

**Saskatchewan Alliance for Youth and Community Well-Being:
Thriving Youth Thriving Communities Survey**

#	Question	Response Options
SECTION 1 – ABOUT YOU		
0.1	Name of school:	SELU will pre-program this into the survey link
0.2	Type of school? {Pre-programmed in the survey link}	Public; Catholic; FN Home schooled; Not in school Other: _____
0.3	School Postal Code	{Pre-programmed in the survey link}
0.4	City Name	{Pre-programmed in link. Especially important so they don't enter "Forrest Grove" or "West Side"}
0.5	Municipalities {Programmed in the survey link based on the town the school is in. We could override that value if they identify as farm ["6"] or reserve ["7"] in Q3 below.}	1 – Saskatoon/Regina (215-250K) 2 – PA/MJ (~35K) 3 – MV/W/NB/L/Y/W/E/SC (10-15K) 4 – Nipawin/Melf/Melv/Kindersley (~5K) 5 – Other (towns smaller than 4K) 6 – Farm 7 – Reserve
1	What grade are you in?	0 – Grade 7 1 – Grade 8 2 – Grade 9 3 – Grade 10 4 – Grade 11 5 – Grade 12
2	How old are you today?	11 – 11 or younger 12 – 12 13 – 13 14 – 14 15 – 15 16 – 16 17 – 17 18 – 18 19 – 19 or older
3	Where do you live most of the time?	1 – In a city / town / hamlet 2 – On an acreage 3 – On a farm 4 – On a reserve 5 – Other: _____
4	How do you usually get to and from school?	1 – Walk 2 – Jog, bike, skateboard, or other exercise 3 – School bus 4 – Car/truck I drive 5 – Car/truck others drive 6 – Public bus 7 – Taxi
5	How long does it usually take to get to school from where you live?	0 – 1-10 minutes 1 – 11-20 minutes 2 – 21-30 minutes

		3 – 31-60 minutes 4 – 1-1.5 hours 5 – More than 1.5 hours
6	How tall are you?	Dropdown menu (in ft/m based on 2015 range): 3’6”/1.07m → 7’/2.13m every 1” would give 21 options, plus less than 3’6” / more than 7’ for 23 drop down options {2015: 3’3”-7’3”}
7	How much do you weigh?	Dropdown menu (in lbs/kg based on 2015 range) 60lbs/27kg → 350lbs/159kg every 5 lbs + a ‘less than 60’ + ‘more than 355’ would be 60 options! {2015: 60-500lbs}
8	What sex were you at birth?	1 – Female 0 – Male 2 – Intersex
<i>Please note that questions on gender, identity, and sexual orientation will be asked later in the survey.</i>		
9	Are you currently working (during this school year)? (Choose all that apply)	0 – No 1 – I do odd jobs and chores (mowing lawn, babysitting, paper/flyer delivery, etc.) 2 – I work part-time on weekends 3 – I work part-time before school 4 – I work part-time after school 5 – I work part-time during school 6 – I work about 20 hours per week 7 – I work about 40 hours per week or more
SECTION 2 – GENERAL HEALTH		
10	In general, how do you describe your health?	0 – Very Unhealthy 1 – Fair 2 – Good 3 – Very Good 4 – Excellent
11	Chronic pain includes pain such as headaches, stomachaches, muscle pain, etc that has lasted at least 3 months. It can come from illness, injury, medical condition, or an unknown cause. Have you ever suffered from chronic pain?	0 – No 1 – Yes, but not in the past 12 months 2 – Yes, I have in the past 12 months
12	What best describes how you feel about your body? (Choose all that apply)	3 – Awesome, I love my body 2 – It’s okay, I feel pretty good about it 1 – So-so, don’t love it or hate it -1 – I am too small -2 – I am too big -3 – I just hate my body 0 – I don’t care about the way it looks, but appreciate it for the things it can do

13	Mark how many hours you spend in front of a screen (outside of school), for example, watching TV/movies, playing video/computer games, chatting, text messaging and surfing the Internet (ex., Facebook, Twitter, Snapchat, Instagram) in a typical week.	
A	On a typical school day (a normal Monday-Thursday , <u>not</u> adding all four days together)	Matrix:
B	On a typical Friday	
C	On a typical weekend day (a typical Saturday-Sunday , <u>not</u> adding both days together)	
14 A	How many hours of sleep do you get per night on a typical school night (Sunday to Thursday)?	0 – 0 hours per day 1 – 1 hour per day 2 – 2 hours per day 3 – 3 hours per day 4 – 4 hours per day 5 – 5 hours per day 6 – 6 hours per day 7 – 7 hours per day 8 – 8 hours per day 9 – 9 or more hours per day
14 B	How many hours of sleep do you get per night on a typical weekend night (Friday and Saturday)?	0 – 7 hours or less 1 – 8 hours 2 – 9 hours 3 – 10 hours 4 – 11 hours 5 – More than 11 hours
15 A	How often do you have trouble going to sleep or staying asleep?	0 – 7 hours or less 1 – 8 hours 2 – 9 hours 3 – 10 hours 4 – 11 hours 5 – More than 11 hours
15 B	How often do you find it difficult to stay focused during class or at school because you are tired?	0 – Never 1 – Sometimes 2 – Often 3 – Always
16	How many times do you brush your teeth in one day?	0 – Never 1 – Sometimes 2 – Often 3 – Always
17	About how long has it been since you last visited a dentist? Include visits to dental specialists such as Orthodontists.	0 – Never 1 – Not every day of the week 2 – Once a day 3 – More than once a day
18	How often during the last 12 months have you experienced painful aching of your teeth or gums (not including pain from braces, tongue or cheek bites)?	6 – 6 months or less 5 – 7 months to 1 year 4 – 1 to 2 years 3 – 2 to 3 years 2 – 3 to 5 years 1 – More than 5 years 0 – I have never visited a dentist
		0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Almost always

The questions in this section are important for the health and well-being of kids my age.

