



"Thriving youth, thriving communities"

Saskatchewan Alliance for Youth and Community Well-being (SAYCW) Thriving Youth, Thriving Communities Survey

Paper Survey Instructions for Students

PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN

This survey is a way to understand students' health and well-being so that schools and communities can create programs, policies and services for healthy living. The survey will ask you questions about your own health behaviours. **Your honest answers will help to create better support for youth health and well-being in Saskatchewan.**

- This survey is intended to give youth like you a voice that will. You are not doing this survey because you are in trouble. Your answers will help youth across Saskatchewan.
- Use a dark pen or pencil to carefully fill in your answers.
- If you want to change an answer, put an X through it and colour in the correct circle.
- This entire survey is **voluntary**: you do not have to participate if you do not want to. If you do not want to participate, please work quietly on other school work.
- Please skip any questions you do not understand or do not want to answer.
- There are **no right, wrong, good, or bad answers**. This is not a test. Your honest experiences and reporting will help others and your survey cannot be connected to you.
- You don't have to spend a lot of time thinking about every question. **Please answer honestly, but also quickly so that you have time to finish the survey.**
- At any time during the survey, you can choose not to complete the survey. In that case, skip ahead to the end, submit the survey, and work quietly on other school work.
- Your answers on this survey are **private** and the results will be kept **confidential**. We will not ask you for identifying information like your name, email address or postal code and we have no way to identify your survey among all those submitted. So, no-one will know who you are or what you answered on your survey.
- No one can identify your survey from other students'. Because of this privacy, your data cannot be withdrawn once it is submitted (we will not know which survey was yours). **If you decide not to share your survey, simply do not click 'submit' at the end.**
- If you feel uncomfortable thinking about or answering any of the questions and need to talk to an adult you can trust, let your teacher know. A counsellor or a trusted adult in your school will be available for you.
- **Please do not pressure your friends to share what they answered on their surveys.**

The online survey will be coded with the name of the school and city, but no personally identifiable information can or will be coded into a survey!

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

#	Question	Response Options
SECTION 1 – ABOUT YOU		
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?	0 – 11 or younger 1 – 12 2 – 13 3 – 14 4 – 15 5 – 16 6 – 17 7 – 18 8 – 19 or older
3	Where do you live?	1 – In a city 2 – In a town 3 – On a farm 4 – On a reserve 5 – Other: _____
4	How do you usually get to and from school?	1 – Walk 2 – Jog or Run 3 – Bike, skateboard, etc. 4 – School bus 5 – Car/truck I drive 6 – Car/truck others drive 7 – Public bus 8 – 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 an hour and a half
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 * – Other: _____
<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 hours 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	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
12	In a typical week, 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 (e.g. Facebook, Twitter, Snapchat, Instagram)	
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 (a typical Saturday or Sunday , <u>not</u> adding both days together)	
13 A	On a typical school night (Sunday to Thursday), how many hours of sleep do you get per night?	0 – 7 hours or less 1 – 8 hours 2 – 9 hours or more
13 B	On a typical weekend night (Friday and Saturday), how many hours of sleep do you get per night?	0 – 7 hours or less 1 – 8 hours 2 – 9 hours or more

14	How often do you have trouble going to sleep or staying asleep?	0 – Never 1 – Sometimes 2 – Often 3 – Always
15	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 – Not every day of the week 2 – Once a day 3 – More than once a day
17	About how long has it been since you last visited a dentist? Include visits to dental specialists such as Orthodontists.	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
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)?	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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long
SECTION 3 – FAMILY, FRIENDS, & COMMUNITY		
19	Mark if you agree or disagree with the following statements about your community, friends, and family	
A	I feel safe in my community	Matrix: 0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
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? (Choose all that apply)	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 – A GED or High School equivalency 2 – High School 3 – Trade or vocational certificate 4 – A Bachelor's Degree (University) 5 – A Master's or Doctorate 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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long

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 * – 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 that
30 A & B	How do you usually describe yourself? {Use branches to make this simpler and reduce fatigue}	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>e.g. China, Japan, Korea, Taiwan</i>) 9 – South Asian (<i>e.g., India, Pakistan</i>) South-East 10 – Asian (<i>e.g. Philippines, Vietnam, Thailand, Indonesia</i>) 4 – Middle East → 11 – Arab 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	Do you consider yourself to be part of a youth group or alliance for gender and/or sexual diversity?	1 – Yes 0 – No, but I consider myself an ally (friend) -1 – No 33 – 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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long
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 (e.g. 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> (e.g. hockey, soccer, figure skating, dance, etc.)?	
36 C	... <u>without a coach or instructor present</u> (e.g. biking, skateboarding, skipping, road hockey, etc.)?	
36 D	... <u>in nature</u> (e.g. hiking, mountain biking, kayaking, geocaching, skiing, etc.)?	

PLEASE NOTE: Moderate 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.

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)	0 – None 1 – 15 min 2 – 30 min	Matrix:
B	A typical Saturday	3 – 45 min 4 – 1 hours 5 – 1 hour 30 min	
C	A typical Sunday	6 – 2 hours 7 – 2 hours 30 min 8 – 3 hours or more	

Please note: Hard/Vigorous 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.

