## New Brunswick Elementary Student Wellness Survey

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

<ul><li>Do not use pens with ink that soaks through the paper.</li><li>Make solid marks that fill the bubble completely.</li></ul>						CORRECT:		<b>∞</b> ∞ <b>=</b>	◐
Make no stray m	narks on this form.				1				
About me	1. I am in grade	2. I am a	3. My ag	e is					
	<u> </u>	Girl	<u> </u>	0	11				
	<u> </u>	Boy	<u> </u>	0	12 or old	der			
For each item, ch	noose what best describ	es your <b>feelings ar</b>	nd ideas.			Not like me	A little	A lot	
4.I feel I do thing	gs well at school.					0		0	
5.I like to spend	time with my parents.					0	0	0	
6.I feel I do thing	gs well at home.					0	0		
7.I feel I have a choice about when and how to do my school work.						0	0	0	
8.I like to spend time with my teachers.									
9.I feel I have a choice about which activities to do with my friends.						0	0	0	
10.I feel I do thing	gs well when I am with my	friends.		1/					
	time with my friends.					0	0	0	
	e a choice about when an		hold chores.	\\					
	ours for people without beir	ng asked.		\\		0	0	0	
	people do what I want.	D // //				0	0	0	
	people at my school.					0	0	0	
	ngs to people without bein	g asked.				0	0	0	
17.I disobey my parents.						0	0	0	
18.I feel I am part	, ,					0	0	0	
19.I talk back to r	, ,					0	0	0	
	ople without being asked.								
21.I am happy to						0	0	0	
22.I get into fights						0	0	0	
•	ment people without being					0	0	0	
	ners at my school treat me	_				0	0	0	
<ul><li>25.I often say mean things to people to get what I want.</li><li>26.I often share things with people without being asked.</li></ul>						0	0	0	
			_			0	0	0	
-	nat are not mine from home	e, school, or elsewher	e.			0	0	0	
28.I feel safe in m	ly SCHOOL						0		
<b>Vie and eating</b>				Numbe	er of times	None	1 2 3	4 5 6	7 or
29. Yesterday, ho	ow many times did you eat	fruits fresh, cooked, fr	rozen, canned						
-	t: fruit juice, fruit roll-ups or			,					
•	ow many times did you eat		•			0	000	000	0
31. Yesterday, ho	ow many times did you eat	candy, sweets, chips,	or fries?			0	000	000	0
32. <b>Yesterday</b> , how many times did you drink pop, flavoured water, sports drinks, energy drinks, Slushies®, etc.?					0	000		0	
33. <b>Yesterday</b> , how many times did you have any kind of milk, such as: white, chocolate, soy,									
	lk put on cereal, etc.?					0			0
34. <i>Last week</i> , how many times did you eat breakfast? 35. <i>Last week</i> , how many times did you eat at a breakfast or snack program at school?						0			0
35. <b>Last week</b> , ho	ow many times did you eat	at a breakfast or snac	ck program at s	chool?		<u> </u>			0
<u>vvho</u> did you eat	with <b>yesterday</b> ? (choos	se all that apply)	Did not eat	By myself	Parent(s)/ Guardian	Brother(s)/ Sister(s)	Other relatives	Friend(s)	Other
36.Breakfast			0	0	0	0	0	0	0
37.Lunch			0	0	0	0	0	0	0
38.Dinner									

## Me and physical activity At school do you usually participate in physical activities... Not Yes No offered 39. ... before school, at recess or at lunch? 40. ... right after school? 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)? None 2 days 4 days 6 days 7 days 1 day 3 days 5 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. 3 Less than hour hours I don't 2 30 1 On most days, how much time do you spend... 30 and 30 or know min hour hours None min min more 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.) About my home I don't Yes No know 51.ls your parent(s) or guardian(s) physically active, such as: walking, running, biking, going to the gym or doing yard work? 52.Does your parent(s) or guardian(s) eat healthy food, such as: fruits and vegetables? 53.Do any people you live with smoke cigarettes or use tobacco? 54. Are people allowed to smoke inside your home? 55. Are people allowed to smoke inside your family's car, van, truck, etc.? **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. O No Yes

Thank you! SCANTRON. DE Mark Reflex® EW-299038-1:654321 DO NOT WRITE IN THIS AREA 2016-09

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

[SERIAL]

Yes

O No