

Student Wellness and Education Survey

2025-2026, grade 7-12

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, 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.

We don't ask for your name. 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?

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

2. 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

3. What language do you speak at home most of the time?

English
French
English and French equally
Mi'kmaw'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.

4. What sex were you assigned at birth?

Male

Female

Or please specify: _____

5. Which of the following best describes you?

Male

Female

Two-Spirit

In another way: _____

I prefer not to answer

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.

6. 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 7]	☐	☐	☐
b) Persons with a disability or special need	☐	☐	☐
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)	☐	☐	☐
d) Immigrants, newcomers and refugees (persons not born in Canada) [If yes go to 8]	☐	☐	☐
d) Black (for example, African, African Canadian, Afro-Caribbean descent)	☐	☐	☐
f) South Asian (for example, East Indian, Pakistani, Sri Lankan)	☐	☐	☐
g) Filipino	☐	☐	☐
h) Arab	☐	☐	☐
i) Chinese	☐	☐	☐
j) Latin American (for example, Hispanic or Latin American descent)	☐	☐	☐
k) Southeast Asian (for example, Vietnamese, Cambodian, Laotian, Thai)	☐	☐	☐
l) Korean	☐	☐	☐

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- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| m) West Asian (for example, Iranian, Afghan, Turkish) | ☐ | ☐ | ☐ |
| n) Japanese | ☐ | ☐ | ☐ |
| o) White/Caucasian | ☐ | ☐ | ☐ |

7. Do you live in your First Nation community (on-reserve)?

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

8. If you were not born in Canada, how long have you lived in Canada?

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

9. Does your family own a car, van or truck?

- No
Yes, one
Yes, two or more

10. Do you have your own bedroom for yourself?

- No
Yes

11. How many computers does your family own? (including laptops and tablets, not including game consoles and smartphones)

- None
One
Two
More than two

12. How many bathrooms (room with a bath/shower or both) are in your home?

- None
One
Two
More than two

Engage. Evaluate. Inform. Recommend.
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13. Does your family have a dishwasher at home?

No
Yes

14. How many times did you and your family travel out of Canada for a holiday/vacation last year?

Not at all
Once
Twice
More than twice

© Inchley J, Currie D, Samdal O, Jåstad A, Cosma A & Nic Gabhainn S, editors. Health Behaviour in School-aged Children (HBSC) Study Protocol: background, methodology and mandatory items for the 2021/22 survey. Glasgow: MRC/CSO Social and Public Health Sciences Unit, University of Glasgow; 2023

15. In general, would you say your health is...?

Poor
Fair
Good
Very good
Excellent

16. 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



17. 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

18. How tall are you without your shoes on?

Answer in feet and inches: _____

Answer in centimeters: _____

I do not know how tall I am

ABOUT YOU AND OTHERS

19. 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.	☐	☐	☐	☐
b) My teachers like me and care about me.	☐	☐	☐	☐
c) I feel free to express myself at home.	☐	☐	☐	☐
d) I feel my teachers think I am good at things.	☐	☐	☐	☐
e) I like to spend time with my parents/guardians.	☐	☐	☐	☐
f) I feel free to express myself with my friends.	☐	☐	☐	☐
g) I feel I do things well at home.	☐	☐	☐	☐
h) My parents/guardians like me and care about me.	☐	☐	☐	☐
i) I feel I have a choice about when and how to do my schoolwork.	☐	☐	☐	☐
j) I feel my parents/guardians think that I am good at things.	☐	☐	☐	☐
k) I like to be with my teachers.	☐	☐	☐	☐
l) I feel I have a choice about which activities to do with my friends.	☐	☐	☐	☐
m) I feel I do things well when I am with my friends.	☐	☐	☐	☐
n) My friends like me and care about me.	☐	☐	☐	☐
o) I feel free to express myself at school.	☐	☐	☐	☐
p) I feel my friends think I am good at things.	☐	☐	☐	☐
q) I like to spend time with my friends.	☐	☐	☐	☐
r) I feel like I have a choice about when and how to do my household chores.	☐	☐	☐	☐

