

Wellington-Dufferin-Guelph Youth Survey 2014/15

The Wellington-Dufferin Guelph Youth Survey is a way to help us learn what students, like you, think about and are doing about a variety of health topics. This survey is meant for grade 7 and grade 10 students.

Your answers will not be seen by anyone at your school, including your teachers and parents. We will only publish summary information for large groups of students.

This is not a test!

There are no right or wrong answers. Do not spend too much time on any one question – go with the answer that first comes to your mind. Please read each question carefully and answer honestly. If you are not comfortable answering a question, leave it blank and go on to the next one. You can also choose to end the survey at any time.

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The Halton Youth Survey was developed by the Halton Our Kids Network. The Upper Grand District School Board and Wellington Catholic District School Board are working with the Wellington-Dufferin-Guelph Coalition for a Report Card on the Well-Being of Children to implement this survey in Wellington, Dufferin, and Guelph.

1. **To begin, which township or city do you live in?** *(if Guelph, go to #2, if not, skip)*

Drop down menu of 16 municipalities & Caledon.

2. **Please enter your six digit postal code (no spaces or dashes)**

Postal codes will **NOT** be used to identify individual students.

3. **What is the name of your school?**

4. **What grade are you in?**

Grade 7

Grade 10

5. **Name of the school you attended in grade 7?**

Section A: About You

The first few questions are about you and the way you live.

6. **What is your gender?**

Female

Male

You don't have an option that applies to me. I identify as [_____](text response)

7. **Which country were you born in?** *(if Canada, skip to #9)*

Canada

China

Colombia

Germany

Jamaica

India

Italy

Netherlands

Philippines

Poland

South Africa

United Kingdom

United States

Vietnam

Other, please specify: _____

8. How many years have you lived in Canada? (Drop down menu)
9. Were your parents born in Canada?
- Both parents were born in Canada
 - One parent was born in Canada
 - Neither parent was born in Canada
 - Don't Know
10. What languages do you speak at home? (If you and your family speak more than one language, please select all languages that you speak at home)
- English
 - French
 - Chinese
 - Dutch
 - German
 - Italian
 - Polish
 - Punjabi
 - Spanish
 - Tagalog (Filipino)
 - Vietnamese
 - Other, please specify: _____
11. Do you identify as: (please select all that apply)
- White
 - Metis
 - First Nations
 - Inuit
 - Black (African)
 - Black (Other)
 - Latin American
 - Arab
 - Chinese
 - Filipino
 - South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
 - Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
 - West Asian (e.g., Iranian, Afghan, etc.)
 - East Asian (e.g., Korean, Japanese, etc.)
 - Other (please specify) _____
12. Do you have a full-time or part-time paying job?
- Yes, I work 20 hours **or more** each week
 - Yes, I work **less than** 20 hours each week
 - No, I don't have a job (*skip to question 14*)

13. Why do you have a job? (select all that apply)

- Saving for university or college
- Want extra spending money
- My parents encouraged it
- Helping out with household expenses
- Enjoy working
- Other, please specify: _____

14. How much spending money do you have in an average week (including work pay, allowance, etc)?

- No money
- \$1-\$30
- \$31-\$60
- \$61-\$100
- More than \$100

Section B: Your Community

The following questions are about how you see your community and what it is like to live in your community.

15. Please check the box that best describes you.

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
a) I help to make my community a better place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I try to help solve social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I serve others in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I can make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel safe in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My neighbours care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I volunteer or help WITHOUT pay in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. **IN THE PAST 12 MONTHS, OUTSIDE OF SCHOOL** how often have you:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Played sports (e.g., basketball, hockey, soccer, volleyball, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Been to your local library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attended religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Participated in a music, dance, drama, or other arts program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Attended a youth program (e.g., drop-in program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Visited a public park in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Went to a community centre or recreation centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. **IN THE PAST 12 MONTHS**, have you wanted to go to one of these programs/places but could not because of the following reasons? (Check all that apply)

- Cost was too much
- Times did not work for me
- Parents would not let me go
- No way to get there (no car, no bus, too far to walk)
- Did not know where to find the program or the place
- Did not feel welcomed
- Did not know about these programs
- This question does not apply to me
- Other, please specify:

18. **IN THE PAST 12 MONTHS**, have you:

	Yes	No
a) Been part of a group that broke the law by stealing, hurting someone, damaging property, etc.	<input type="checkbox"/>	<input type="checkbox"/>
b) Damaged or destroyed anything that didn't belong to you on purpose on your own (for example damaged a bicycle, car, school furniture, broken windows or written graffiti)	<input type="checkbox"/>	<input type="checkbox"/>
c) Broke the law by stealing or hurting someone on your own	<input type="checkbox"/>	<input type="checkbox"/>
d) Carried a weapon for the purpose of defending yourself or using it in a fight	<input type="checkbox"/>	<input type="checkbox"/>
e) Sold any drugs	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Your School

We would like to know how you feel about your school, how you do in school, and the things you do at school.

