

New Brunswick Elementary Student Wellness Survey 2019-2020

Student Questionnaire: Grades 4-5

Instructions:

- 1) Make heavy, dark marks. PLEASE USE A PENCIL.
- 2) Do not use check marks to select boxes.
- 3) If you erase, please erase completely.
- 4) Please do not make any other marks on this form.

Correct:



Incorrect:



About you

1. What grade are you in? Grade 4 Grade 5
2. Are you... A girl A boy
3. How old are you?
 9 or younger 10 11 12 or older

4. Were you born in Canada?
 Yes No I do not know
5. Are you First Nation (like Wolastoqey, Mi'kmaq, Passamaquoddy), or Inuit or Métis?
 Yes No I do not know

For each item, choose what best describes your **feelings and ideas**.

	Not like me	A little like me	A lot like me
6. I feel I do things well at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I like to spend time with my parents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. I feel I do things well at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. I feel I have a choice about when and how to do my school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I like to spend time with my teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. I feel I have a choice about which activities to do with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. I feel I do things well when I am with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. I like to spend time with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. I feel like I have a choice about when and how to do my household chores.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. I often do favours for people without being asked.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. I make other people do what I want.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I feel close to people at my school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I often lend things to people without being asked.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I disobey my parents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I feel I am part of my school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. I talk back to my teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I often help people without being asked.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I am happy to be at my school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. I get into fights.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. I often compliment people without being asked.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. I feel the teachers at my school treat me fairly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. I often say mean things to people to get what I want.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. I often share things with people without being asked.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. I take things that are not mine from home, school, or elsewhere.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. I feel safe in my school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

You and eating

	Number of times							
	None	1	2	3	4	5	6	7 or more
31. Yesterday , how many times did you eat fruits , fresh, cooked, frozen, canned or dried? (<u>Do not count</u> : fruit juice, fruit roll-ups or other fruit flavoured candies.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
32. Yesterday , how many times did you eat vegetables , fresh, cooked, frozen, or canned?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
33. Yesterday , how many times did you eat candy, sweets, chips, or French fries?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

You and eating

	Number of times							
	None	1	2	3	4	5	6	7 or more
34. Yesterday , how many times did you drink pop, flavoured water, sports drinks, energy drinks, Slushies®, juice, etc.?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
35. Yesterday , how many times did you have any kind of milk , such as: white, chocolate, soy, smoothies, milk put on cereal, etc.?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
36. Yesterday , how many times did you drink water ?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
37. Last week , how many times did you eat breakfast?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
38. Last week , how many times did you eat at a breakfast or snack program at school?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

You and physical activity

39. 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 1 day 2 days 3 days 4 days 5 days 6 days 7 days

40. How do you **usually** get to school?

I walk, bike, or ride my scooter or skateboard. I take the bus, or ride in a car, truck or van.

On most days, how much time do you spend...

	Number of times							
	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I do not know
41. Watching TV/Movies	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
42. Using a smart phone or tablet (for games, YouTube, FaceTime, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
43. Playing video games	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
44. Using the computer (not for school)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
45. Reading (not for school)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
46. Doing homework	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
47. 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)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
48. Being physically active outside school (running, walking, swimming, sports, yard work, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
49. Playing outside	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

About your home

50. Is your parent(s) or guardian(s) physically active, such as: walking, running, biking, going to the gym or doing yard work?

Yes No I do not know

51. Does your parent(s) or guardian(s) eat healthy food, such as: fruits and vegetables? Yes No I do not know

52. Do any of the people you live with smoke? Yes No

53. Are people allowed to smoke inside your home? Yes No

54. Are people allowed to smoke inside your family's car, van or truck? Yes No

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.

55. I **have been** bullied this year. Yes No

56. I feel I can tell adults in this school when there are bullying problems. Yes No

Thank you!