- 0 – Strongly Disagree
- 1 – Disagree
- 2 – Agree
- 3 – Strongly Agree

SECTION 3 – FAMILY, FRIENDS, & COMMUNITY

19 Mark how strongly you agree or disagree with the following statements about your community, friends, and family		
A	I feel safe in my community	Matrix:
B	I trust the people in my community*	
C	I feel involved in my community	
D	I feel safe in my home	
E	I feel my family supports me	
F	I feel my parents/caregivers are proud of me	
G	It is easy for me to make friends	
H	I have at least one close friend that I can share things with	
20	If I need help in school or in life, I can talk to an adult who cares about me (a mentor, elder, coach, health counsellor or other adult) not including a parent/caregiver.	1 – Yes, I do -1 – No, but I wish that I had 0 – No, I do not
21	How involved in your education are your parents?	0 – They are <u>not</u> very involved 1 – They are moderately involved 2 – They are very involved 3 – They are too involved
22 A	One or both of my parents/caregivers suffer from addiction.	1 – Yes 0 – No 33 – I don't know
22 B	One or both of my parents/caregivers suffer from a past trauma or traumatic stress (something that still makes life difficult for them).	1 – Yes 0 – No 33 – I don't know
23	Who do you live with most of the time (not including your brothers or sisters)? (Choose all that apply)	0 – My biological Mom and Dad (if you only live with them, you can move to the next question) 1 – Biological mother (birth mother) 2 – The mother that adopted me 3 – My stepmother 4 – Biological father 5 – The father that adopted me 6 – My stepfather 7 – Grandparent(s) 8 – Aunt/uncle/cousins 9 – My boyfriend/girlfriend/spouse * – Other: _____
24	Are your parents/caregivers: (Choose the best option)	1 – Living together and married 2 – Living together but not married 3 – Not living together / separated 4 – Divorced 5 – One of my parents is deceased 6 – Both of my parents are deceased 7 – I don't know
25	Including yourself, how many children live in your household? Include all kids under 18 years old who live in the household at least half of the time.	Drop Down {from 1-15+} 1 (I don't have any brothers or sisters) 2, 3...More than 15 youth live with me

26	What is the highest level of school that your parent/caregiver has completed? (Choose the highest level)	0 – Did not complete high school 1 – High School 2 – Trade or vocational certificate (ex., plumber, hair stylist, medical office assistant) 3 – A Bachelor’s Degree (University / College) 4 – A Master’s or Doctorate Degree (including a doctor, lawyer, or other professional degree) 33 – I’m not sure
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
I feel that I have enough support from friends.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
SECTION 4 – CULTURE & IDENTITY		
27	How important are traditional cultural events in your life? (Traditional cultural events vary, but may include special days, powwows, community feasts, jigging & fiddling, etc.)	0 – Not very important 1 – Somewhat important 2 – Important 3 – Very important 9 – I don’t know
28	Which language(s) do you understand? (Choose all that apply)	1 – English 2 – French 3 – First Nations Language 4 – Michif 5 – Spanish * – Other (list all): _____
29	My school has helped me to understand the contributions and perspectives of First Nations and Métis Peoples.	1 – Yes 2 – Yes, but I’d like to learn more 3 – Yes, but we spend too much time on it 4 – No, we spend very little time on it
30 A & B	How do you usually describe yourself? {Use branches to make this simpler and reduce fatigue} 32A (Race) results can be scored from 1-8 32B (Ethnicity) can be scored from 1-24	1 – White → 1 – White (North American) 2 – White (English European) 3 – White (French European) 4 – White (Other) 2 – Indigenous → 5 – First Nations 6 – Métis 7 – Inuit 3 – Asian → 8 – East Asian (<i>ex. China, Japan, Korea, Taiwan</i>) 9 – South Asian (<i>ex., India, Pakistan</i>) South-East 10 – Asian (<i>ex. Philippines, Vietnam, Thailand, Indonesia</i>) 4 – Middle Eastern → 11 – Arabian 12 – Persian

		13 – Turkish 14 – Kurdish 15 – Other Middle-Eastern 5 – Black → 16 – Black (North American) 17 – Black (African) 18 – Black (Caribbean) 19 – Black (Other) 6 – Latin American → 20 – Mexican 21 – Central American 22 – South American 7 – Multiple Race/Ethnicity 8 – Other
31	How long have you and your family lived in <u>Canada</u> ?	0 – 5 years or less 1 – We moved here more than 5 years ago 2 – I was born here, my parents moved here 3 – My parents and I were born here
32	How do you describe your gender?	1 – Girl/Woman 0 – Boy/Man * Please click for additional options { online only } 3 – Two Spirit 4 – Transgender – He, Him 5 – Transgender – She, Her 6 – Gender Queer 7 – Non-binary or non-conforming 33 – I'm not sure * – Other: _____
33	How do you describe your sexual orientation?	0 – Straight (attracted to the opposite sex) 1 – Gay or Lesbian (attracted to the same sex) 2 – Bisexual (attracted to both sexes) 3 – Pansexual (attracted to all sexes and genders) 4 – Asexual (not attracted to anyone) 5 – Questioning * – Other: _____
34	Are you supportive of people who are gender and sexually diverse? (Choose the best option)	2 – Yes, and I participate in a group(s) or event(s) that promote diversity 1 – Yes, but I am not part of a group and don't attend events 0 – I do not have strong feelings or opinions about gender and sexual diversity -1 – No, I do not support gender and sexual diversity 33 – I prefer not to say
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
Do you think that there is enough diversity and inclusion support for kids your age?		33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support

