

New Brunswick Student Wellness Survey

Module A1

To all students:

Thousands of students across New Brunswick, just like you, have been asked to take part in this survey. This important survey will help the Government of New Brunswick to better understand healthy lifestyle behaviours among young people in NB and help identify what can be done to encourage health and wellness in the province. Your help today is very important.

This is NOT a test. All of your answers will be kept confidential. No one, not even your parents or teachers, will ever know what you answered. So, please be honest when you answer the questions. Your answers to these questions are very important.

When filling out your responses please use a regular HB pencil and mark only one option per question unless the instructions tell you to do something else.

Thank you!

Please



☒ ☐ ☐ ☐

Proper Mark

Improper Marks

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Mark the circles that match the first digits of your postal code. The E is already marked in the 1st row; mark the next 2 digits of your postal code. Example: If your postal code is **E4A 5B6**, mark the 4 in the 2nd row; the A in the 3rd row.

☐ I do not know

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1. What grade are you in?

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 7 | <input type="radio"/> 11 |
| <input type="radio"/> 8 | <input type="radio"/> 12 |

2. How old are you today?

- | | |
|---|---|
| <input type="radio"/> 10 years or younger | <input type="radio"/> 15 |
| <input type="radio"/> 11 | <input type="radio"/> 16 |
| <input type="radio"/> 12 | <input type="radio"/> 17 |
| <input type="radio"/> 13 | <input type="radio"/> 18 |
| <input type="radio"/> 14 | <input type="radio"/> 19 years or older |

3. Are you a...

- ☐ Female? ☐ Male?

4. People living in Canada come from many different cultural and racial backgrounds. Are you...? (Mark all that apply)

- | | |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Japanese |
| <input type="radio"/> Black | <input type="radio"/> Asian |
| <input type="radio"/> First Nations | <input type="radio"/> Latin American |
| <input type="radio"/> Métis | <input type="radio"/> Filipino |
| <input type="radio"/> Inuit | <input type="radio"/> Arab |
| <input type="radio"/> Korean | <input type="radio"/> Other |
| <input type="radio"/> Chinese | |

5. What language do you speak most often at home?

- ☐ English
☐ French
☐ Other

6. How many years have you lived in Canada?

- ☐ Born in Canada
☐ 1 year to 2 years
☐ 3 to 5 years
☐ 6 to 10 years
☐ 11 or more years

7. In the last 7 days, how much total time did you spend doing homework?

- ☐ None
☐ Less than 1 hour
☐ From 1 to 6 hours
☐ From 7 to 13 hours
☐ 14 or more hours

8. In the last 7 days, how much total time did you spend reading, not counting for homework, at school or at work? (Include: reading books, magazines and newspapers)

- ☐ None
☐ Less than 1 hour
☐ From 1 to 6 hours
☐ From 7 to 13 hours
☐ 14 or more hours

9. Mark how much time you spent watching TV/movies, playing video/ computer games, surfing the internet, instant messaging or talking on the phone on each of the last 7 days.

For example, if you spend 3 hours doing these activities on Monday, you would need to fill in the 3 hour circle, as shown below:

Hours per day

Monday ☐ 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Hours per day

Monday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Tuesday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Wednesday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Thursday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Friday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Saturday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
Sunday	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

10. How important are each of the following to you?

	Very Important	Important	Not Very Important	Not at All Important
a) Getting good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Participating in school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Getting to class on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Learning new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Expressing my opinion in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Getting involved in the student council or other similar groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Learning about my culture/heritage (e.g., Francophone, First Nations, Irish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Which of the following best describes your marks during the past year?

- ☐ Excellent (90% or more)
- ☐ Above Average (80% to 89%)
- ☐ Average (70% to 79%)
- ☐ Below Average (60% to 69%)
- ☐ Poor (59% or less)

12. How are you doing in school compared to other students in your class?

- ☐ Better than most
- ☐ About the same as most
- ☐ Not as well as most

13. How often have you been bullied at school in the past couple of months in the ways listed below? (Mark one response for each item)

