

# New Brunswick Student Wellness Survey

## Module B

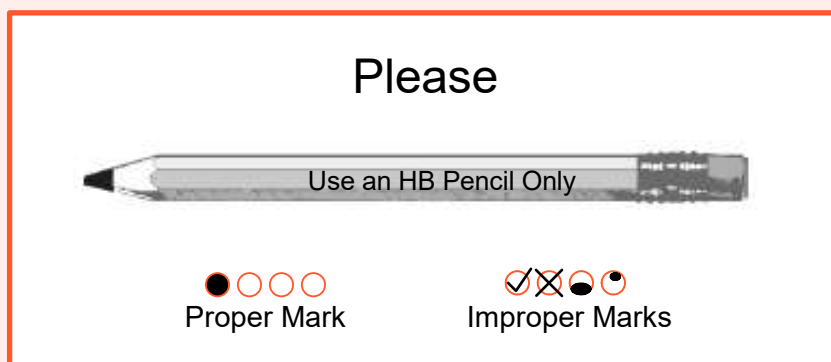
To all students:

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 DO NOT WRITE IN THIS AREA



[SERIAL]

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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. Do you identify yourself as...

- Female    Male    Gender independent

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

- English  
 French  
 An indigenous language  
 Another language

5. What language do you speak most often, when not at home or in school?

- English  
 French  
 An indigenous language  
 Another language

6. 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 Nation | <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      |                                      |

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. Which of the following best describes your academic achievement during the past year? If you are a student in grades 6-8 from Anglophone School District West please answer Part B.

Part A

- Excellent (Mostly A's/ 90% or more)  
 Above Average (Mostly A's and B's/ 80 - 89%)  
 Average (Mostly B's and C's/ 70 - 79%)  
 Below Average (Mostly C's/ 60 - 69%)  
 Poor (Mostly letter grades below C's/ 59% or less)

Part B

- 4+ Outstanding Achievement  
 4 Excelling with the Learning Goals  
 3+ Proficient Achievement  
 3 Meeting Learning Goals  
 2 Approaching Learning Goals  
 1 Working Below Learning Goals

9. In general, would you say your health is...?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

10. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? Mark the circle next to the number that best describes where you stand.

<input type="radio"/>	10 Best possible life
<input type="radio"/>	9
<input type="radio"/>	8
<input type="radio"/>	7
<input type="radio"/>	6
<input type="radio"/>	5
<input type="radio"/>	4
<input type="radio"/>	3
<input type="radio"/>	2
<input type="radio"/>	1
<input type="radio"/>	0 Worst possible life

11. 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
2	●	2
3	3	3
4	4	4
5	5	5
6	6	6
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

12. 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	●
1	1
2	2
3	3
4	4
●	5
6	6
7	●
	8
	9

Height	
Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9

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

13. If you have been diagnosed with a learning exceptionality or special education need, please indicate which one. (You may choose one answer, or more than one)

- Autism/Asperger Syndrome  
 Behaviour  
 Blind and Low vision  
 Deaf and Hard-of-Hearing  
 Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)  
 Intellectual Disability  
 Language/Speech Impairment  
 Learning Disability  
 Physical Disability  
 Mental Health Disability  
 Gifted  
 Other (please specify): \_\_\_\_\_  
 I have not been diagnosed with a learning exceptionality or special education need

14. On average, about how many hours a day do you do the following?

a) Screen time (Watching/streaming TV shows or movies; Playing video/computer games; FaceTime; Texting/SMS; Instant messaging [e.g., BBM, Facebook chat]; Surfing the internet; Email; Other social media [e.g., Facebook, Twitter, apps, Instagram, games, YouTube, etc.]

- None  
 Less than 1 hour a day  
 1 to 2 hours a day  
 More than 2 but less than 5 hours a day  
 5 or more hours a day

b) Doing homework

- None  
 Less than 1 hour a day  
 1 to 2 hours a day  
 More than 2 but less than 5 hours a day  
 5 or more hours a day

c) Reading for fun

- None  
 Less than 1 hour a day  
 1 to 2 hours a day  
 More than 2 but less than 5 hours a day  
 5 or more hours a day

15. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, inline skating, biking, dancing, skateboarding, swimming, soccer, basketball, and football. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- 0 days  
 1 day  
 2 days  
 3 days  
 4 days  
 5 days  
 6 days  
 7 days

16. How do you usually get to and from school?

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

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63 17. In the last 5 school days, **how many** Physical Education classes did you have at school?