SECTION 5 - PHYSICAL ACTIVITY

35	How physically active are you during school (including recess, breaks, lunch, and in class, but not school sports)?	4 – Very Active 3 – Active 2 – Somewhat Active 1 – Rarely Active 0 – Almost Never Active
36	How often do you participate in physical activities or sports...	
36 A	... <u>organized by your school</u> , that occur outside of class time (ex. intramurals, dance clubs, school team sports, etc.)?	Matrix BY: 0 – Never 1 – Less than once a week 2 – 1-3 times per week 3 – 4 or more times per week
36 B	... <u>organized outside of your school with a coach</u> (ex. hockey, soccer, figure skating, dance, etc.)?	
36 C	... <u>without a coach or instructor present</u> (ex. biking, skateboarding, skipping, road hockey, etc.)?	
36 D	... <u>in nature</u> (ex. hiking, mountain biking, kayaking, geocaching, skiing, etc.)?	
<p>PLEASE NOTE: <u>Moderate</u> physical activities will cause you to sweat a little and to breathe harder. These include activities such as walking, bike-riding, recreational swimming, skating, etc. On a scale from 1 to 10, moderate activities are usually a 5 or 6. As a rule of thumb, if you are doing moderate activities, you can talk but not sing your favourite song during the activity. You are working hard enough to increase your heart rate.</p>		
37	Mark how many minutes to hours of moderate physical activity you did for last week. Include all activities before, during, and after school.	
A	A typical school day (a normal Monday-Friday , <u>not</u> adding all five days together)	Matrix: 0 – None 1 – 15 min 2 – 30 min 3 – 45 min 4 – 1 hours 5 – 1 hour 30 min 6 – 2 hours 7 – 2 hours 30 min 8 – 3 to 4 hours 9 – More than 4 hours per day
B	A typical Saturday	
C	A typical Sunday	
<p>Please note: <u>Hard/Vigorous</u> physical activities increase your heart rate and make you breathe hard and sweat. These include activities such as running, rollerblading, fast-paced sports, etc. On a scale from 1 to 10, vigorous activities are usually a 7 or an 8. If you are doing vigorous activities, you will not be able to say more than a few words without pausing for a breath. Your heart rate has gone up quite a bit.</p>		
38	Mark how many minutes to hours of hard/vigorous physical activity you did for last week. Include all activities before, during, and after school.	
A	A typical school day (a normal Monday-Friday , <u>not</u> adding all five days together)	Matrix: 0 – None 1 – 15 min 2 – 30 min 3 – 45 min 4 – 1 hours 5 – 1 hour 30 min 6 – 2 hours 7 – 2 hours 30 min 8 – 3 to 4 hours 9 – more than 4 hours per day
B	A typical Saturday	
C	A typical Sunday	
39	What helps you to be physically active? (Choose all that apply)	1 – Family support 2 – Support from friends

	{Score responses from 1-10 0 – Nothing <i>Other</i> will be its own qualitative column}	3 – Being with friends 4 – Desire to be fit and healthy 5 – It’s fun 6 – I want to be part of a team 7 – I like competition 8 – School programs 9 – Community programs 10 – Desire to look a certain way 0 – Nothing helps * – Other: _____
40	What stops you from being more physically active? (Choose all that apply) {Score responses from 1-15 0 – Nothing <i>Other</i> will be its own qualitative column}	1 – I do not like being physically active 2 – It's hard to find time to be physically active 3 – Other responsibilities (ex. work, family) 4 – The activities available do not interest me 5 – I am afraid of being teased when I participate 6 – I am not good at sports and physical activities 7 – I do not think physical activity is important 8 – I don’t have the equipment 9 – It costs too much 10 – I do not have a place to be active 11 – It's hard to get to activities 12 – My family is not active 13 – My friends are not active 14 – Medical reasons 15 – Chronic pain (lasting 3 months or longer) 16 – It's not safe to be active in my neighbourhood 0 – Nothing stops me * – Other: _____
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree

SECTION 6 - SCHOOL ENGAGEMENT AND SUPPORT

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41	How strongly do you agree with each of the following statements?	
A	I feel motivated to do well in school	0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
B	I feel I belong in this school	
C	I feel safe at my school	
D	At my school, there is an adult who I trust	
42	I find it difficult to stay focused during class or at school because I am bored.	0 – Almost Never 1 – Sometimes 2 – Often 3 – Almost Always
43	How often do you miss days in school?	0 – I miss fewer than 5 days per school year 1 – I miss 5-10 days per school year 2 – I miss 11-20 days per school year 3 – I often miss several days each month 4 – I miss about half of the days I could attend
<i>IF YOU MISS FEWER THAN 11 DAYS PER SCHOOL YEAR, PLEASE SKIP TO QUESTION 44</i>		
43A	If you miss school more than 10 days per year, why? (Choose all that apply) {Ideally, we could skip/automate this question for those who miss often}	1 – Sickness 2 – Injury 3 – Chronic pain (lasting 3 months or longer) 4 – Bored 5 – I get in trouble 6 – I have to work 7 – Lack of transportation 8 – Extra-curricular (sports, clubs, etc.) 9 – Family obligations 10 – Being bullied * Other: _____
44	How well do you think you are doing in school (in terms of your grades or report card)?	4 – At the top of my class 3 – Above average 2 – Average 1 – Below average 0 – Failing some classes/subjects
45	What is the highest level of school that you want to get (what are your future plans in terms of education)?	0 – I don't care if I finish High School 1 – High School Diploma 2 – Trade or Vocational certificate (2 year program) 3 – University Bachelor's Degree (4 years) 4 – University Master's Degree (6 years) 5 – University Doctoral/Medical Degree (about 10 years) 33 – I am not sure
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
Do you think that there is enough education and learning support for kids your age?		33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for extra support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support