19. How much do you agree with the following statements?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) I love my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am proud of my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel safe in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What grades do you usually get in school?

- Mostly A's (80-100%)
 Mostly B's (70-79%)
 Mostly C's (60-69%)
 Mostly D's (50-59%)
 Below 50%

21. How important is it to you to do the following in school?

	Not at all Important	Not very Important	Somewhat Important	Very Important
a) Make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Participate in extra-curricular activities (e.g., sports, music, drama)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learn new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Always show up for class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Express your opinions in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Take part in leadership activities (e.g., student council, team captain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. **DURING THE LAST SCHOOL YEAR**, how often did you skip class/school WITHOUT permission?

- Never
 1-5 times
 6-10 times
 11 times or more

23. How many credits did you receive in grade 9?

- 5 or less
 6-7 credits
 8 or more credits

24. Please indicate how much you agree or disagree with each of the following statements.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) School will help me get where I want to go in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My teachers have high expectations of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My teachers are interested in me as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My teachers notice when I am doing a good job and let me know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bullying

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc.

25. **IN THE LAST 12 MONTHS**, how often have you been bullied **AT SCHOOL**?

- 0
- 1-3 times
- 4-10 times
- 11 or more times
- Don't know

26. **IN THE LAST 12 MONTHS**, how often have you been bullied **OUTSIDE OF SCHOOL**?

- 0
- 1-3 times
- 4-10 times
- 11 or more times
- Don't know

27. **IN THE LAST 12 MONTHS**, how often were you bullied in these ways:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Physical Aggression (e.g., pushed, tripped, or hit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Verbal Aggression (e.g., repeatedly teased, insulted, or called hurtful names)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Electronic/Cyberbullying (e.g., teased through Facebook, or text messages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Someone damaging something that belonged to you on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Someone leaving you out or excluding you on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. **IN THE LAST 12 MONTHS**, why were you bullied? Check all that apply.

- I have not been bullied in the last 12 months
- I don't know why I've been bullied
- Because of my race, culture, or skin colour
- Because of my weight
- Because of my appearance (other than because of race, culture, or weight)
- Because of my sexual orientation
- Because of my religion or faith
- Because of my interests, activities or hobbies
- Because of my language
- Because of what my family and I can afford to buy
- Because of my disability or special need
- Because of my gender identity
- Other reason: _____

Section D: Your Friends

We would like to know some things about you and your friends.

29. Please answer the following statements about your friends.

	False	Mostly False	Sometimes True/ Sometimes False	Mostly True	True
a) I have many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I get along easily with others my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Others my age want me to be their friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Most others my age like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have at least one friend I can talk to about my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How many of your close friends:

	None	Some or Few	Most or All	Don't Know
a) Like school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get along with their parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Use drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Your Family

We would like to know some things about you and your family.

31. For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted towards you **IN THE LAST 12 MONTHS**.

	Never	Rarely	Sometimes	Often	Always
a) I get along well with one or more of my parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents/guardians want to know exactly where I am and what I am doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parents/guardians listen to my ideas and opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My parents/guardians and I solve a problem together whenever we disagree about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents/guardians make sure I know I am appreciated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My parents/guardians take an interest in where I am going and who I am with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I spend quality time at home with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) My parents/guardians speak of the good things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Which parents/guardians do you live with?

- Single parent
 Single parent with other adult family members living together
 Two parents living in the **same** home
 Two parents living in **different** homes
 Two parents with other adult family members living together
 Live with legal guardian(s)
 Live alone
 Other, please specify: _____

Section F: Health

We would like to ask you questions about how you take care of your body, and how you see yourself and your environment.