- 62  
61  
60  0 classes  
59  1 class  
58  2 classes  
57  3 classes  
56  4 classes  
55  5 classes

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

- 52  
51  
50  
49  Yes  
48  No  
47  None offered

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

- 44  
43  
42  
41  Yes  
40  No  
39  None offered

37 22. How strongly do you **agree or disagree** with each of the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree
36 a) I feel close to people at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 b) I feel I am part of my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 c) I am happy to be at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 d) I feel the teachers at my school treat me fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 e) I feel safe in my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 f) I feel my learning needs are met at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Definitely not like me					Definitely like me
26 a) I often do favours for people without being asked.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
25 b) I often lend things to people without being asked.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
24 c) I often help people without being asked.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
23 d) I often compliment people without being asked.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
22 e) I often share things with people without being asked.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

18 24. Yesterday, how many **servings** did you eat:

	Number of Servings						
	None	1	2	3	4	5	6 +
17 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"/>
16 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"/>
15 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"/>
14 d) Other vegetables? ( e.g., other raw or cooked vegetables, corn and boiled, baked or mashed potatoes) Do not include: 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"/>
13 e) Beans, legumes or chick peas? (e.g., baked beans, chili or hummus) Do not include: 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"/>
12 f) Fruit? (e.g., fresh, frozen, canned and dried fruits such as 100% fruit bars) Do not include: 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"/>
11 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"/>
10 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"/>
9 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"/>
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20. Are you involved in any of these kinds of **activities or groups** inside school? (Mark all that apply)

- A sports team (e.g., volleyball, hockey, soccer)  
 An individual sport (e.g., running, cycling, skating)  
 Volunteer work  
 Arts groups (e.g., music, dance, drama)  
 Student Clubs or Groups (e.g., peer helper, yearbook, TADD, gay-straight alliance)  
 Science or Technology (e.g., science fairs, school website)  
 Church or other religious/spiritual group  
 Other activity or group (e.g., chess, math, debate)

21. Are you involved in any of these kinds of **activities or groups** outside school? (Mark all that apply)

- A sports team (e.g., volleyball, hockey, soccer)  
 An individual sport (e.g., running, cycling, skating)  
 Volunteer work  
 Arts groups (e.g., music, dance, drama)  
 Community groups (e.g., scouts, girl guides, 4-H, cadets)  
 Church or other religious/spiritual group  
 Other activity or group (e.g., chess, math, debate)

25. Yesterday, how many servings of the following did you drink?

	Number of Servings						
	None	1	2	3	4	5	6 +
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®, or lemonade, and 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 of 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"/>

26. How often do you have...?

a) Breakfast together with family, friend(s) or guardian(s)

b) An evening meal together with family, friend(s) or guardian(s)

- Never
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- Every day

- Never
- 1 day a week
- 2 days a week
- 3 days a week
- 4 days a week
- 5 days a week
- 6 days a week
- Every day

27. In the last 7 days, 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"/>

28. 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

29. 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

30. 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
- Healthy foods sold at sporting events or special food events (e.g., dances and movie nights)
- Healthy foods or non-food items sold for fundraising
- Healthy foods offered in vending machines and at canteens
- Healthy 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
- I like what is available
- School staff (teachers, custodians) show a positive attitude towards healthy living and health related issues

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31. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- Always
- Often
- Sometimes
- Never

32. 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My teachers like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel free to express myself at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel my teachers think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I like to spend time with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel free to express myself with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I feel I do things well at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My parents like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I feel I have a choice about when and how to do my schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I feel my parents think that I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I like to be with my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I feel I have a choice about which activities to do with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) I feel I do things well when I am with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) My friends like me and care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) I feel free to express myself at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) I feel my friends think I am good at things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) I like to spend time with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) 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"/>	<input type="radio"/>

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

	Not at all	A little	Somewhat	Quite a bit	A lot
a) I am able to solve problems without harming myself or others (for example by using drugs and/or being violent).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I know where to go in my community to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Getting an education is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I try to finish what I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I have people I look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My parent(s)/caregiver(s) know a lot about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My family stands by me during difficult times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My friends stand by me during difficult times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I am treated fairly in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I feel I belong(ed) at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) I enjoy my cultural and family traditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

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The questions that follow are about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also not bullying when the teasing is done in a friendly and playful way.