	I Have Not Been Bullied This Way	Only Once or Twice	2-3 Times a Month	About Once a Week	Several Times a Week
a) I was called mean names, was made fun of, or teased in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I was hit, kicked, pushed, shoved around, or locked in or out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Other students told lies or spread false rumours about me and tried to make others dislike me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I was bullied with mean names and comments about my race/ religion/ personal features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other students made sexual jokes, comments, or gestures to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I was bullied using a computer or email messages or pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I was bullied using a cell phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often have you bullied another student/s at school in the past couple of months in the ways listed below? (Mark one response for each item)

	I Have Not Bullied Another Student In This Way	Only Once or Twice	2-3 Times a Month	About Once a Week	Several Times a Week
a) I called another student/s mean names, and made fun of, or teased him or her in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I kept another student/s out of things on purpose, excluded him or her from my group of friends, or completely ignored him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I hit, kicked, pushed, shoved around, or locked another student/s in or out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I told lies or spread false rumours about another student/s and tried to make others dislike him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I bullied another student/s with mean names and comments about his or her race/ religion/ personal features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I made sexual jokes, comments, or gestures to another student/s.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I bullied another student/s using a computer or email messages or pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I bullied another student/s using a cell phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Think of the last time you saw or heard another student being bullied. What did you do? (Mark all that apply)

- ☐ I have not seen or heard another student being bullied.
- ☐ I ignored it.
- ☐ I told my parents about it.
- ☐ I told my teacher about it.
- ☐ I told my principal or vice-principal about it.
- ☐ I told an adult at the school about it.
- ☐ I told an adult outside of school about it.
- ☐ I told another student about it.
- ☐ At the time, I helped the person being bullied.
- ☐ Later on, I helped the person being bullied.
- ☐ I stood and watched.
- ☐ I made a joke about it.
- ☐ I joined in the bullying.
- ☐ I got someone to help stop it.
- ☐ I stood up to the person who was doing it.
- ☐ I got back at the bully later.
- ☐ Other

16. If a student complains to an adult at school about bullying, how often is something done about it?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

17. Yesterday, how many times did you eat:

None 1 Time 2 Times 3 Times 4 Times 5 Times 6+ Times

- | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) French fries or other fried potatoes? (e.g., wedges, hash browns, poutine) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Dark green vegetables? (e.g., lettuce, broccoli, green beans) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Dark orange vegetables? (e.g., carrots, squash, sweet potatoes/yams) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Other vegetables? (e.g., other raw or cooked vegetables, corn, and boiled, baked or mashed potatoes) <u>Do not include:</u> French fries or other fried potatoes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Beans, legumes or chick peas? (e.g., baked beans, chili or hummus) <u>Do not include:</u> green and yellow beans | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Fruit? (e.g., fresh, frozen, canned and dried fruits such as 100% fruit bars) <u>Do not include:</u> fruit juice, Fruit Roll-ups® or other fruit flavoured candies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Snack chips? (e.g., potato chips, tortilla chips, corn chips, cheese sticks, or other snack chips) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Candy or chocolate bars? Include: Fruit Roll-ups® or other fruit flavoured candies, Gummie Bears®, suckers and sours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Doughnuts, cookies, brownies, pies, frozen treats, cakes and other sweets? Include: ice cream, frozen yogurt, Popsicle® | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. When you eat grain products, how often do you choose 100% whole wheat or multigrain (e.g., bread, bagels, buns, wraps, or pizza)?

- ☐ Never
- ☐ Sometimes
- ☐ Always

19. Yesterday, how many servings of the following did you drink:

	None	1 Serving	2 Servings	3 Servings	4 Servings	5 Servings	6+ Servings
a) White or chocolate milk, or soy beverage? (e.g., one cup or small carton of milk) Include: drinks made with milk, like smoothies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) 100% fruit juice, vegetable juice, or drinks made with fruit? (e.g., one cup or drinking box-size serving of 100% orange or tomato juice, and fruit smoothies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Fruit-flavoured drinks? (e.g., one cup or drinking box-size serving of punch, Sunny D®, lemonade, Slushies®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Regular (non-diet) pop or soft drinks? (e.g., one cup or can of pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Diet pop or soft drinks? (e.g., one cup or one can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sports drinks? (e.g., one cup or small bottle of Gatorade®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) High energy drinks? (e.g., one cup or can of Red Bull®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Hot chocolate, cappuccino, or frappuccino? (e.g., one mug or medium hot chocolate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Tea, iced tea, or coffee? (e.g., one mug or medium coffee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Water?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Who did you eat with yesterday? (Mark all that apply)