Matrix:

SECTION 7 - MENTAL HEALTH

46	How often do you feel that you are in balance in the four aspects of your life? (Physical, Emotional, Mental, Spiritual)	
A	Physical (your body)	Matrix BY: 0 – None of the time 1 – Some of the time 2 – Most of the time 3 – All of the time
B	Emotional (your feelings)	
C	Mental (your thoughts)	
D	Spiritual	
47	Below is a list of statements dealing with your life and feelings over the past year (12 months). Please indicate how strongly you agree or disagree with each statement.	
A	I can solve problems when I have them	Matrix BY: 0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
B	I can do just about anything I really set my mind to	
C	What happens to me in the future mostly depends on me	
D	I often set high expectations for myself and then feel bad if I don't meet them	
E	I often have trouble falling asleep because I worry about things	
F	I often worry what other people at school think of me	
G	I often worry about bad things happening now or in the future (ex., a tornado, a loved one getting hurt, failing an exam)	
H	On the whole, I am satisfied with myself	
I	I feel that I have a number of good qualities	
J	I take a positive attitude toward myself	
48	During the past year (12 months) , did you ever feel so sad or hopeless <u>almost every day for 2 weeks</u> that you stopped doing some typical activities (ex., going to school, extra-curricular activities, hanging out with friends, etc.)?	1 – Yes 0 – No
49	Have you ever seen a therapist or a mental health counsellor?	1 – Yes 0 – No
50	How many times in the past year (12 months) has anyone done any of the following TO YOU:	
A	Bullied you using words or gestures (threatening, teasing, taunting or picking on you)	Matrix BY: 0 – Never 1 – Less than once a month 2 – Once a month 3 – Several times a month 4 – Several times a week 5 – Every day
B	Bullied you about your race, culture, body shape, size, or appearance	
C	Bullied you about your sexual orientation or gender identity	
D	Bullied you using physical force (grabbing, slapping, punching, pushing, kicking, tripping, etc.)	
E	Bullied you by intentionally leaving you out of an activity / group, embarrassing you, or spreading rumours about you	
F	Bullied, ridiculed, taunted or picked on you using the Internet or social media (Facebook, Twitter, etc.)	
G	Made you feel unsafe or uncomfortable when you were in contact with them over the Internet (ex. made inappropriate requests for information, photos, videos, etc.)	
H	Shared private information, pictures, or videos of you without your permission (that made you feel unsafe or uncomfortable)	

51	Have you ever seen someone else be bullied and you... (choose all that apply)	3 – Stopped the bully 2 – Supported the victim 1 – Told an adult 0 – Did not do anything -1 – Changed your behaviour so that you wouldn't be bullied too -2 – Joined the bullying 91 – I have never seen someone be bullied
52	Have you ever harmed yourself in a way that was deliberate but not intended to take your life?	1 – Yes 0 – No {skip to 54} 33 – I'd prefer not to say
IF YOU ANSWERED <u>NO</u> TO QUESTION 52, PLEASE SKIP AHEAD TO QUESTION 54		
52A	Which of the following self-harm behaviours have you ever done? (Choose all that apply)	1 – Self-injury such as cutting, scratching, hitting, burning, etc. 2 – Swallowing pills, medications (more than prescribed) 3 – Using drugs or alcohol as a means to harm yourself 4 – Self-injury “games” (ex. choking games) 5 – Other
53	Have you harmed yourself in the past 12 months (intentional self-harm)? (choose all that apply)	1 – Yes 0 – No {skip to 54} 33 – I'd prefer not to say
IF YOU ANSWERED <u>NO</u> TO QUESTION 53, PLEASE SKIP AHEAD TO QUESTION 54		
53A	How often do you intentionally harm yourself?	1 – Once a year 2 – Several times in a year 3 – Monthly 4 – Weekly 5 – Several times a week 6 – Once a day 7 – More than once a day
53B	Does anyone know that you harm yourself?	2 – Yes, someone I know 1 – Yes, I have shared on social media or websites 0 – No 33 – I don't know
53C	Do you know where to get help to stop harming yourself?	1 – Yes 0 – No
54	Has anyone you've known died by suicide?	2 – Yes, within the last year 1 – Yes, more than a year ago 0 – No, never 33 – I don't know
55	In the past 12 months, have you considered attempting suicide?	1 – Yes 0 – No {skip to the next section}
55A	In the past 12 months, have you planned a suicide attempt?	1 – Yes 0 – No
55B	In the past 12 months, how many times did you attempt suicide?	0 – Never 1 – Once 2 – More than once
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree



Do you think that there is enough anti-bullying support for kids your age?	33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support
Do you think that there is enough suicide and self-harm support for kids your age?	33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support
Do you think that there is enough mental health support for kids your age?	33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support

SECTION 8 – RISK & INJURY

56	During the past 12 months, how many times did you visit a healthcare professional for an injury (this includes family doctors, walk-in/medi-clinics, physiotherapists, and emergency rooms)?	Drop down (11 Options): 0 to More than 10 times
57	During the past 12 months, did you suffer a concussion?	0 – Never 1 – 1-2 times 2 – 3-5 times 3 – More than 5 times
58	Have you been injured in the past 12 months?	1 – Yes 0 – No {skip to question 59}