20. 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	☐	☐	☐
b) Getting an education is important to me	☐	☐	☐
c) I know how to behave/act in different situations (such as school and home)	☐	☐	☐
d) My parents(s)/caregiver(s) really look out for me	☐	☐	☐
e) My parent(s)/caregiver(s) know a lot about me (for example, who my friends are, what I like to do)	☐	☐	☐
f) If I am hungry, I can get food to eat	☐	☐	☐
g) People like to spend time with me	☐	☐	☐
h) I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)	☐	☐	☐
i) I feel supported by my friends	☐	☐	☐
j) I feel that I belong at my school	☐	☐	☐
k) My family/caregiver(s) stand by me during difficult times (for example if I am sick or have done something wrong)	☐	☐	☐
l) My friends stand by me during difficult times (for example if I am sick or have done something wrong)	☐	☐	☐
m) I am treated fairly in my community	☐	☐	☐
n) I have chances to show others that I am responsible and can do things by myself	☐	☐	☐
o) I feel safe when I am with my family/caregiver(s)	☐	☐	☐
p) I have chances to learn things that will be useful when I am older (like cooking, working, and helping others)	☐	☐	☐
q) I like the way my family/caregiver(s) celebrate things (like holidays or learning about my culture)	☐	☐	☐

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YOU AND SCHOOL

21. How strongly do you agree or disagree with each of the following?

	Strongly Disagree	Disagree	Agree	Strongly Agree
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	☐	☐	☐	☐

22. 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

23. 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.	☐	☐	☐	☐
b) There is at least one adult at school I can go to for help.	☐	☐	☐	☐
c) I can be myself in school.	☐	☐	☐	☐
d) I can succeed in my schoolwork.	☐	☐	☐	☐
e) I get to school late.	☐	☐	☐	☐
f) I get to class late.	☐	☐	☐	☐
g) I pay attention in class.	☐	☐	☐	☐

24. 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

25. 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 help me to understand the world.	☐	☐	☐	☐	☐
c) The things I learn at school are important for my future.	☐	☐	☐	☐	☐
d) I am learning things in school that I can use outside of school.	☐	☐	☐	☐	☐
e) respecting other cultures is something that students should learn as early as possible.	☐	☐	☐	☐	☐

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

	It didn't happen at all	Hardly any classes	A few of my classes	Most of my classes	Nearly all of my classes
a) The purpose of the lesson was clear to me.	☐	☐	☐	☐	☐
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.).	☐	☐	☐	☐	☐
c) I worked collaboratively with a partner, or in a small group.	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐
e) The teacher gave me a chance to explain my thinking.	☐	☐	☐	☐	☐
f) The teacher let me show what I learned in different ways.	☐	☐	☐	☐	☐
g) I got feedback from the teacher that helped me to improve what I was working on.	☐	☐	☐	☐	☐
h) I understood what was taught.	☐	☐	☐	☐	☐
i) I could have learned my schoolwork just as well by looking it up or reading on my own.	☐	☐	☐	☐	☐
j) It was hard to pay attention because of the disruptions in class.	☐	☐	☐	☐	☐
k) The teacher expected me to work hard.	☐	☐	☐	☐	☐

27. What program are you in?

English Program

French Immersion

PHYSICAL ACTIVITY, LEISURE SCREEN TIME, AND SLEEP

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

(Please select to the nearest 15 minutes)

Hour

Minute

Please select whether it is AM or PM

AM

PM

29. When do you usually wake up on school mornings? Choose an answer:

(Please select to the nearest 15 minutes)

Hour

Minute

Please select whether it is AM or PM

AM

PM

30. 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

31. 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 heart beat 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

32. 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

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)?	☐	☐	☐	☐	☐
b) Watching TV, movies or videos (including YouTube and similar services) on any type of screen?	☐	☐	☐	☐	☐
c) Using electronic devices for other purposes like: social media, chatting, instant messaging, emailing or surfing the Internet?	☐	☐	☐	☐	☐

34. On average, how many hours a day do you do the following activities, in your free time when it is a 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)?	☐	☐	☐	☐	☐
b) Watching TV, movies or videos (including YouTube and similar services) on any type of screen?	☐	☐	☐	☐	☐
c) Using electronic devices for other purposes like: social media, chatting, instant messaging, emailing or surfing the Internet?	☐	☐	☐	☐	☐

35. How often do you use an electronic device in your bedroom in the last hour before going to sleep?

- Never
- 1 night a week
- 2 nights a week
- 3 nights a week
- 4 nights a week
- 5 nights a week
- 6 nights a week
- Every night

36. How often do you have trouble going to sleep or staying asleep?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

EATING HABITS

37. Yesterday, how many times did you eat:

a) Vegetables

(for example, fresh, cooked, frozen or canned)?