	Did Not Eat	By Myself	Parents(s) Step-parent(s) or Guardian(s)	Brother(s) and/or Sister(s)	Other Relatives	Friend(s)	Other(s)
a) Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Morning snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Afternoon snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Evening snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. During the last school week, how many times did you:

	Never	1-2 Times	3-4 Times	5-6 Times	7+ Times
a) Eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat at a fast food place or restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Eat meals while watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During the last school week, how many times did you:

	Never	1-2 Times	3-4 Times	5-6 Times	7+ Times
a) Buy lunch at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Buy lunch away from school at a restaurant or store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Bring lunch to school from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Eat lunch at home on a school day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Not eat lunch at all?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eat at a breakfast or snack program at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. If you do not eat breakfast, why do you skip breakfast?

(Mark all that apply)

- ☐ I eat breakfast every day
- ☐ I don't have time for breakfast
- ☐ The bus comes too early
- ☐ I sleep in
- ☐ I'm not hungry in the morning
- ☐ I feel sick when I eat breakfast
- ☐ I'm trying to lose weight
- ☐ There is nothing to eat at home
- ☐ Other

24. Students who eat healthy do better at school?

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I do not know

25. What do you think of the variety of foods offered at your school (cafeteria, hot lunch, vending machines, and canteen)?

- ☐ Not enough variety
- ☐ Some variety
- ☐ Enough variety
- ☐ Too much variety
- ☐ I don't know

28. In general, how many of the school staff (e.g., teachers, custodians) do you see:

- a) being physically active?
- b) eating healthy foods?
- c) being tobacco-free?

	Most of the Staff	Some of the Staff	A Few of the Staff	None of the Staff	I Do Not Know
a) being physically active?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) eating healthy foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) being tobacco-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How do you describe your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ About the right weight
- ☐ Slightly overweight
- ☐ Very overweight

30. How much do you weigh without your shoes on? (Please write your weight on the line and then fill in the appropriate numbers for your weight in pounds or kilograms.)

"My weight is _____"

- ☐ I do not know how much I weigh

Example: 127 lbs

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Weight		
Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

OR

Weight		
Kilograms		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

26. On most school days do you feel you have enough time to eat lunch at school?

- ☐ Yes
- ☐ No

27. Have you noticed any of the following in your school in the last 12 months? (Mark all that apply)

- ☐ I am a new student and cannot answer
- ☐ A breakfast program
- ☐ A fruit and vegetable snack program
- ☐ Healthier foods sold at sporting events or special food events (e.g., dances and movie nights)
- ☐ Healthier foods or non-food items sold for fundraising
- ☐ Healthier foods offered in vending machines and at canteens
- ☐ Healthier foods offered at cafeteria or in hot lunch program
- ☐ Information in your cafeteria about how to make healthier food choices
- ☐ Lower prices for healthier foods

31. How tall are you without your shoes on?

(Please write your height on the line and then fill in the appropriate numbers for your height in feet and inches OR centimetres)

"My height is _____"

- ☐ I do not know how tall I am

Example: 5 ft 7 in

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7

OR

Height		
Centimetres		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HARD physical activities are jogging, team sports, fast dancing, jump-rope and any other physical activities that increase your heart rate and make you breathe hard and sweat.

MODERATE physical activities are lower intensity activities such as walking, biking to school, and recreational swimming.

32. Mark how many minutes of **HARD** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings and spare time.

For example, if you did 45 minutes of hard activity on Monday, you will need to fill in the 0 hour circle and the 45 minute circle, as shown below:

	Hours					Minutes			
Monday	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tuesday	<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"/>
Wednesday	<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"/>
Thursday	<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"/>
Friday	<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"/>
Saturday	<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"/>
Sunday	<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"/>

34. Mark how many minutes of **MODERATE** physical activity you did on each of the last 7 days. This includes physical activity during physical education class, lunch, recess, after school, evenings and spare time.