35. How often have you <u>been bullied</u> at school in the past couple of months in the ways listed below?	I have not been bullied this way	Once or twice	2-3 times a month	About once a week	Several times a week
a) Physical attacks (e.g., getting beaten up, pushed, or kicked)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (e.g., called mean names, was made fun of, or teased in a hurtful way, threatened, telling lies or having rumours spread about you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cyber-attacks (e.g., by phone, being sent mean text messages or having rumours spread about you on the internet or by email)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Had someone steal from you or damage your things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Exclusion (being left out of things on purpose, or excluded from group of friends, or completely ignored)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I was bullied with mean comments about my race/religion/personal features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) 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"/>

36. How often <u>have you bullied</u> another student/s at school in the past couple of months in the ways listed below?	I have not bullied this way	Once or twice	2-3 times a month	About once a week	Several times a week
a) Physical attacks (e.g., beat up, pushed, or kicked )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Verbal attacks (e.g., called another student mean names, made fun of, or teased in a hurtful way, threatened, told lies or spread rumours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cyber-attacks (e.g., by phone, sending mean text messages or spreading rumours about student on the internet or by email)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Stole from or damage someone else's things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Exclusion (left someone out of things on purpose, or excluded them from a group of friends, or completely ignored them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I bullied with mean comments about someone's race/religion/personal features.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Made sexual jokes, comments, or gestures towards someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. 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, family member or others 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

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

- Never
- Sometimes
- Often
- Always

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62 39. For each item, fill in the circle that **best describes** what you  
61 are like as a person.

Definitely not  
like me

Definitely  
like me

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|----|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 59 | a) I cut classes or skip school.                                   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 58 | b) I make other people do what I want.                             | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 57 | c) I disobey my parents.   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 56 | d) I talk back to my teachers.                                     | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 55 | e) I get into fights.  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 54 | f) I often say mean things to people to get what I want.           | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 53 | g) I take things that are not mine from home, school or elsewhere. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |

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50 40. During the past 12 months, did you ever feel nervous,  
49 anxious or on edge or you were unable to stop or control  
48 worrying **almost every day for two weeks or more in a row**  
47 that you stopped doing some usual activities?

- 45  Yes  
44  No

42 41. Are you **aware** of the LINK program?

- 40  No  
39  Yes, I am aware of the LINK program, but I have  
38 never used it.  
37  Yes, I have used the LINK program.

35 42. Have you **ever** tried cigarette smoking, even just  
34 a few puffs?

- 32  Yes  
31  No

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

- Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

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

- Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

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

- Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

25 46. At what **age** did you first do the following things? If there is something you have not done, choose the 'never' category.

23 a) Drink alcohol (more  
22 than a sip)

- 20  Never  
19  11 years old or less  
18  12 years old  
17  13 years old  
16  14 years old  
15  15 years old  
14  16 years or older

b) Get drunk

- Never  
 11 years old or less  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years or older

c) Smoke a cigarette  
(more than a puff)

- Never  
 11 years old or less  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years or older

d) Use marijuana

- Never  
 11 years old or less  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years or older



47. 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

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

- Yes
- No
- I don't know

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

- Yes
- No
- I don't know

50. Have you ever tried any of the following? (Mark all that apply)

- Smoking little cigars or cigarillos (plain or flavoured)
- Smoking cigars (not including little cigars or cigarillos, plain or flavoured)
- Smoking roll-your-own cigarettes (tobacco only, in rolling papers)
- Smoking bidis (little cigarettes hand-rolled in leaves, tied with string at the ends, and may come in different flavours)
- Using smokeless tobacco (chewing tobacco, pinch, snuff, or snus)
- Using nicotine patches, nicotine gum, nicotine lozenges, or nicotine inhalers
- Using a water-pipe (hookah) to smoke sheesha (herbal or tobacco)
- Using blunt wraps (a tube made of tobacco used to roll cigarette tobacco)
- Using e-cigarettes (electronic cigarettes, vape)

51. How often do you smoke at present?

- I do not smoke
- Less than once a week
- At least once a week, but not every day
- Every day

