

New Brunswick Student Wellness Survey

Module B

To all students:

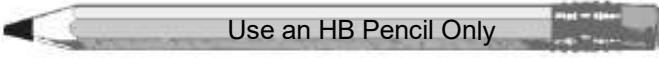
Thousands of students across New Brunswick, just like you, have been asked to take part in this survey. This important survey will help the Government of New Brunswick to better understand healthy lifestyle behaviours among young people in NB and help identify what can be done to encourage health and 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



Use an HB Pencil Only

Proper Mark Improper Marks

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]



63 1. What grade are you in?

62

- 61 5 9
- 60 6 10
- 59 7 11
- 58 8 12

57

56 2. How old are you today?

55

- 54 10 years or younger 15
- 53 11 16
- 52 12 17
- 51 13 18
- 50 14 19 years or older

49

48 3. What was your sex at birth?

47

- 46 Female Male

45

44 4. What is your gender?

43

Gender refers to current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

42

41

- 39 Woman / girl
- 38 Man / boy
- 37 Or please specify: _____

36

35 5. Which of the following best describes you?

34

- 33 Gay or lesbian
- 32 Heterosexual (straight)
- 31 Bisexual
- 30 Two-spirit
- 29 Asexual, that is, someone who doesn't experience sexual attraction
- 28 I am not yet sure of my sexual identity
- 27 Other. I identify as: _____
- 26 I am not sure what this question means

25

24

23 6. What language do you speak at home most or all of the time?

22

21

- 20 English
- 19 French
- 18 Equally both French and English
- 17 Mi'kmaw
- 16 Wolastoqey
- 15 Other language(s)

14

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

12

11

- 10 English
- 9 French
- 8 Equally both French and English
- 7 Mi'kmaw
- 6 Wolastoqey
- 5 Other language(s)

4

3

2

1

8. Are you?

- An Aboriginal / Indigenous person living in a First Nation community
- An Aboriginal / Indigenous person not living in a First Nation community
- A visible minority (other than Aboriginal / Indigenous)
- None of the above

9. Were you born in Canada?

- Yes No

10. If not born in Canada: How many years have you lived in Canada?

- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 or more years

11. Which of the following best describes your academic achievement during the last year? Answer Part A OR Part B, based on the grading method used in your school.

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

13. 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.

- 10 Best possible life
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 Worst possible life

14. 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 pounds

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

OR

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

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

15. 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	●	0
1	1	1
2	2	2
3	3	3
4	4	4
●	5	5
6	6	6
7	●	7
	8	8
	9	9

OR

Height		
Feet	Inches	
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
	9	9

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

16. Have you received one of the following **diagnoses**? If so, please indicate which one. (You can choose more than one answer.)

- Autism / Asperger Syndrome
- Behavioural disorder
- Blind or Low vision
- Deaf or 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 received any of these diagnoses

17. 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., Facebook chat, Snapchat]; 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 (books in electronic or paper form, comic books, magazines)

- 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

18. 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 last 7 days, on how many **days** were you physically active for a total of at least 60 minutes per day?

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

19. 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)

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63 20. In the last 5 school days, how many physical education classes did you have at school?

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

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

- 55
54
53
52 Yes
51 No
50 None offered

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

- 47
46
45
44 Yes
43 No
42 None offered

41
40
39
38
37
36

35 25. How strongly do you agree or disagree with each of the following?

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

26
25

24 26. For each item, fill in the circle that best describes what you are like as a person.

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

18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

23. Are you involved in any of these kinds of activities or groups inside school? (You can choose more than one answer.)

- 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)

24. Are you involved in any of these kinds of activities or groups outside school? (You can choose more than one answer.)

- 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)

27. Yesterday, how many servings did you eat:

	Number of servings:							63
	None	1	2	3	4	5	6 +	
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"/>	61
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"/>	60
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"/>	59
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"/>	58
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"/>	57
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"/>	56
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"/>	55
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"/>	54
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"/>	53

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

	Number of servings:							44
	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"/>	42
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"/>	41
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"/>	40
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"/>	39
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"/>	38
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"/>	37
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"/>	36
h) Hot chocolate, cappuccino, or frappaccino (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"/>	35
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"/>	34
j) Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33

29. 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)	
<input type="radio"/> Never	<input type="radio"/> Never	<input type="radio"/> Never	27
<input type="radio"/> 1 day a week	<input type="radio"/> 1 day a week	<input type="radio"/> 1 day a week	26
<input type="radio"/> 2 days a week	<input type="radio"/> 2 days a week	<input type="radio"/> 2 days a week	25
<input type="radio"/> 3 days a week	<input type="radio"/> 3 days a week	<input type="radio"/> 3 days a week	24
<input type="radio"/> 4 days a week	<input type="radio"/> 4 days a week	<input type="radio"/> 4 days a week	23
<input type="radio"/> 5 days a week	<input type="radio"/> 5 days a week	<input type="radio"/> 5 days a week	22
<input type="radio"/> 6 days a week	<input type="radio"/> 6 days a week	<input type="radio"/> 6 days a week	21
<input type="radio"/> Every day	<input type="radio"/> Every day	<input type="radio"/> Every day	20

30. 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"/>	14
b) Eat at a fast food place or restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
c) Eat meals while watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12

63 31. If you do not eat breakfast, why do you skip breakfast?
62 (You can choose more than one answer.)