IF YOU ANSWERED NO TO QUESTION 68, PLEASE SKIP AHEAD TO QUESTION 59

Yes	During the past 12 months, select the ways you have been injured? (Choose all that apply)	
A	Fall	Matrix BY: [Can select #3 with either of #1 or #2] 0 – No, I was not injured this way 1 – Yes, but I didn't have to see a healthcare professional 2 – Yes, and I saw a healthcare professional 3 – Yes, I had to stop regular activities for a while
B	Assault	
C	Motor Vehicle Accident	
D	Sports or Recreation	
E	Other, please share the <u>causes</u> of injuries not listed above that you received medical attention for: _____	
59	How often do you wear a helmet when you ride a bicycle, skateboard, ski, snowboard, or do other recreational activities where a helmet should be worn?	9 – I do not do any of these types of activities 0 – I never wear a helmet 1 – I rarely wear a helmet 2 – I sometimes wear a helmet 3 – I wear a helmet most of the time 4 – I always wear a helmet
60	<u>Only students with Driver's Licenses or Learner's Permits should do this question:</u> During the past 30 days, on how many days did you text, e-mail, watch an accident, or do something else that	91 – I did not drive a car or other vehicle during the past 30 days 0 – Zero days 1 – 1-2 days 2 – 3-5 days 3 – 6-9 days 4 – 10-19 days 5 – 20-29 days

	distracted you <u>while driving</u> a car or other vehicle?	6 – All 30 days
61	How often do you wear a seat belt when riding in a car driven by someone else?	0 – Never 1 – Sometimes 2 – Most of the time 3 – Always
62	During the past month (30 days), how many times did you ride in a car or other vehicle driven by someone else who had been...	
A	... drinking alcohol ?	0 – I have never done this 1 – I have done this but not in the past month
B	... using marijuana/cannabis ?	2 – 1 time 3 – 2 or 3 times
C	... using illegal drugs (not including marijuana)?	4 – 4 or more times
63	Have you ever dated or gone out with someone?	1 – Yes 0 – No {skip to question 64}
IF YOU ANSWERED <u>NO</u> TO QUESTION 63, PLEASE SKIP AHEAD TO QUESTION 64		
63	Did someone you were dating or going out with ever do the following things to you...?	
A	Use social media to hurt or shame you	[91 – I have not dated anyone – Paper Only] 0 – No 1 – Yes, once 2 – Yes, two or three times 3 – Yes, four times or more
B	Threaten you	
C	Try to control what you did or who you hung out with	
D	Stalk you	
E	Push, hit, choke, or kick you	
F	Injure you with a weapon or object	
64	During the past 12 months, how many times were you in a physical fight?	0 – Never 1 – Once 2 – 2-3 times 3 – 4-10 times 4 – 11-20 times 5 – More than 20 times
65	During the past 6 months, how often did you carry a weapon such as a gun, knife, or club (excluding for hunting, fishing, or work purposes)?	0 – Never 1 – Sometimes 2 – Most of the time 3 – Always
65A	<i>{If Q65 = Sometimes, Most of the Time, or Always}</i> How often have you taken a weapon to school in the past 6 months?	0 – Never {skip to 66} 1 – Sometimes 2 – Most of the time 3 – Always
66	Do you have any association with a gang, or know of anyone who does? (choose all that apply)	0 – No, I have never been in a gang, and I don't know anyone who is 3 – I am not in a gang, but it is possible that I could join one day 1 – I have a friend who is in a gang 2 – I have a family member who is in a gang 5 – I am in a gang 4 – I was in a gang but not anymore
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree

Do you think that there is enough dating violence support for kids your age?	33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support
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SECTION 9 - SUBSTANCE USE

67	Have you ever tried e-cigarette, tobacco, or vaping products, even just once? (Choose all that apply)	0 – I have <u>not</u> tried any of these things {skip to question 72} 1 – Electronic cigarette (e-cig or e-cigarette) 2 – Cigarettes 3 – Cigars, little cigars, or cigarillos 4 – Vaping 5 – Other (ex., water-pipe, hookah, chew, pipe tobacco, blunt wraps, bidis, etc.)
IF YOU ANSWERED <u>NO</u> TO QUESTION 67, PLEASE SKIP AHEAD TO QUESTION 72		
68	How often in the last 30 days , did you use any of the following products?	
A	Electronic cigarette (e-cig or e-cigarette)	Matrix BY: 0 – Not in the last 30 days 1 – 1 or 2 days 2 – 3 to 9 days 3 – 10 to 19 days 4 – 20-29 days 5 – Every day
B	Cigarettes	
C	Cigars, little cigars, or cigarillos	
D	Vaping	
E	Other (ex., water-pipe, hookah, chew, pipe tobacco, blunt wraps, bidis, etc.)	
69	How did you get e-cigarette, vaping, or tobacco products? (Choose all that apply)	1 – I bought it in a store 2 – I gave a friend money to buy it for me 3 – I gave someone older than me money to buy it for me 4 – A family member got it for me 5 – Someone gave it to me for free 6 – Someone gave it to me for trade 7 – I took it from a store or family member 8 – I bought it online 9 – Other: _____
70	Have you ever tried any of the following products to quit a tobacco product? (Choose all that apply)	0 – I have never tried to quit 1 – Tried to quit without aids 2 – Nicotine products (ex., patches, gum, lozenges, inhalers) 3 – Prescription drugs 4 – Support groups 5 – Websites or online support 6 – Phone help lines 0 – I have tried other products
71	If you vape, what are you vaping?	0 – I have never tried vaping 1 – I have only vaped a couple times 2 – I vape nicotine and/or nicotine juice 3 – I vape marijuana (cannabis) Other, I vape: _____ {allow 40 characters for list}