For example, if you did 1 hour and 15 minutes of moderate activity on Monday, you will need to fill in the 1 hour circle and the 15 minute circle, as shown below:

	Hours					Minutes			
Monday	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<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"/>
Wednesday	<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"/>
Thursday	<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"/>
Friday	<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"/>
Saturday	<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"/>
Sunday	<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"/>

33. Were the last 7 days a typical week in terms of the amount of **HARD** physical activity that you usually do?

- ☐ Yes
☐ No, I was more active in the last 7 days
☐ No, I was less active in the last 7 days

35. Were the last 7 days a typical week in terms of the amount of **MODERATE** physical activity that you usually do?

- ☐ Yes
☐ No, I was more active in the last 7 days
☐ No, I was less active in the last 7 days

36. In the last 7 days, how did you usually get to and from school?

- ☐ Actively (e.g., walk, bike, skateboard)
☐ Inactively (e.g., car, bus, public transit)
☐ Mixed (actively and inactively)

37. Do you participate in any of the following activities at school? (Mark all that apply)

- ☐ Dance (e.g., jazz, hip hop)
☐ Drama (e.g., plays, variety shows)
☐ Music (e.g., choirs, bands)
☐ Art (e.g., drawing, photography)
☐ Science or Technology (e.g., science fairs, school website)
☐ Student Clubs or Groups (e.g., peer helper, yearbook, TADD)
☐ Sports or Intramurals
☐ Other

38. Do you participate in before school, noon hour, or after school physical activities organized by your school (e.g., intramurals, non-competitive clubs)?

- ☐ Yes
☐ No
☐ None offered

39. Do you participate in competitive school sports teams that compete against other schools (e.g., junior varsity or varsity sports)?

- ☐ Yes
☐ No
☐ None offered

40. In the last 7 days, how many Physical Education classes did you have at school?

- ☐ 0 classes ☐ 3 classes
☐ 1 class ☐ 4 classes
☐ 2 classes ☐ 5 or more classes

41. Do you have a chance to be physically active in other classes besides Physical Education at school?

- ☐ No
☐ Yes, some other classes
☐ Yes, all other classes

42. In your school, how much importance is placed on:

	None	A Little	Some	A Lot	I Don't Know
a) Student participation in competitive sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Student participation in non-competitive sports or physical activity clubs (e.g., intramurals)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Developing positive attitudes about physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Offering a variety of competitive sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Offering a variety of non-competitive sports or physical activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Does your school have awards (certificates, points, ribbons, trophies) for students participating in competitive or non-competitive sports or physical activity clubs?

Yes No I Don't Know

- a) Competitive
b) Non-competitive

☐ ☐ ☐
☐ ☐ ☐

44. Do you usually take part in the following physical activities not organized by your school?

Yes No

- a) Non-competitive sports or physical activities (e.g., jogging, biking, skate boarding, swimming, Frisbee®)
b) Competitive sports or physical activities (e.g., running, skiing, riding, hockey, baseball)

☐ ☐
☐ ☐

45. In general, compared to other people your age, how would you rate your athletic ability?

- ☐ Excellent
☐ Good
☐ Fair
☐ Poor

46. Your closest friends are the friends you like to spend the most time with. How many of your closest friends are physically active?

- ☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more friends

47. How much do your parents, step-parents, or guardians support you in being physically active? (e.g., driving you to team games, buying you sporting equipment)

- ☐ Very supportive
☐ Supportive
☐ Unsupportive
☐ Very unsupportive

48. In the last 7 days, how many times were your parents, step-parents or guardians physically active (e.g. walking, running, biking, going to the gym, doing yard work) for at least 30-60 minutes?

- ☐ 0 times
☐ 1-2 times
☐ 3-5 times
☐ 6-7 times
☐ I'm not sure
☐ I have no parents, step-parents or guardians

49. Students who are physically active do better at school?

- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
☐ I do not know

50. Are you aware of the LINK program?

- ☐ No
☐ Yes, I am aware of the LINK program, but I have never used it.
☐ Yes, I have used the LINK program.

