New Brunswick Family Wellness Survey 2019-2020

Parent/Guardian Questionnaire: K-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 your child

1. Is your child... [1] Girl [2] Boy [3] Other

2. What is your child's age?
[4] 4 [5] 5 [6] 6 [7] 7 [8] 8
[9] 9 [10] 10 [11] 11 [12] 12 or older

3. What grade is your child in?
[0] K [1] 1 [2] 2 [4] 3 [5] 4 [5] 5

4. Was your child born in Canada?
[1] Yes [2] No

5. If your child was **not born in Canada**, how many years have they lived in Canada?
[1] 1 to 2 years [2] 3 to 5 years [3] More than 5 years

6. Is your child Aboriginal/Indigenous?
[1] Yes [2] No [3] I do not know

7. If **Yes**, please specify:
[1] My child is First Nation (e.g. Wolastoqey, Mi'kmaq, Passamaquoddy) living **on-reserve**
[2] My child is First Nation (e.g. Wolastoqey, Mi'kmaq, Passamaquoddy) living **off-reserve**
[3] My child is Inuit
[4] My child is Métis

8. Your child's height, without shoes is:

____

(Please write the height on the line above and also fill in the numbers in feet/inches **OR** centimeters)

Feet	Inches		Centimeters		
	[0]		[0]	[0]	[0]
	[1]		[1]	[1]	[1]
[2]	[2]		[2]	[2]	[2]
[3]	[3]			[3]	[3]
[4]	[4]			[4]	[4]
[5]	[5]	**OR**		[5]	[5]
[6]	[6]			[6]	[6]
	[7]			[7]	[7]
	[8]			[8]	[8]
	[9]			[9]	[9]
	[10]				
	[11]				

9. Your child's weight, without shoes, is:

____

(Please write the weight on the line above and also fill in the numbers in pounds **OR** kilograms)

Pounds				Kilograms		
[0]	[0]	[0]		[0]	[0]	[0]
[1]	[1]	[1]		[1]	[1]	[1]
[2]	[2]	[2]			[2]	[2]
	[3]	[3]			[3]	[3]
	[4]	[4]			[4]	[4]
	[5]	[5]	**OR**		[5]	[5]
	[6]	[6]			[6]	[6]
	[7]	[7]			[7]	[7]
	[8]	[8]			[8]	[8]
	[9]	[9]			[9]	[9]

10. Has your child been diagnosed with any of the following learning exceptionalities or special education needs? Please select all that apply.
[1] My child has not been diagnosed with a learning exceptionality or special education need
[2] Autism/Asperger Syndrome
[3] Behavioural disorder
[4] Blind or Low vision
[5] Deaf or Hard-of-Hearing
[6] Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
[7] Intellectual Disability
[8] Language/Speech Impairment
[9] Learning Disability
[10] Physical Disability
[11] Mental Health Disability
[12] Gifted
[13] Other (please specify): ______________

Your child and eating

	None	1	2	3	4	5	6	7 or more	I do not know
11. ***Yesterday***, how many times do you think your child consumed **fruits**, including fresh, cooked, frozen, canned or dried fruits? (Do not count: fruit juice, fruit roll-ups or other fruit flavoured candies.)	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
12. ***Yesterday***, how many times do you think your child consumed **vegetables**, including fresh, cooked, frozen or canned vegetables?	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
13. ***Last week***, how many times did your child eat meals while watching TV?	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]

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Your child and movement

	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I do not know
14. ***On most days***, how much physical activity does your child take part in?	0	1	2	3	4	5	6	7

15. How long do you think your child usually spends sleeping each night?

- 1 Under 6 hours
- 2 6 to 7 hours
- 3 7 to 8 hours
- 4 8 to 9 hours
- 5 9 to 10 hours
- 6 10 to 11 hours
- 7 11 hours or more

About you and your home

Yesterday, how many times did you eat/consume...	None	1	2	3	4	5	6	7 or more
16. ... fruits, including fresh, cooked, frozen, canned or dried fruits? (Do not count: fruit juice.)	0	1	2	3	4	5	6	7
17. ... vegetables, including fresh, cooked, frozen or canned vegetables?	0	1	2	3	4	5	6	7
18. ... candy, sweets, chips or French fries?	0	1	2	3	4	5	6	7
19. ... pop, flavoured water, sports drinks, energy drinks, Slushies®, etc.?	0	1	2	3	4	5	6	7
Last week, how many times did you eat ...								
20. ... at a fast food place or restaurant with your child?	0	1	2	3	4	5	6	7
21. ... breakfast?	0	1	2	3	4	5	6	7
22. ... dinner (evening meal) with your child?	0	1	2	3	4	5	6	7

23. Are you aware of the "Healthier Food and Nutrition in Public Schools" policy (Policy 711)? 1 Yes 2 No

24. ***Last week***, on how many days were you very physically active (doing activities that make you breathe hard and sweat), such as running, biking, playing sports, etc. for at least 30 minutes?

0 None 1 1 day 2 2 days 3 3 days 4 4 days 5 5 days 6 6 days 7 7 days

25. How often are you physically active with your child, playing active games, sports or physical activities?

- 0 Never
- 1 Rarely (less than 1 time weekly)
- 2 Sometimes (1-2 times weekly)
- 3 Often (3-5 times weekly)
- 4 Very often (daily)
- 5 I am not sure

On most days (except for working hours) how much time do you spend:	None	Less than 30 min	30 min	1 hour	1 hour and 30 min	2 hours	3 hours or more	I do not know
26. In front of a screen (TV/movies, video games, computer, texting, email, surfing the Internet, FaceTime, Facebook, YouTube, other social media, etc.)	0	1	2	3	4	5	6	7
27. Reading (not for work)	0	1	2	3	4	5	6	7
28. Doing leisure activities (crafting, singing, listening to music, playing piano, etc.)	0	1	2	3	4	5	6	7
29. Being physically active (running, walking, swimming, sports, yard work, etc.)	0	1	2	3	4	5	6	7

30. Do you or any of the people you live with smoke?	1 Yes	2 No
31. Are people allowed to smoke inside your home?	1 Yes	2 No
32. Are people allowed to smoke inside your family's vehicle?	1 Yes	2 No

Thank you for answering the questions. Please place the survey in the envelope provided.
Seal and return the envelope to your child's teacher or school.

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