72	How often are you exposed to second-hand smoke in the following places?	
A	My home	Matrix: 0 – Never 1 – Less than once a month 2 – About once a month 3 – About once a week 4 – Almost every day 5 – Every day
B	A friend's house, private gathering, or party	
C	Vehicles	
D	Near my school grounds	
73	How often are you exposed to vaping in the following places?	
A	My home	Matrix: 0 – Never 1 – Less than once a month 2 – About once a month 3 – About once a week 4 – Almost every day 5 – Every day
B	A friend's house, private gathering, or party	
C	Vehicles	
D	Near my school grounds	
PLEASE NOTE: Alcohol includes drinking beverages such as beer, wine, coolers and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol DOES NOT include drinking a few sips of wine for tasting or religious purposes. One drink of alcohol is defined as a bottle of beer, a cooler, a glass of wine, a shot of liquor.		
74	During the past month (30 days) , how many days did you have at least one (1) drink of alcohol?	91 – I have never had even one drink of alcohol {skip to Question 78} 0 – I have had at least one drink of alcohol, but not in the past month 1 – 1 or 2 days 2 – 3 to 5 days 3 – 6 to 9 days 4 – 10 to 19 days 5 – 20 or more days
IF YOU HAVE NEVER HAD ONE DRINK OF ALCOHOL, PLEASE SKIP AHEAD TO QUESTION 78		
75	For females: During the past month (30 days), how many days did you have four or more drinks of alcohol in one event/occasion? For males: During the past month (30 days), how many days did you have five or more drinks of alcohol in one event/occasion?	91 – I have never had that many drinks of alcohol (4 or 5) within a few hours 0 – I have had that many, but not in the past month 1 – 1 or 2 days 2 – 3 to 5 days 3 – 6 to 9 days 4 – 10 to 19 days 5 – 20 or more days
76	<u>Only students with Driver's Licenses or Learner's Permits should do this question:</u> During the past month (30 days) , how many times did you drive a car or other vehicle after you had been drinking alcohol ?	91 – I have never done this 0 – I have done this but not in the past month 1 – 1 time 2 – 2 or 3 times 3 – 4 or more times
77	In the past year (12 months) , how many times have you used Marijuana/hashish (also called grass, pot, weed)?	0 – 0 times {skip to Question 78} 1 – 1-2 times 2 – 3-9 times 3 – 10 to 19 times 4 – 20-39 times 5 – 40 or more times

77A	In the past month (30 days) , how many times have you used Marijuana/hashish (also called grass, pot, weed)?	0 – 0 times 1 – 1-2 times 2 – 3-9 times 3 – 10 to 19 times 4 – 20 or more times
78	Have you ever used any kind of drugs, including abusing prescription drugs, but not including marijuana?	1 – Yes 0 – No {Skip to question 92}
IF YOU ANSWERED NO TO QUESTION 87, PLEASE SKIP AHEAD TO QUESTION 92 (AFTER YOU COMPLETE THE TWO GREY QUESTIONS AT THE END OF THIS SECTION)		
79	In the past month (30 days), how many times have you used:	
A	Any form of cocaine (including powder, crack or freebase)	Matrix BY: 0 – 0 times 1 – 1-2 times 2 – 3-9 times 3 – 10-19 times 4 – 20 or more times
B	Methamphetamines (also called speed, crystal meth, crank or ice)	
C	Ecstasy (also called MDMA)	
D	LSD or other hallucinogens (such as Mushrooms, acid)	
E	GHP (also known as the date rape drug)	
F	Fentanyl (also called green beans, greens)	
G	Prescription or over-the-counter drugs to get high (such as painkillers, morphine, OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	
H	Heroin (also called smack, junk, China White)	
I	Inhaling solvents such as glue, paint, aerosol, nitrous oxide, gasses	
80	In the past year (12 months), how many times have you used:	
A	Any form of cocaine (including powder, crack or freebase)	Matrix BY: 0 – 0 times 1 – 1-2 times 2 – 3-9 times 3 – 10 to 19 times 4 – 20-39 times 5 – 40 or more times
B	Methamphetamines (also called speed, crystal meth, crank or ice)	
C	Ecstasy (also called MDMA)	
D	LSD or other hallucinogens (such as Mushrooms, acid)	
E	GHP (also known as the date rape drug)	
F	Fentanyl (also called green beans, greens)	
G	Prescription or over-the-counter drugs to get high (such as painkillers, morphine, OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	
H	Heroin (also called smack, junk, China White)	
I	Inhaling solvents such as glue, paint, aerosol, nitrous oxide, gasses	
81A	<u>Only students with Driver's Licenses or Learner's Permits should do this question:</u> During the past month (30 days), how many times did you drive a car or other vehicle after you had been using marijuana/cannabis ?	91 – I have never done this 0 – I have done this but not in the past month 1 – 1 time 2 – 2 or 3 times 3 – 4 or more times
81B	<u>Only students with Driver's Licenses or Learner's Permits should do this question:</u> During the past month (30 days,) how many times did you drive a car or other vehicle after you had been using illegal drugs (not including marijuana)?	91 – I have never done this 0 – I have done this but not in the past month 1 – 1 time 2 – 2 or 3 times 3 – 4 or more times
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree



Do you think that there is enough support to prevent, reduce, or stop substance use for kids your age?	33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support
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SECTION 10 – SEXUAL HEALTH

PLEASE NOTE: Knowing more about youth sexual health behaviours will help to make programs and curriculum that will benefit students your age. However, all questions on this survey are optional, including the questions on sexual health. You may skip any questions that you do not want to answer.