51. Are you a smoker?

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

53. Do you think in the future you might try smoking cigarettes?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

54. If one of your best friends was to offer you a cigarette would you smoke it?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

55. At any time during the next year do you think you will smoke a cigarette?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably not
- ☐ Definitely not

56. Have you ever smoked a whole cigarette?

- ☐ Yes
- ☐ No

57. Have you ever smoked 100 or more whole cigarettes in your life?

- ☐ Yes
- ☐ No

58. Have you ever smoked every day for at least 7 days in a row?

- ☐ Yes
- ☐ No

59. On how many of the last 30 days did you smoke one or more cigarettes?

- ☐ None
- ☐ 1 day
- ☐ 2 to 3 days
- ☐ 4 to 5 days
- ☐ 6 to 10 days
- ☐ 11 to 20 days
- ☐ 21 to 29 days
- ☐ 30 days (every day)

60. In the last 12 months, how often did you smoke?

- ☐ I have never smoked
- ☐ I have smoked, but not in the last 12 months
- ☐ I have tried one cigarette in the last 12 months
- ☐ I have had more than one cigarette in the last 12 months

61. In the last 30 days, have you ever tried to quit smoking cigarettes?

- ☐ I have never smoked
- ☐ I have only smoked a few times
- ☐ I have never tried to quit
- ☐ I have tried to quit once
- ☐ I have tried to quit 2 or 3 times
- ☐ I have tried to quit 4 or 5 times
- ☐ I have tried to quit 6 or more times

62. Do any of your parents, step-parents, or guardians smoke cigarettes?

- ☐ Only mother
- ☐ Only father
- ☐ Both mother and father
- ☐ Step-parents/Guardians
- ☐ None of them
- ☐ I don't know

63. Do any of your brothers or sisters smoke cigarettes?

- ☐ Yes
- ☐ No
- ☐ I do not know
- ☐ I have no brothers or sisters

64. Do you ever smoke inside your home?

- ☐ Yes
- ☐ No
- ☐ I do not smoke

65. Excluding yourself, how many people smoke inside your home every day or almost every day? Do not count those who smoke outside.

- ☐ None
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 or more people

66. During the past 7 days, on how many days 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

67. Your closest friends are the friends you like to spend the most time with. How many of your closest friends smoke cigarettes?

- ☐ None
☐ 1 friend
☐ 2 friends
☐ 3 friends
☐ 4 friends
☐ 5 or more friends

68. 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.

☐ ☐ ☐ ☐

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.

☐ ☐ ☐ ☐

f) I feel my learning needs are met at my school.

☐ ☐ ☐ ☐

69. For each item, fill in the circle that best describes what you are like as a person.

Definitely Not Like Me

Definitely Like Me

a) I often do favours for people without being asked.

☐ ☐ ☐ ☐ ☐ ☐

b) I often lend things to people without being asked.

☐ ☐ ☐ ☐ ☐ ☐

c) I often help people without being asked.

☐ ☐ ☐ ☐ ☐ ☐

d) I often compliment people without being asked.

☐ ☐ ☐ ☐ ☐ ☐

e) I often share things with people without being asked.

☐ ☐ ☐ ☐ ☐ ☐

70. We are interested in how you feel about yourself and how you think other people see you. For each item, fill in the circle that best describes your feelings and ideas in the past 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.

☐ ☐ ☐ ☐

f) I feel free to express myself with my friends.

☐ ☐ ☐ ☐

g) I feel I do things well at home.

☐ ☐ ☐ ☐

h) My parents 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 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.

☐ ☐ ☐ ☐

71. For each item, fill in the circle that best describes what you are like as a person.

Definitely
Not Like Me

Definitely
Like Me

- a) I cut classes or skip school.
- b) I make other people do what I want.
- c) I disobey my parents.
- d) I talk back to my teachers.
- e) I get into fights.
- f) I often say mean things to people to get what I want.
- g) I take things that are not mine from home, school or elsewhere.

1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6

72. To what extent do the statements below describe you?

Does NOT Describe
Me at All

Describes
Me A LOT

- a) I am able to solve problems without harming myself or others
(for example by using drugs and/or being violent).
- b) I know where to go in my community to get help.
- c) Getting an education is important to me.
- d) I try to finish what I start.
- e) I have people I look up to.
- f) My parent(s)/caregiver(s) know a lot about me.
- g) My family stands by me during difficult times.
- h) My friends stand by me during difficult times.
- i) I have opportunities to develop skills that will be useful later in life
(like job skills and skills to care for others).
- j) I am treated fairly in my community.
- k) I feel I belong(ed) at my school.
- l) I enjoy my cultural and family traditions.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

PROOF

Your answers to these questions are very important. Thank you for taking the time to complete this survey.

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