

New Brunswick Student Wellness Survey

Module B1

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

<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M	<input type="radio"/> N	<input type="radio"/> O	<input type="radio"/> P	<input type="radio"/> Q	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> T	<input type="radio"/> U	<input type="radio"/> V	<input type="radio"/> W	<input type="radio"/> X	<input type="radio"/> Y	<input type="radio"/> Z
<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																
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H	<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L	<input type="radio"/> M	<input type="radio"/> N	<input type="radio"/> O	<input type="radio"/> P	<input type="radio"/> Q	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> T	<input type="radio"/> U	<input type="radio"/> V	<input type="radio"/> W	<input type="radio"/> X	<input type="radio"/> Y	<input type="radio"/> 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...

- | | |
|-------------------------------|-----------------------------|
| <input type="radio"/> Female? | <input type="radio"/> 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. What language do you speak most often when not at home or in school?

- ☐ English
☐ French
☐ Other

7. 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

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

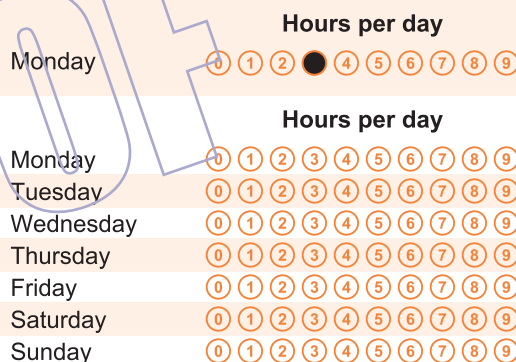
- ☐ None
☐ Less than 1 hour
☐ From 1 to 6 hours
☐ From 7 to 13 hours
☐ 14 or more hours

9. 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

10. 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:



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 do you describe your weight?

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

14. 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

15. 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.

16. 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	0	1	2	3	4	0	15	30	45

	Hours					Minutes			
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45
Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

18. 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	0	1	2	3	4	0	15	30	45

	Hours					Minutes			
Monday	0	1	2	3	4	0	15	30	45
Tuesday	0	1	2	3	4	0	15	30	45
Wednesday	0	1	2	3	4	0	15	30	45
Thursday	0	1	2	3	4	0	15	30	45
Friday	0	1	2	3	4	0	15	30	45
Saturday	0	1	2	3	4	0	15	30	45
Sunday	0	1	2	3	4	0	15	30	45

17. 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

19. 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

20. 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

21. 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

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

- ☐ Yes
- ☐ No
- ☐ None offered

23. 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"/>

24. During the school year do you recall seeing, hearing or reading any information about physical activity or increasing physical activity?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

25. Do you recall seeing, hearing or reading anything about "in motion"?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

26. Do you recall where you saw/ received information about "in motion"?
(Mark all that apply)

- ☐ I have not seen/received information about *in motion*.
- ☐ School bulletin boards
- ☐ School announcements
- ☐ School newspaper/newsletter/website
- ☐ Posters in school
- ☐ School *in motion* Physical Activity Challenges
- ☐ School walking/jog club
- ☐ People (friends, family, teacher)
- ☐ On buses or billboards
- ☐ Advertising or news (TV or radio)
- ☐ Physical Education class
- ☐ Internet
- ☐ Other
- ☐ No
- ☐ I'm not sure

27. 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"/>

28. Yesterday, how many times did you drink:

	None	1 Time	2 Times	3 Times	4 Times	5 Times	6+ Times
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"/>

**29. 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"/>

30. In the last 7 days, how many times did you:

Never	1-2 Times	3-4 Times	5-6 Times	7+ Times
<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"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a) Eat breakfast?

b) Eat at a fast food place or restaurant?

c) Eat meals while watching television?

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

Never	1-2 Times	3-4 Times	5-6 Times	7+ Times
<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a) Buy lunch at school?

b) Buy lunch away from school at a restaurant or store?

c) Bring lunch to school from home?

d) Eat lunch at home on a school day?

e) Not eat lunch at all?

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

32. 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

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

- ☐ Dance (e.g., hip hop, lyrical, tap, highland)
- ☐ Drama (e.g., plays, cultural)
- ☐ Music (e.g., piano, strings, voice)
- ☐ Art (e.g., drawing, crafting, photography)
- ☐ Science or Technology (e.g., computer clubs)
- ☐ Community or Youth Groups (e.g., Scouts/Guides, 4-H, church, charities)
- ☐ Sports or Physical Activities
- ☐ Other

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

Very Important	Important	Not Very Important	Not at All Important
<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"/>	<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"/>	<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"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a) Getting good grades

b) Making friends

c) Participating in school activities outside of class

d) Getting to class on time

e) Learning new things

f) Expressing my opinion in class

g) Getting involved in the student council or other similar groups

h) Learning about my culture/heritage (e.g., Francophone, First Nations, Irish)

35. In the last 12 months, have you helped with any of the following activities for healthy eating, physical activity or tobacco-free living, organized by your school?
(Mark all that apply)

- ☐ School assembly
- ☐ Class activity
- ☐ School health fair
- ☐ Breakfast or lunch program
- ☐ Healthy living promotion (e.g., morning announcements, posters)
- ☐ Community event outside of school
- ☐ Healthy living contest
- ☐ Counselling or support program
- ☐ Presentations to other students
- ☐ Noon or after school activities (e.g., intramurals, clubs)
- ☐ I have not helped with any of these activities

36. In the last 12 months, did you take part in any of the following volunteer activities (outside of school requirements and without being paid)?