82	Have you been taught sexual health education at school?	1 – Yes 0 – No
83	Are you satisfied with the sexual health education that you have received at school so far?	1 – Yes 2 – I wish there was more 3 – I think there is too much 0 – No 33 – I'm not sure
84	Have you participated in any sexual activities (including touching, fondling, oral sex or intercourse)?	1 – Yes 0 – No {skip to the grey questions at the end}

IF YOU ANSWERED NO TO QUESTION 84, YOU ARE DONE. PLEASE COMPLETE THE LAST FOUR QUESTIONS ABOUT THE SURVEY. THANK YOU FOR PARTICIPATING!

85	Have you participated in any sexual activities <u>when you didn't want to</u> (including touching, fondling, oral sex, or intercourse)? (Choose all that apply)	0 – No 1 – Yes – I was pressured to 2 – Yes – I was impaired (ex., drugs, alcohol) 3 – Yes – I was forced to 4 – I'm not sure
86	Have you ever engaged in any type of sexual activity in exchange for money, food, shelter, drugs or alcohol? (Choose all that apply)	0 – No 1 – Yes, touching / fondling 2 – Yes, oral sex 3 – Yes, intercourse
87	What kind of sexual activities have you participated in? (Choose all that apply)	1 – Touching or fondling (you are done) 2 – Oral sex {skip to question 88} 3 – Sexual intercourse 33 – I'm not sure

IF YOU ONLY ANSWERED TOUCHING AND FONDLING TO QUESTION 87, YOU ARE DONE. PLEASE COMPLETE THE LAST FOUR QUESTIONS ABOUT THE SURVEY. IF YOU ONLY ANSWERED ORAL SEX, PLEASE SKIP TO QUESTION 88. THANK YOU!

87A	How old were you when you first had sexual intercourse?	0 – I have done oral sex, but not intercourse 1 – Less than 13 years old 2 – 13 years old 3 – 14 years old 4 – 15 years old 5 – 16 years old 6 – 17 years old 7 – 18 years or older
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PLEASE NOTE: Withdrawal is **NOT** an effective method to prevent sexually transmitted infections (STIs) or pregnancy. Also, be aware that condoms are the only method that prevent both pregnancy **AND** STIs.

87B	Have you ever been pregnant or gotten a girl pregnant?	91 – I have only had oral sex 1 – Yes 0 – No 33 – I'm not sure
88	In the past 12 months, did you have sex after using alcohol or drugs (including oral sex and intercourse)?	-1 – I did not have sex in the past year 0 – No, I did not have sex after using alcohol or drugs 1 – Yes, I had <u>planned</u> sex after using alcohol or drugs 2 – Yes, I had <u>unplanned</u> sex after using alcohol or drugs
89A	Have you ever tested positive for sexually transmitted infections (a medical test said that you had an STI)?	1 – Yes 0 – No 33 – I'm not sure
89B	Which method(s) did you and your partner use to prevent STIs and/or pregnancy? (Choose all that apply)	0 – No method was used to prevent pregnancy and/or STIs 1 – Withdrawal (pulling out before ejaculation) 2 – Birth control (pills, patch or ring) 3 – Condoms (male or female) 4 – Morning after pill 5 – Dental dam 6 – Intrauterine device (IUD) 7 – Injectable contraceptives (depo, the shot) 8 – Other methods: _____ <i>[Text Box]</i>
89C	When you have sex (including oral sex and intercourse) how often do you use condoms?	0 – Never 1 – Sometimes 2 – Most of the time 3 – Always (you are done)
<i>IF YOU ANSWERED ALWAYS TO QUESTION 99C, YOU ARE DONE. PLEASE COMPLETE THE LAST FOUR QUESTIONS ABOUT THE SURVEY. THANK YOU FOR PARTICIPATING!</i>		
89D	Which of the following are the major reasons you do not use condoms all the time? (Choose all that apply)	91 – I <u>do</u> use condoms all the time 0 – I only have oral sex 1 – Price – I can't afford it 2 – I use another form of protection 3 – I don't know how to use condoms 4 – It is against my beliefs 5 – I was under the influence of drugs or alcohol 6 – I was too embarrassed to get condoms 7 – I want a baby 8 – I trust my partner(s) 9 – My partner(s) won't wear a condom 10 – My partner(s) and I are both females 11 – I don't like how condoms feel 12 – I am allergic to latex
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
Do you think that there is enough sexual health support for kids your age?		33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support

SECTION 11 - FOOD & NUTRITION

90	I help to make meals (more than just snacks or breakfast cereal).	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
91	I help to shop for groceries and/or help to make meal plans.	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
92	I have helped with fruit or vegetable gardening (at home, a farm, school, or in the community).	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
93	Where do you usually eat breakfast? (Choose the best option)	1 – At home 2 – At school 3 – At a restaurant 4 – On the bus or way to school 0 – I do <u>not</u> usually eat breakfast * – Other
93 A	What is the main reason you do <u>not</u> eat breakfast? (Choose the best option) <i>{This only appears if ‘don’t usually eat’}</i>	91 – I do eat breakfast <i>{only include in paper version}</i> 1 – I do not have time for breakfast 2 – I am not hungry in the morning 3 – I feel sick when I eat breakfast 4 – There is not enough food in my home 5 – No one makes breakfast for me * – Other
94	For lunch on school days, do you usually: (Choose the best option)	0 – I don't eat lunch 1 – I eat lunch at home 2 – I bring lunch from home 3 – I buy lunch at the school cafeteria or a canteen 4 – My school provides lunch 5 – I eat lunch at a fast food restaurant or store
95	How many days a week do you usually eat dinner (the evening meal) with the people you live with?	0 – Almost Never 1 – Sometimes 2 – Most of the Time 3 – Almost Always
96	Do you ever <u>worry</u> about running out of food, or not having enough food for you and your family/household?	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
97	How often have you experienced being hungry because there was not enough food at home or money to buy food? (Choose the best option)	0 – Never <i>{skip to question 98}</i> 1 – A few times a year 2 – Several months a year 3 – Almost every month 4 – Almost every week