52. How many of the following family and friends smoke cigarettes?

	None	1	2	3 or more	I don't know	Not applicable
a) Your parents, step-parents, guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Your brothers, sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Your closest friends (i.e., the friends you like to spend the most time with)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. 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

54. 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

**A DRINK means: 1 regular sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle of cooler; 1 shot of liquor (rum, whiskey, etc.); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink).**

55. In the last 12 months, how often did you drink alcohol?

- I have never drank alcohol
- I have not drank alcohol in the last year
- I have only had a sip of alcohol
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day
- I do not know

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**A DRINK means: 1 regular sized bottle, can, or draft of beer; 1 glass of wine; 1 bottle of cooler; 1 shot of liquor (rum, whiskey, etc.); or 1 mixed drink (1 shot of liquor with pop, juice, energy drink).**

**56. In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?**

- I have never done this
- I did not have 5 or more drinks on one occasion in the last 12 months
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 5 times a week
- Daily or almost daily
- I do not know

**57. In the last 12 months, how often did you use marijuana or cannabis? (a joint, pot, weed, hash)**

- I have never used marijuana
- I have used marijuana but not in the last 12 months
- Less than once a month
- Once a month
- 2 or 3 times a month
- Once a week
- 2 or 3 times a week
- 4 to 6 times a week
- Every day
- I do not know

**58. In the last 12 months, how many times did you drive an off-road vehicle (e.g., snowmobile, ATV, dirt bike) after drinking alcohol, using marijuana, or other illegal drugs?**

- I did not drive an off-road vehicle
- Never
- 1-3 times
- 4 or more times

**59. In the last 12 months, how many times did you ride in an on-road vehicle (e.g., car, van, truck) driven by someone who had been drinking alcohol, using marijuana, or other illegal drugs?**

- I did not ride in an on-road vehicle
- Never
- 1-3 times
- 4 or more times

**60. During the past 12 months, how often did you wear a helmet when you rode a bicycle?**

- I did not ride a bicycle
- Never
- Sometimes
- Most of the time
- Always

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as measles or the flu.

**61. During the past 12 months, have you been injured and had to be treated by a doctor or nurse?**

- Yes
- No

**62. Has anyone ever made you do any sexual activity (e.g. kissing, oral sex, intercourse) when you didn't want to (by pressuring you with their words or actions, or by using alcohol or drugs)?**

- Yes
- No

**63. During the past 12 months, did someone you were dating or going out with physically, sexually, psychologically or emotionally hurt you? (count such things as being hit or injured, yelled at, bullied, keeping you from friends or family or making you to do unwanted sexual activities)**

- I did not date or go out with anyone during the past 12 months
- Yes
- No

**64. Do you know when you are legally able to consent to sexual activity?**

- Yes
- No

**65. Which of the following best describes you?**

- Heterosexual (straight)
- Gay or lesbian
- Bisexual
- Other
- Not sure

66. In the last 12 months, did you <u>take part</u> in any of the following volunteer activities (outside of school requirements and without being paid)?	Yes	No	Not applicable	63
a) Supporting a cause (e.g. food bank, UNICEF, Operation Christmas Child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	62
b) Fund raising (e.g. charity, school trips)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	61
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"/>	60
d) Helping neighbours or relatives (e.g. cutting grass, babysitting, shovelling snow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	59
e) Doing other organized volunteer activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	58

67 How do you feel about these statements about the <u>area where you live</u> ?	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	51
a) People say 'hello' and often stop to talk to each other in the street.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
b) It is safe for younger children to play outside during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
c) You can trust people around here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
d) There are good places to spend your free time (e.g., recreation centres, parks, shopping centres).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
e) I could ask for help or a favour from neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
f) Most people around here would try to take advantage of you if they got the chance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45

68. How <u>important</u> are each of the following to you?	Very important	Important	Not very important	Not at all important	37
a) Getting good grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
b) Making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
c) Participating in school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
d) Getting to class on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
e) Learning new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
f) Expressing my opinion in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
g) Getting involved in the student council or other similar groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
h) Learning about my culture/heritage (e.g., Francophone, First Nations, Irish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29

69. 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

71. When do you usually work at your part-time job? (Mark all that apply)
- I do not have a part-time job
  - Weekends
  - Weekdays
  - School Vacations

70. Do you have a part-time job outside of school?
- Yes
  - No

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

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[SERIAL]