


New Brunswick Elementary Student Wellness Survey

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

- Use a No. 2 pencil HB 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 11
 10 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. Yesterday , how many times did you eat <u>fruits</u> fresh, cooked, frozen, canned or dried, etc.? (Do not count: 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. Yesterday , 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. Yesterday , 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. Yesterday , 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. Yesterday , 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. Last week , 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. Last week , 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"/>