IF YOU ANSWERED NEVER TO QUESTION 97, PLEASE SKIP AHEAD TO QUESTION 98

97 A	How do you or your family cope when this happens (Choose all that apply)	1 – My parent/caregiver skips meals or eats less 2 – My brothers and sisters eat less 3 – I skip meals or eat less 4 – I make sure that others in the house eat before I do 5 – Cut down on the variety of foods usually eaten 6 – Borrow money 7 – Ask for help from relatives 8 – Ask for help from friends 9 – Ask for help from a social worker/government office 10 – Get food from a food bank (emergency food program) 11 – Get food from school * – Other, please explain:
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98	Use the chart below to describe what you ate yesterday . Please include everything from the time you woke up to the time you went to bed, including what you had at home, school, and elsewhere.			
TYPE OF FOOD OF DRINK		Serving Portions	Examples	Your Servings
A) Plain Water <u>Not</u> including vitamin water Try your best to estimate from water fountains, etc.		1 cup, 250 mL baseball		0-16+
B) White Milk or Unsweetened Soy Milk Milk from a glass, cup, carton, or with cereal <u>Not</u> including chocolate, rice, or almond milk		1 cup (250 mL), 1 small carton, baseball		0-8+
C) Other Dairy Products and Milk Alternatives Cheese, yogurt, kefir, sour cream, cottage cheese, almond beverage, etc.		$\frac{3}{4}$ Cup of yogurt, cottage cheese, tennis ball 50g or 1.5 oz. cheese, 4 dice		0-8+
D) Vegetables & Fruits <u>Not</u> including French Fries or less than 100% fruit or vegetable juices		For most $\frac{1}{2}$ cup or 1 med sized fruit, hockey puck Leafy greens like lettuce and spinach are 1 cup, baseball		0-16+

<p>E) Meat, Fish, Poultry, Eggs Beef, pork, ham, chicken, deer, bison, salmon, shrimp, etc.</p>		<p>1 meat serving, deck of cards / puck</p> <hr/> <p>2 Eggs</p>		<p>0-6+</p>
<p>F) Meat Alternatives Beans, lentils, nuts, chickpeas, chili, hummus, dhal, tofu</p>		<p>$\frac{1}{4}$ cup nuts or seeds, golf ball</p> <hr/> <p>$\frac{3}{4}$ cup beans, lentils (legumes) or tofu, tennis ball</p>		<p>0-6+</p>
<p>G) Grain Products Bread, pasta, bannock, wraps, rice, quinoa, crackers, naan...</p>		<p>1 slice of bread, half bagel / tortilla / pita</p> <hr/> <p>$\frac{1}{2}$ cup rice or pasta, or puck</p> <hr/> <p>$\frac{3}{4}$ cup cereal, tennis ball</p>		<p>0-14+</p>
<p>H) Were any of these grain products (from question '49g' above) whole grain (ex. wild rice, brown rice, brown bread, whole grain crackers, quinoa, oatmeal)?</p>	<p>none were less than half were half were most were</p>			

99	Eating patterns are different from day to day, but try to answer these questions based on how you usually eat. Please check the box that best describes how often you eat each food.							
HOW OFTEN DO YOU TYPICALLY EAT...		Never	less than once a <u>month</u>	1-3 times a <u>month</u>	Once a <u>week</u>	2-3 times a <u>week</u>	4-5 times a <u>week</u>	Daily
A) Fish and Seafood Including canned, frozen and fresh like tuna, salmon, shrimp, crab, etc.								
B) Fast Food & Ready to Cook Food McDonalds, Tim Hortons, KFC, etc. Hot dogs, chicken nuggets, burgers, boxed mac & cheese, instant noodles								
C) Sugary Beverages Pop, sweetened iced tea, sugary juice, sport drinks, Vitamin water, slushies, chocolate milk, flavoured coffees, iced cappuccinos								
D) Energy Drinks / Shots Red Bull, Monster, Rockstar, 5 Hour Energy, etc.								
E) Sugary/Salty snacks, Protein bars, Meal replacement bars, or Shakes Chips, Cheesies, chocolate bars, candy, desserts, fruit snacks, chocolate/granola bars, shakes								
F) Foods grown or caught by me, my family, or my community								
G) Traditional or cultural food from my family's background								
The questions in this section are important for the health and well-being of kids my age.		0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree						
Do you think that there is enough food and nutrition support for kids your age?		33 – I don't know 1 – Yes there is enough support 0 – There could be but I've never looked for support -1 – I don't think that there is much support -2 – I've tried to get help but there isn't enough support						

Thank you for completing the survey! Overall, how long did you find it?	0 – It wasn't too long, I could do another 10-20 questions 1 – It was fine, not too short or long 2 – It was a little too long, I was tired/bored for the last 10-20 questions 3 – It was quite long, I went through some questions pretty quickly 4 – It was very long, but I answered everything as accurately as I could 5 – It was very long, I answered some questions without reading them
Please share anything that you think will improve our survey or help us to better support youth: _____	