- 61
60 I eat breakfast every day
59 I don't have time for breakfast
58 The bus comes too early
57 I sleep in
56 I'm not hungry in the morning
55 I feel sick when I eat breakfast
54 I'm trying to lose weight
53 There is nothing to eat at home
52 Other

51
50 32. What do you think of the variety of foods offered at
49 your school (cafeteria, hot lunch, vending machines,
48 and canteen)?

- 47
46 Not enough variety
45 Some variety
44 Enough variety
43 Too much variety
42 I do not know

41
40
39 34. Some young people go to school or to bed hungry because
38 there is not enough food at home. How often does this happen
37 to you?

- 36
35 Always
34 Often
33 Sometimes
32 Never

31
30
29 35. We are interested in how you feel about yourself and how you think other
28 people see you. For each item, fill in the circle that best describes your
27 feelings and ideas in the last week.

	Really false for me	Sort of false for me	Sort of true for me	Really true for me
26				
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<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"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Have you noticed any of the following in your school in
the last 12 months? (You can choose more than one
answer.)

- 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

7
6
5
4
3
2
1

36. 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 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"/>

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47

37. During the last 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

46
45
44
43
42

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.

41
40
39
38
37
36

38. How often have you been bullied at school in the last 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"/>

35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19

39. How often have you bullied another student at school in the last 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"/>

18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63 40. Think of the last time you saw or heard another student being bullied. What did you do? (You can choose more than one answer.)

- 62 I have not seen or heard another student being bullied
- 61 I ignored it
- 60 I told my parents about it
- 59 I told my teacher about it
- 58 I told my principal or vice-principal about it
- 57 I told an adult at the school about it
- 56 I told an adult, family member or others outside of school about it
- 55 I told another student about it
- 54 At the time, I helped the person being bullied
- 53 Later on, I helped the person being bullied
- 52 I stood and watched
- 51 I made a joke about it
- 50 I joined in the bullying
- 49 I got someone to help stop it
- 48 I stood up to the person who was doing it
- 47 I got back at the bully later
- 46 Other

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

- 39 Never
- 38 Sometimes
- 37 Often
- 36 Always

31 45. For each item, fill in the circle that best describes what you are like as a person.

	Definitely not like me			Definitely like me		
	1	2	3	4	5	6
28 a) I cut classes or skip school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 b) I make other people do what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 c) I disobey my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 d) I talk back to my teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 e) I get into fights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 f) I often say mean things to people to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 g) I take things that are not mine from home, school or elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19 46. During the last 12 months, did you ever feel nervous, anxious or on edge or you were unable to stop or control worrying almost every day for two weeks or more in a row that you stopped doing some usual activities?

- 18 Yes
- 17 No

10 47. Are you aware of the LINK program?

- 9 No
- 8 Yes, I am aware of the LINK program, but I have never used it
- 7 Yes, I have used the LINK program

42. Did you need to see or talk to someone for a mental or emotional problem you were having in the last 12 months?

- Yes > Continue to Q43
- No > Go to Q45

43. If yes, did you see or talk to someone about your mental or emotional health?

- Yes > Go to Q45
- No > Continue to Q44

44. If you did not see or talk to someone about your mental or emotional health, please choose why not. (You can choose more than one answer.)

- Help was not available at my school
- Help was not available in my community
- Help was not available at home
- Help was not available among my peers or my friends
- I felt uncomfortable going for help
- I did not know where to go to get help
- Other

48. Have you ever tried cigarette smoking, even just a few puffs?

- Yes
- No

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

- Definitely yes
- Probably yes
- Probably not
- Definitely not

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

- Definitely yes
- Probably yes
- Probably not
- Definitely not

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

- Definitely yes
- Probably yes
- Probably not
- Definitely not

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

a) Drink alcohol (more than a sip)

b) Get drunk

c) Smoke a cigarette (more than a puff)

d) Use marijuana

- Never
- I do not know
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

- Never
- I do not know
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

- Never
- I do not know
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

- Never
- I do not know
- 8 years old or less
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years or older

53. 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

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

- Yes
- No
- I do not know

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

- Yes
- No
- I do not know

56. Have you ever tried any of the following? (You can choose more than one answer.)

- 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)

