New Brunswick Student Wellness and Education Survey, Parent/Guardian Questionnaire: K to 5, 2025-2026

Dear parent or guardian,

This survey is **a chance for you to share your voice**! It was created to better understand the lives of families in New Brunswick. As a parent or guardian, you know your child and your family best. That's why we invite you to take this short survey (5 to 10 minutes).

The survey is led by the New Brunswick Health Council (NBHC), with the Department of Education and Early Childhood Development and the Department of Health. Your answers will help schools and partners better support children's health.

Your voice matters — it can help improve actions and priorities for students in New Brunswick.

The survey is **anonymous and confidential**. You can skip questions or stop at any time. Please note: if you leave the survey before finishing, you won't be able to return to it later.

Thank you for taking the time to help support young people in New Brunswick!

ABOUT YOUR CHILD

Some of the questions in this survey are about your child, and some are about you as a parent or guardian. As you may know, children's health is influenced by many factors, including their family context. The following questions are about your child.

1. What grade is your child in?

K
1
2
3
4
5

2. What is your child's age?

4
5
6
7
8
9
10
11
12 or older

3. Which of the following best describes your child?

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

4. 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 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 5]	o	o	o
b) Persons with a disability or special need	o	o	o
c) Immigrants, newcomers and refugees (persons not born in Canada)	o	o	o
d) Black (for example, African, African Canadian, Afro-Caribbean descent)	o	o	o
e) South Asian (for example, East Indian, Pakistani, Sri Lankan)	o	o	o
f) Filipino	o	o	o
g) Arab	o	o	o
h) Chinese	o	o	o
i) Latin American (for example, Hispanic or Latin American descent)	o	o	o
j) Southeast Asian (for example, Vietnamese, Cambodian, Laotian, Thai)	o	o	o
k) Korean	o	o	o
l) West Asian (for example, Iranian, Afghan, Turkish)	o	o	o
m) Japanese	o	o	o
n) White/Caucasian	o	o	o

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

No
Yes
I am not sure
I prefer not to answer

6. How many years has your child lived in Canada?

Less than 1 year to 2 years
3 to 5 years
More than 5 years

7. How much does your child weight without their shoes on?

Enter weight in pounds: _____
Enter weight in kilograms: _____
I do not know how much my child weighs

8. How tall is your child without their shoes on?

Answer in feet and inches:_____
Answer in centimeters:_____
I do not know how tall my child is

HEALTHY LIFESTYLES

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

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

None
1
2
3
4
5
6
7 or more
I do not know

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
7 or more
I do not know

10. Last week, how many times did your child eat meals while watching TV?

None
1
2
3
4
5
6
7 or more
I do not know

11. 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

12. When does your child usually go to sleep when she or he has school the next morning?
(Please select to the nearest 15 minutes)

Hour
Minute

Please select whether it is AM or PM

AM
PM

When does your child usually wake up on school mornings?
(Please select to the nearest 15 minutes)

Hour
Minute

Please select whether it is AM or PM

AM
PM

ABOUT YOU

The following questions are about you as a parent/guardian. It's important to better understand children's family context in order to identify the most helpful supports for families.

13. Yesterday, how many times did you drink or eat:

a) Vegetables, including fresh, cooked, frozen or canned vegetables?

None
1
2
3
4
5
6
7 or more

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

None
1
2
3
4
5
6
7 or more

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*)?

None
1
2
3
4
5
6
7 or more

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]*)?

None
1
2
3
4
5
6
7 or more

14. Last week, how many times did you:

a) Eat at a fast-food place or restaurant with your child?

None
1
2
3
4
5
6
7 or more

b) Eat breakfast?

None
1
2
3
4
5
6
7 or more

c) Eat dinner (evening meal) with your child?

None
1
2
3
4
5
6
7 or more

15. 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, etc. for at least 30 minutes?

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

16. 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

17. On most days (except for working hours) how much time do you spend:

a) In front of a screen (*TV/movies, video games, computer, texting, email, surfing the Internet, FaceTime, Facebook, YouTube, other social media, etc.*)

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

b) Reading (not for work)

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

c) Doing leisure activities (*crafting, singing, listening to music, playing piano, etc.*)

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

d) Being physically active (*running, walking, swimming, sports, yard work, etc.*)

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

18. Do you or any people you live with smoke cigarettes?

No
Yes

19. Are people allowed to smoke cigarettes inside your home?

No
Yes

20. Are people allowed to smoke cigarettes inside your family's vehicle?

No
Yes

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 and families in New Brunswick and what their needs are.

Ask your school's administrator to see the school results next Spring!