33. How often do you eat or drink the following:

	Less than once a day	Once a day	Twice a day	3 times a day	4 times a day	5 times a day	6 times a day	7 or more times a day
a) Fruit/Vegetables (including juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pop or other drinks containing sugar (including sports drinks, flavoured drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Milk/Chocolate milk or other milk (e.g., soy or almond) (not including in your coffee or tea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) French fries, fried potatoes, chips, hash browns, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Candy or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. In general, I think my eating habits are:

- Poor/Fair
- Good/Alright
- Very Good/Excellent

35. Is there anything that prevents you from eating healthy? (Select all that apply)

- I don't always choose healthy foods, although they are always available to me
- My parents/guardians do not keep many healthy foods in the house
- Healthy foods cost too much money for my family to buy
- I don't have time to eat healthy
- My family gets food from the food bank, so I can't always choose healthy options
- I don't know how to choose healthy foods
- I don't like the taste of healthy foods
- My parents/guardians do not make healthy foods for me
- Nothing, I usually eat healthy.
- Other, please specify:

36. **IN THE LAST 7 DAYS**, how often did you drink a can of high-energy caffeine drink, such as Redbull, Rockstar, Full Throttle, Monster, etc.?

- 1 time in the last 7 days
- 2 to 4 times in the last 7 days
- 5 to 6 times in the last 7 days
- Once each day
- More than once each day
- Did not drink one in the last 7 days, but did drink one in the last year
- Did not drink one in the last year

37. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often do you eat breakfast?
- Rarely/Never
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days (*If yes, skip next question*)
38. Why do you skip breakfast? (Select all that apply)
- I do not have time to eat in the morning
 - I am trying to lose weight
 - My family does not always have food in the house to eat
 - I'm not always hungry in the morning
 - Other, please specify:
39. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often do you eat a meal with at least one adult member of your family?
- Rarely/Never
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days
40. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often do you eat at fast food restaurants during the school day?
- Rarely/Never
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days
41. **IN THE LAST 12 MONTHS** how often did you go on a diet? By diet we mean changing the way you eat so you can lose weight.
- Never
 - 1-4 times
 - 5-10 times
 - I am always dieting
42. **IN A USUAL SCHOOL WEEK** (Monday to Friday), how many hours of sleep do you get each night? (Drop down menu)
43. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often do you walk (or bike or skateboard) to or from school?
- It is too far for me to walk or bike
 - I could walk or bike but I rarely/never do
 - 1-2 days per week
 - 3-4 days per week
 - All 5 days
44. When you think about your weight, do you think you are:
- Very thin
 - A bit too thin
 - About the right size
 - A bit overweight
 - Very overweight
 - I don't think about my weight
 - Don't know
45. How tall are you without your shoes on? _____ Feet _____ Inches **OR** _____ Metres _____ Centimetres

46. How much do you weigh without your shoes on? _____ Pounds **OR** _____ Kilograms

Physical activity is any activity that makes your heart beat fast, can make you sweat and may cause you to lose your breath sometimes. Physical activity can be done in sports, school activities, while playing, or for transportation.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball and football.

For the next two questions, add up all the time you spend in physical activity each day.

47. **IN A TYPICAL WEEK**, on how many days are you physically active for a total of at least **60 minutes** per day?

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

48. **OUTSIDE OF SCHOOL HOURS**, on average about how many **HOURS** a day do you watch TV/DVD's, use the computer, cell phone, tablet, or play video games?

- Less than 1 hour a day
- 1 or 2 hours a day
- 3 or 4 hours a day
- 5 or 6 hours a day
- 7 or more hours a day

Section G: Mental Health

The following are questions about how you feel about yourself.

49. Please check the box that best describes you.

	Never	Rarely	Sometimes	Often	Always
a) Spiritual or religious values play an important role in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Spiritual or religious values help me to find meaning in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I overcome challenges/problems in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I deal with frustrations in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am able to do most things as well as other people can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I feel in control of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel good about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. **IN THE LAST 7 DAYS** how often have you:

	Never	Rarely	Sometimes	Often	Always
a) Felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Felt anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. **IN THE LAST 12 MONTHS**, how often have you:

	Never	Rarely	Sometimes	Often	Always
a) Felt you had too many problems in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Thought about harming yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Seriously thought about suicide (taking your own life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Do you have at least one adult in your life who you can talk to about your problems (such as a teacher, coach, or parent/guardian)?

- Yes
 No

53. **IN THE LAST 12 MONTHS**, how often have you participated in these activities:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Bet money on card games or other games of skill (e.g., pool or darts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Bet money on dares and challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Played bingo for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Bet money over the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Bet money on sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Bought lottery tickets (e.g., Proline, scratch cards, 6-49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Bet money on video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H: Cigarettes, Alcohol and Other Drugs

54. **IN THE LAST 12 MONTHS**, have you used smokeless tobacco, dip or chew?

- Yes
 No

55. **IN THE LAST 12 MONTHS**, have you smoked a cigarette? (Even just a few puffs)

- Yes
 No

56. How often do you currently smoke cigarettes?

- Every day
 At least once a week, but not every day
 Less than once a week
 I do not smoke (if do not smoke, skip to question #58)

57. **IN THE LAST 12 MONTHS**, how many times have you tried to quit smoking?

