

# New Brunswick Elementary Student Wellness Survey

To be completed by **students** in grades 4 and 5

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the bubble completely.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ⊖ ⊙

## About me

1. I am in grade ...

- 4  
 5

2. I am a ...

- Girl  
 Boy

3. My age is ...

- 9  
 10  
 11  
 12 or older

For each item, choose what best describes your **feelings and ideas**.

	Not like me	A little like me	A lot like me
4. I feel I do things well at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I like to spend time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel I do things well at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel I have a choice about when and how to do my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I like to spend time with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel I have a choice about which activities to do with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel I do things well when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I like to spend time with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel like I have a choice about when and how to do my household chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I often do favours for people without being asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I make other people do what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I often lend things to people without being asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I disobey my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel I am part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I talk back to my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I often help people without being asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I get into fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I often compliment people without being asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I feel the teachers at my school treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I often say mean things to people to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I often share things with people without being asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I take things that are not mine from home, school, or elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Me and eating

Number of times

	None	1	2	3	4	5	6	7 or more
29. <b>Yesterday</b> , how many times did you eat <u>fruits</u> fresh, cooked, frozen, canned or dried, etc.? ( <b>Do not count</b> : 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"/>	<input type="radio"/>
30. <b>Yesterday</b> , how many times did you eat <u>vegetables</u> , cooked or raw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. <b>Yesterday</b> , how many times did you eat candy, sweets, chips, or fries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. <b>Yesterday</b> , how many times did you drink pop, flavoured water, sports drinks, energy drinks, Slushies®, etc.?	<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. <b>Yesterday</b> , how many times did you have any kind of <u>milk</u> , such as: white, chocolate, soy, smoothies, milk put on cereal, etc.?	<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. <b>Last week</b> , how many times did you eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. <b>Last week</b> , how many times did you eat at a breakfast or snack program at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Who did you eat with **yesterday**? (choose all that apply)

	Did not eat	By myself	Parent(s)/ Guardian	Brother(s)/ Sister(s)	Other relatives	Friend(s)	Others
36. Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2014-04



DO NOT WRITE IN THIS AREA

**SERIAL**

## Me and physical activity

At school do you usually participate in physical activities ...

Yes      No      Not offered

39. ... before school, at recess or at lunch?  
 40. ... right after school?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Being very physically active means doing activities that make you breathe hard and sweat, such as running, biking, playing sports, skating, dancing, swimming etc.  
**Last week**, on how many days were you very physically active for a total of 60 minutes (1 hour: it can be done at 5-10 minutes at one time, or all at once)?

- |                              |                              |
|------------------------------|------------------------------|
| <input type="radio"/> None   | <input type="radio"/> 4 days |
| <input type="radio"/> 1 day  | <input type="radio"/> 5 days |
| <input type="radio"/> 2 days | <input type="radio"/> 6 days |
| <input type="radio"/> 3 days | <input type="radio"/> 7 days |

42. How do you **usually** get to school?

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

On most days, how much time do you spend...

43. Watching TV/Movies  
 44. Using the phone (talking or texting)  
 45. Playing video games  
 46. Using the computer (not for school)  
 47. Reading (not for school)  
 48. Doing homework  
 49. Being physically active **at school** (walking/biking to school, open gyms in the morning or lunch time, intramurals, physical education class, fitness breaks, yoga, Mornings in Motion; school-sports team or clubs.)  
 50. Being physically active **outside school** (running, walking, swimming, sports, yard work, etc.)

	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I don't know
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Watching TV/Movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Using the phone (talking or texting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Playing video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Using the computer (not for school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Reading (not for school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Doing homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Being physically active <b>at school</b> (walking/biking to school, open gyms in the morning or lunch time, intramurals, physical education class, fitness breaks, yoga, Mornings in Motion; school-sports team or clubs.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Being physically active <b>outside school</b> (running, walking, swimming, sports, yard work, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## About my home

51. Is your parent(s) or guardian(s) physically active, such as: walking, running, biking, going to the gym or doing yard work?

- Yes       No       I do not know

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

- Yes       No       I do not know

53. Do any people you live with smoke cigarettes or use tobacco?

- Yes       No

54. Are people allowed to smoke inside your home?

- Yes       No

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

- Yes       No

## About bullying

It is **BULLYING** when we say or do unfriendly things to hurt others. It is bullying to tease others over and over in a mean way. It is bullying to leave someone out on purpose. But it is **NOT BULLYING** when two students of about the same power argue or fight. It is also not bullying when teasing feels friendly and playful to the person being teased.

56. I have been bullied this year

- Yes       No

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

- Yes       No

Thank you!