Yes No Not
Applicable

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| a) Supporting a cause (e.g., food bank, UNICEF, Operation Christmas Child) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Fund raising (e.g., charity, school trips) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Helping in my community (e.g., coaching sports, helping at Sunday School, volunteering at hospital) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Helping neighbours or relatives (e.g., cutting grass, babysitting, shovelling snow) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Doing other organized volunteer activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

37. How often do you volunteer?

Never Sometimes Usually

- | | | | |
|------------|-----------------------|-----------------------|-----------------------|
| a) Daily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Weekly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Monthly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Yearly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

38. Do you have a part-time job outside of school?

- ☐ Yes
☐ No

39. When do you usually work at your part-time job?

Never Sometimes Often

- | | | | |
|---------------------|-----------------------|-----------------------|-----------------------|
| a) Weekends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Weekdays | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) School Vacations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

40. How long do you usually spend sleeping each night? (Do not include time spent resting)

- ☐ Under 2 hours
☐ 2 hours to less than 3 hours
☐ 3 hours to less than 4 hours
☐ 4 hours to less than 5 hours
☐ 5 hours to less than 6 hours
☐ 6 hours to less than 7 hours
☐ 7 hours to less than 8 hours
☐ 8 hours to less than 9 hours
☐ 9 hours or more

41. In the last 6 months, have you seen cigarettes displayed inside stores?

- ☐ Yes
☐ No
☐ I don't know

42. Are you a smoker?

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

44. How old were you when you tried cigarette smoking, even just a few puffs?

- | | |
|--|---|
| <input type="radio"/> I have never done this | |
| <input type="radio"/> I do not know | |
| <input type="radio"/> 8 years or younger | <input type="radio"/> 14 years |
| <input type="radio"/> 9 years | <input type="radio"/> 15 years |
| <input type="radio"/> 10 years | <input type="radio"/> 16 years |
| <input type="radio"/> 11 years | <input type="radio"/> 17 years |
| <input type="radio"/> 12 years | <input type="radio"/> 18 years |
| <input type="radio"/> 13 years | <input type="radio"/> 19 years or older |

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

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

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

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

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

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

48. Have you ever smoked a whole cigarette?

- ☐ Yes
- ☐ No

49. How old were you when you smoked your first whole cigarette?

- ☐ I have never done this
- ☐ I do not know
- ☐ 8 years or younger
- ☐ 9 years
- ☐ 10 years
- ☐ 11 years
- ☐ 12 years
- ☐ 13 years
- ☐ 14 years
- ☐ 15 years
- ☐ 16 years
- ☐ 17 years
- ☐ 18 years
- ☐ 19 years or older

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

52. 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)

53. Thinking back over the last 30 days, on the days you smoked, how many cigarettes did you usually smoke?

- ☐ None
- ☐ A few puffs to one whole cigarette
- ☐ 2 to 3 cigarettes
- ☐ 4 to 5 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 21 to 29 cigarettes
- ☐ 30 or more cigarettes

54. 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

55. Where do you usually get your cigarettes?

- ☐ I do not smoke
- ☐ I buy them myself at a store
- ☐ I buy them from a friend or someone else
- ☐ I ask someone to buy them for me
- ☐ My brother or sister gives them to me
- ☐ My mother or father gives them to me
- ☐ A friend or someone else gives them to me
- ☐ I take them from my mother, father or siblings
- ☐ Other

56. 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

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

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

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

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

59. Have your parents, step-parents, or guardians ever talked to you about not smoking?

- ☐ Yes
- ☐ No

60. What are the rules about smoking in your home?

- ☐ No one is allowed to smoke in my home
- ☐ Only special guests are allowed to smoke in my home
- ☐ People are allowed to smoke only in certain areas in my home
- ☐ People are allowed to smoke anywhere in my home

61. Do you ever smoke inside your home?

- ☐ Yes
- ☐ No
- ☐ I do not smoke

62. 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

63. 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

64. 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

65. Does your school have a clear set of rules about smoking for students to follow?

- ☐ Yes
- ☐ No
- ☐ I don't know

66. If students are caught breaking the smoking rules at this school, they get into trouble?

- ☐ Yes
- ☐ No
- ☐ I don't know

67. Please answer the following questions based on your opinion.

	Yes	No	I Don't Know
a) Do people have to smoke for many years before it will hurt their health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Is there any danger to your health from an occasional cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Can smoking help people when they are bored?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Does smoking help people relax?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Does quitting smoking reduce health damage even after many years of smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Does smoking help people stay slim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Can people become addicted to tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Can tobacco smoke be harmful to the health of non-smokers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Do people who smoke become more popular?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Can smokers quit anytime they want?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Do you think smoking is cool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Should smoking be allowed around kids at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Should smoking be allowed around kids in cars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Is it nicer to date people who do not smoke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<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"/>
f) I feel my learning needs are met at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Definitely
Like Me

- | | | | | | |
|---|---|---|---|---|---|
| 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 |

Really False for Me	Sort of False for Me	Sort of True for Me	Really True for Me
1	2	3	4

-

Definitely
Like Me

- [illegible]

Describes
Me A LOT

- | | | | | |
|-----|-----|-----|-----|-----|
| | | | | |
| (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) |

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

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

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SERIAL #