times
6 times
7+ times

YOU AND YOUR HABITS

14. On most days, 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) Watching TV/Movies	☐	☐	☐	☐	☐	☐	☐	☐
b) Using a smart phone or tablet (for games, YouTube, FaceTime, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
c) Playing video games	☐	☐	☐	☐	☐	☐	☐	☐



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d) Using the computer (not for school)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

15. Being very physically active means doing activities that makes your heart beat fast and make you sweat, such as running, biking, playing sports, skating, dancing, swimming, etc.

Last week, on how many days were you physically active for a total of 60 minutes (1 hour: it can be done at 5-10 minutes at one time, or all at once)?

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

16. How do you usually get to school?

- I walk or bike or ride my scooter or skateboard
- I take the bus, or ride in a car, truck or van

ABOUT BULLYING

It is BULLYING when a person or group of people say or do unfriendly things to hurt others. It is done 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.

17. I have been bullied this year.

- No
- Yes

18. I feel I can tell adults in this school when there are bullying problems.

- No
- Yes



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19. 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>	☐	☐
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 rumors spread about you).</i>	☐	☐
c) Online bullying <i>(for example, receiving mean text messages or having rumors spread about you on the Internet or on social media).</i>	☐	☐
d) Exclusion <i>(for example, being left out of things on purpose, being excluded from a group of friends or completely ignored).</i>	☐	☐
e) Someone stole from you or damaged your things.	☐	☐
f) Someone made mean comments about your race, religion or personal features.	☐	☐

20. Do you stay away from any places in your school because of bullying?

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

ABOUT YOUR HOME

21. Do your parents or guardians do physical activity, such as: walking, running, biking, going to the gym or doing yard work?

No

Yes

I do not know

22. Does your parent(s) or guardian(s) eat healthy food, such as: fruits and vegetables?

No

Yes

I do not know

23. Do any of the people you live with smoke?

No
Yes

24. Are people allowed to smoke inside your home?

No
Yes

25. Are people allowed to smoke inside your family's car, van or truck?

No
Yes

SAFETY

26. Pick the choice that best describes how you feel. During the past two weeks...

a) I did not want to go to school because I was afraid someone would physically hurt me.

Not at all true
Only a little true
Mostly true
Very true

b) I did not want to go to school because I was afraid other students would be mean to me.

Not at all true
Only a little true
Mostly true
Very true

Thank you very much for your time!

By doing this survey, you help us get a better understanding of how things are going for students in New Brunswick and what their needs are.