- Never
- Once
- Twice
- Three or more times

58. **IN THE LAST 12 MONTHS**, have you had a drink of beer, wine, liquor or other alcoholic beverage?

- Yes
- No (*if no, skip to #60*)

59. How often **IN THE LAST 12 MONTHS** have you had 5 or more alcoholic drinks on one occasion?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

60. **IN THE LAST 12 MONTHS**, did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish)?

- I have never used it
- I have used it, but not in the last 12 months
- I have used it in the last 12 months

61. **IN THE LAST 12 MONTHS**, did you use PAIN RELIEF PILLS **WITHOUT A PRESCRIPTION** (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or without a doctor telling you to take them?

- I have never used them
- I have used them, but not in the last 12 months
- I have used them in the last 12 months

62. **IN THE LAST 12 MONTHS**, did you use SALVIA?

- I have never used it
- I have used it, but not in the last 12 months
- I have used it in the last 12 months

63. **IN THE LAST 12 MONTHS**, did you use other drugs (such as Ecstasy, PCP, cocaine, crack, or other illegal drugs)?

- I have never used them
- I have used them, but not in the last 12 months
- I have used them in the last 12 months

64. How difficult would it be for you to get the following if you wanted some?

	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Don't know
a) Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smokeless Tobacco (dip or chew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Salvia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other Drugs (e.g., Ecstasy, cocaine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I: Your Relationships (Grade 10 Only)

We would like to know more about your relationships.

65. How old were you when you had your first boyfriend/girlfriend/romantic partner?

- Never had a boyfriend/girlfriend
- 12 years or younger
- 13
- 14
- 15
- 16
- 17
- 18
- Don't know

66. What is your sexual orientation?

- Straight or heterosexual
- Lesbian
- Gay
- Bisexual
- Two-spirit
- Pansexual
- Queer
- Not sure / Questioning
- You don't have an option that applies to me. I identify as [](text response)

67. Why do you think some people your age have sexual intercourse? Sexual intercourse can be oral, vaginal, or anal sex. (Please select all that apply)

- For fun
- In love or cared about their partner
- Curiosity
- Got carried away
- Peer pressure
- To keep a relationship
- To please partner
- Under the influence of alcohol or drugs
- Forced to have sex
- Loneliness
- Want to get pregnant
- Don't know

68. Who do you talk to about sex? (Please select all that apply)

- Parents/Step parents/Foster parents/Guardians
- Siblings
- Other Relative
- Friend
- Doctor
- School nurse
- Nurse
- Sexual Health Clinic
- Teacher
- Coach
- Religious or faith-based leader
- Social Worker
- Internet Chat Room

- Internet Search Engines
- No one
- Other, please specify: _____

69. Have you ever had sexual intercourse? Remember, sexual intercourse can be oral, vaginal or anal sex.

- Yes
- No (*if no, skip to question #75*)

70. How old were you when you first had sexual intercourse?

- 12 or younger
- 13
- 14
- 15
- 16
- 17
- 18
- Don't know

71. How many people have you had sexual intercourse with in your lifetime?

- 1
- 2
- 3
- 4 or more
- Don't know

72. How often have you had sexual intercourse when you have been drunk or high (impaired)?

- Never
- Once
- Twice
- Three or more times
- Don't know

73. What method(s) of birth control do you use currently or have used in the past? (Please select all that apply)

- Male condoms
- Female condoms
- Birth control pill/patch
- Withdrawal
- Emergency contraception
- Spermicidal foam/gel
- Vaginal ring
- Hormonal injection (e.g., Depo Provera)
- Natural Family Planning
- None

74. Have you ever been tested for a sexually transmitted infection (STI) (e.g., Chlamydia, gonorrhoea, HIV)?

- Yes
- No
- Don't know

75. If you have never had sexual intercourse, what are your reasons for not engaging in sexual intercourse?

(Please select all that apply) *(Question not answered by students who report being sexually active)*

- Not ready
- Haven't met the right person
- Fear of pregnancy
- Fear of STIs
- Fear of HIV/AIDS
- Want to be a virgin until marriage
- Parents' disapproval
- Another family member's disapproval
- Friends' disapproval
- Religious beliefs
- Have not had the opportunity
- Against my values

Thank you for your participation in this survey.

If you are experiencing any problems that you would like to talk about in private, please contact a teacher, child & youth counsellor, or social worker at your school. You can also call the Kids Help Phone at 1-800-668-6868 or visit www.KidsHelpPhone.ca