None

1

2

3

4

5

6+

b) Fruit

(for example, fresh, frozen, canned or dried fruits; do not include fruit juice or fruit flavoured candies)?

None

1

2

3

4

5

6+

38. How often do you have an evening meal together with family/guardians or friends?

Never

1 day a week

2 days a week

3 days a week

4 days a week

5 days a week

6 days a week

Every day

39. In the last 7 days, how often did you eat breakfast?

Never
1-2 times
3-4 times
5-6 times
7+ times

**40. 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

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

Poor
Fair
Good
Very good
Excellent

42. Did you need to see or talk to someone for a mental or emotional problem you were having in the last 12 months?

No
Yes

43. If yes, did you see or talk to someone about your mental or emotional health?

No
Yes

44. 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

45. 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

46. During the last 12 months, how often have you felt lonely?

Never
Rarely
Sometimes
Most of the time
All of the time

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.

47. 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 rumours spread about you</i>).	☐	☐
c) Online bullying (<i>for example, receiving mean text messages or having rumours 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.	☐	☐
g) Someone made sexual jokes, comments or gestures to you.	☐	☐

48. In the last two months, have you bullied another student at school in any of the ways listed above?

No
Yes

49. 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: _____

50. If you were bullied, including online bullying, when did it happen most often? (You can choose more than one answer.)

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

51. Do you stay away from any of these 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

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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.	☐	☐	☐	☐	☐

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d) Kindness/empathy is valued and taught.



CIGARETTES

Remember that we **don't** ask for your name in this questionnaire. No one will know what you answered, not even your parents/guardians or teachers.

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.

53. Have you ever tried cigarette smoking, even just a few puffs?

No
Yes

54. 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

VAPING

These questions are 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)

55. Have you ever used an e-cigarette (vape), even once or twice?

No
Yes

56. 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

57. 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
2-3 times a month
Once a week
2-3 times a week
4-6 times a week
Every day
I do not know

58. In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion, like at a party or in one evening?

A "drink" of alcohol is a glass of wine, a can of beer, a cooler, a shot of liquor (hard alcohol), or a mixed 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

CANNABIS

59. 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.

60. 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

SEXUAL SAFETY

61. 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

62. 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

SAFETY

63. 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.	☐	☐	☐	☐
b) I did not want to go to school because I was afraid other students would be mean to me.	☐	☐	☐	☐

YOUR COMMUNITY

64. What do you think of the following statements about the area where you live?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) People say 'hello' and often stop to talk to each other in the street.	☐	☐	☐	☐	☐
b) It is safe for younger children to play outside during the day.	☐	☐	☐	☐	☐
c) You can trust people around here.	☐	☐	☐	☐	☐
d) There are good places to spend your free time (for example, recreation centres, parks, shopping centres).	☐	☐	☐	☐	☐
e) I could ask for help or a favour from neighbours.	☐	☐	☐	☐	☐
f) Most people around here would try to take advantage of you if they got the chance.	☐	☐	☐	☐	☐

The next few questions are about organized sports, clubs or activities that you participated in during the past 12 months.

65. In the past 12 months, have you participated in a sport or physical activity with a coach or instructor?

No
Yes

66. In the past 12 months, have you participated in music, drama or art clubs or lessons?

Only include activities that take place outside of school hours (they can take place at school).

No

Yes

67. In the past 12 months, have you participated in other types of organized clubs or community groups such as Scouts, Guides or chess clubs?

No

Yes

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)

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.

Ask your school principal to see the results next Spring!