

# New Brunswick Family Wellness Survey

To be completed by **parents/guardians** of students from kindergarten to grade 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 my Child

1. My child is ...  Girl  Boy
2. My child's age is ...  4  5  6  7  8  9  10  11  12 or older
3. My child is in grade ...  K  1  2  3  4  5
4. People living in Canada come from many different cultural and racial backgrounds. My child is ... (Mark all that apply)
- White  Japanese  My child was born in Canada
- First Nation  Filipino  1-2 years
- Inuit  Korean  3-5 years
- Métis  Asian  More than 5 years
- Black  Latin American
- Chinese  Arab  Other

6. My child's height, without shoes is: \_\_\_\_\_

(Please write the height on the line above and also fill in the numbers in feet/inches OR centimeters)

Feet	Inches	Centimeters
<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"/>	<input type="radio"/>

7. My child's weight, without shoes, is: \_\_\_\_\_

(Please write the weight on the line above and also fill in the numbers in pounds OR kilograms)

Pounds	Kilograms
<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"/>

8. If your child has been diagnosed with a learning exceptionality or special education need, please indicate which one. (You may choose one answer or more than one)
- My child has not been diagnosed with a learning exceptionality or special education need
- Autism/Asperger syndrome
- Behaviour
- Blind and low vision
- Deaf and hard-of-hearing
- Attention Deficit Hyperactivity Disorder (ADHD)
- Intellectual disability
- Language/Speech impairment
- Learning disability
- Physical disability
- Mental health disability
- Gifted
- Other (Please specify) \_\_\_\_\_

## My child and eating

9. **Yesterday**, how many times do you think your child consumed fruits fresh, cooked, frozen, canned or dried, etc.? (Do not count: fruit juice, fruit roll-ups or other fruit flavoured candies.)
10. **Yesterday**, how many times do you think your child consumed vegetables, cooked or raw?
11. **Last week**, how many times did your child eat meals while watching TV?

	Number of times								
	None	1	2	3	4	5	6	7 or more	I don't know
9.	<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"/>
10.	<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"/>
11.	<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"/>

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DO NOT WRITE IN THIS AREA

## My Child and physical activity

Does your child usually take part in any physical activity not organized by your school such as biking, dancing, sports or games ...

	Yes	No	I don't know
12. ... after school (between 3-6 pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ... weeknights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ... weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I don't know
15. <b>On most days</b> , how much physical activity does <b>your child</b> take part in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## About you and your home

**Yesterday**, how many times did **you** eat/consume ...

	None	1	2	3	4	5	6	7 or more
16. ...fruits fresh, cooked, frozen, canned or dried, etc.? (Do not count: fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. ...vegetables cooked, frozen 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"/>
18. ... 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"/>
19. ... 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"/>

**Last week**, how many times did you eat ...

20. ...at a fast food place or restaurant with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. ...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"/>
22. ...dinner (evening meal) with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. **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
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of times

	None	1	2	3	4	5	6	7 or more
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	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
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24. 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'm not sure

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

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I don't know
25. In front of a screen (TV/movies, video games, computer, texting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Reading (not for work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Doing leisure activities (crafting, singing, listening to music, playing piano, 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"/>
28. Being physically active (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"/>	<input type="radio"/>
29. Volunteering	<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. Do you or any people you live with smoke or use tobacco?

Yes  No

31. Are people allowed to smoke inside your home?

Yes  No

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

Yes  No

33. Are you aware of any of the following:

	No	Yes, but I do not know much about it	Yes, I know about it	Yes, I know about it and found it useful
a) Canada's Food Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Canada's Physical Activity Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The Wellness movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) The "Healthier Food and Nutrition in Public Schools" policy (Policy 711)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for answering the questions.  
Please place the survey in the envelope provided.  
Seal and return the envelope to your child's teacher or his/her school.