57. 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

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

63	58. How many of the following <u>family and friends</u> smoke cigarettes?	None	1	2	3 or more	I do not know	Not applicable
62							
61							
60	a) Your parents, step-parents, guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	b) Your brothers, sisters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58	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"/>
57							
56							

- 54 59. Excluding yourself, how many people smoke inside your home every day or almost every day? (Do not count those who smoke outside.)
- 53
- 52
- 51
- 50 None 3 people
- 49 1 person 4 people
- 48 2 people 5 or more people
- 47

- 46 60. During the last 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
- 45
- 44
- 43 0 days
- 42 1 or 2 days
- 41 3 or 4 days
- 40 5 or 6 days
- 39 All 7 days
- 38 I did not ride in a car in the last 7 days
- 37 I do not know
- 36
- 35
- 34
- 33
- 32
- 31
- 30
- 29
- 28
- 27
- 26
- 25
- 24
- 23
- 22
- 21

61. 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

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).

62. 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

20	63. Have you ever taken any of the following drugs <u>in the last 12 months</u> to get high?	Never	1 time	2 times	3 or more times
19					
18					
17	a) LSD and other hallucinogens (e.g., PCP, magic mushrooms, mescaline, peyote, Salvia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16					
15	b) Pain Relievers (e.g., Fentanyl, Percodan, Percs, Demerol, Oxycontin, Oxycodone, Oxy, Oxyneo, OC, APO, Codeine, Morphine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14					
13	c) Amphetamines (speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	d) Ecstasy, MDMA (E, Xtc, Adam, X)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	e) Cocaine (coke, crack, snow, rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	f) Cough and cold medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	g) Stimulants (e.g., Ritalin, Concerta, Adderall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	h) Sedatives / tranquilizers (e.g., Valium, Ativan, Xanax, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	i) Methamphetamines / Crystal methamphetamine (ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	j) Glue or solvents (e.g., gasoline, butane, model glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	k) Heroin (horse, tar, junk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	l) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3					
2					
1					

64. 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

65. 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

66. 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

67. During the last 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.

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

- Yes
- No

69. 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

70. During the last 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 last 12 months
- Yes
- No

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

- Yes
- No

72. In the last 12 months, did you take part in any of the following volunteer activities (outside of school requirements and without being paid)?

	Yes	No	Not applicable
a) Supporting a cause (e.g. food bank, UNICEF, Operation Christmas Child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fundraising (e.g. charity, school trips)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
d) Helping neighbours or relatives (e.g. cutting grass, babysitting, shovelling snow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Doing other organized volunteer activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Turn the page to complete the survey



- 63
- 62
- 61
- 60
- 59
- 58
- 57
- 56
- 55
- 54
- 53
- 52
- 51
- 50
- 49
- 48
- 47
- 46
- 45
- 44
- 43
- 42
- 41
- 40
- 39
- 38
- 37
- 36
- 35
- 34
- 33
- 32
- 31
- 30
- 29
- 28
- 27
- 26
- 25
- 24
- 23
- 22
- 21
- 20
- 19
- 18
- 17
- 16
- 15
- 14
- 13
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

63	73. How do you feel about these statements about the					
62	<u>area where you live?</u>	Strongly		Neither		Strongly
61		agree	Agree	agree nor	Disagree	disagree
60	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"/>
59	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"/>
58	c) You can trust people around here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	d) There are good places to spend your free time (e.g., recreation centres,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56	parcs, shopping centres).					
55	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"/>
54	f) Most people around here would try to take advantage of you if they got	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	the chance.					

49	74. How <u>important</u> are each of the following to you?				
48		Very		Not very	Not at all
47	a) Getting good grades	important	Important	important	important
46	b) Making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	c) Participating in school activities outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	d) Getting to class on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	e) Learning new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	f) Expressing my opinion in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	g) Getting involved in the student council or other similar groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	h) Learning about my culture / heritage (e.g., Francophone, First Nations, Irish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 37 75. How long do you usually spend sleeping each night?
(Do not include time spent resting.)
- 36 Under 2 hours
 - 35 2 hours to less than 3 hours
 - 34 3 hours to less than 4 hours
 - 33 4 hours to less than 5 hours
 - 32 5 hours to less than 6 hours
 - 31 6 hours to less than 7 hours
 - 30 7 hours to less than 8 hours
 - 29 8 hours to less than 9 hours
 - 28 9 hours or more

76. Do you have a part-time job outside of school?

- Yes
- No

77. When do you usually work at your part-time job? (You can choose more than one answer.)

- I do not have a part-time job
- Weekends
- Weekdays
- School vacations

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

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

63
62
61
60
59
58
57
56
55
54
53
52
51
50
49
48
47
46
45
44
43
42
41
40
39
38
37
36
35
34
33
32
31
30
29
28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1