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)	0 – None 1 – 15 min 2 – 30 min	Matrix:
B	A typical Saturday	3 – 45 min 4 – 1 hours 5 – 1 hour 30 min	
C	A typical Sunday	6 – 2 hours 7 – 2 hours 30 min 8 – 3 hours or more	

39 What helps you to be physically active? **(Choose all that apply)**
{Score responses from 1-10
0 – Nothing
Other will be its own qualitative column}

1 – Family support
2 – Support from friends
3 – Being with friends
4 – It's fun
5 – I like competition
6 – I want to be part of a team
7 – School programs
8 – Community programs
9 – Desire to be fit and healthy
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
Other will be its own qualitative column}



1 – I do not like being physically active
2 – The activities available do not interest me
3 – I am not good at sports and physical activities
4 – I am afraid of being teased when I participate
5 – I do not think physical activity is important
6 – It costs too much

		7 – I don't have the equipment to play 8 – It's hard to find time to be physically active 9 – I do not have a place to be active 10 – It's hard to get to activities 11 – My family is not active 12 – My friends are not active 13 – Medical reasons 14 – It's not safe to be active in my neighbourhood 15 – Other responsibilities (e.g. work, family) 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
	How long was this section?	0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long
SECTION 6 - FOOD & NUTRITION		
41	I help to make meals (more than just snacks or breakfast cereal).	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
42	I help to shop for groceries and/or help to make meal plans.	0 – Never 1 – Rarely 2 – Sometimes 3 – Often 4 – Always
43	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
44	Where do you usually eat breakfast? (Choose the best option)	0 – At home 1 – At school 2 – At a restaurant 3 – On the bus or way to school 4 – I do <u>not</u> usually eat breakfast * – Other
44 A	What is the main reason you do <u>not</u> eat breakfast? (Choose the best option) {This should only appear is 'don't' above}	91 – I do eat breakfast 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
45	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
46	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
47	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
48	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 (skip to question 49) 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 48, PLEASE SKIP AHEAD TO QUESTION 49		
48 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 eats 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: _____



49 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
<p>A) Plain Water <u>Not</u> including vitamin water Try your best to estimate from water fountains, etc.</p> 	1 cup, 250 mL baseball		0-16+
<p>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</p> 	1 cup (250 mL), 1 small carton, baseball		0-8+
<p>C) Other Dairy Products and Milk Alternatives Cheese, yogurt, kefir, sour cream, cottage cheese, almond beverage, etc.</p> 	$\frac{3}{4}$ Cup of yogurt, cottage cheese, tennis ball 50g or 1.5 oz. cheese, 4 dice		0-8+
<p>D) Vegetables & Fruits <u>Not</u> including French Fries or less than 100% fruit or vegetable juices</p> 	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> 	1 meat serving, deck of cards / puck 2 Eggs		0-6+
<p>F) Meat Alternatives Beans, lentils, nuts, chickpeas, chili, hummus, dhal, tofu</p> 	$\frac{1}{4}$ cup nuts or seeds, golf ball $\frac{3}{4}$ cup beans, lentils (legumes) or tofu, tennis ball		0-6+

<p>G) Grain Products Bread, pasta, bannock, wraps, rice, quinoa, crackers, naan...</p> 	<p>1 slice of bread, half bagel / tortilla / pita ½ cup rice or pasta, or puck ¾ cup cereal, tennis ball</p> 	<p>0-14+</p>
<p>H) Were any of these grain products (from question '49g' above) whole grain (e.g. wild rice, brown rice, brown bread, whole grain crackers, quinoa, oatmeal)?</p>	<p>none were less than half were half were most were</p>	

50	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 month	1-3 times a month	Once a week	2-3 times a week	4-5 times a week	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 capps								
D) Energy Drinks / Shots Red Bull, Monster, Rockstar, 5 Hour Energy, etc.								
E) Sugary & Salty Snacks Chips, Cheesies, chocolate bars, candy, desserts, fruit snacks								
F) Foods grown or caught by me, my family, or my community								
G) Meal replacement / Protein bars or Shakes Do <u>not</u> include regular milk shakes, chocolate/granola bars								
H) 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						
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long						

SECTION 7 - SCHOOL ENGAGEMENT AND SUPPORT

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51	Do you agree with each of the following statements?	
A	I feel motivated to do well in school	Matrix:
B	I feel I belong in this school	
C	I feel that I am an outsider at this school	
D	I feel safe at my school	
E	At my school, there is an adult who I trust	
52	I find it difficult to stay focused during class or at school because I am bored?	0 – Strongly Disagree 1 – Disagree 2 – Agree 3 – Strongly Agree
53	How often do you miss days in school?	0 – Almost Never 1 – Sometimes 2 – Often 3 – Almost Always
53	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
IF YOU MISS FEWER THAN 20 DAYS PER SCHOOL YEAR, PLEASE SKIP TO QUESTION 54		
53A	If you miss school often (more than 20 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 – Bored 4 – I get in trouble 5 – I have to work 6 – Lack of transportation 7 – Extra-curricular (sports, clubs, etc.) 8 – Family obligations 9 – Being bullied * Other: _____
54	How well do you think you are doing in school (in terms of your grades or report card)?	4 – Near the top of my class 3 – Above average 2 – About average 1 – A little below average 0 – Not well
55	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 3 – University Bachelor's Degree 4 – University Master's Degree 5 – University Doctoral/Medical Degree 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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long

SECTION 8 - MENTAL HEALTH

56	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	
57	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	There is little I can do to change many of the important things in my life	
E	I often set high expectations for myself and then feel bad if I don't meet them	
F	I often have trouble falling asleep because I worry about things	
G	I often worry what other people at school think of me	
H	I often worry about bad things happening now or about the future (e.g., a tornado, a loved one getting hurt, failing an exam)	
I	I feel that I have a number of good qualities	
J	I am able to do things as well as most other people	
K	I wish I could have more respect for myself	
58	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
59	Have you ever seen a therapist or a mental health counsellor?	1 – Yes 0 – No
60	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 rumors 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 (e.g. 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)	
61	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 91 – I have never seen someone be bullied
62	Have you ever harmed yourself in a way that was deliberate but not intended to take your life?	1 – Yes 0 – No (skip to 64) 33 – I'd prefer not to say
IF YOU ANSWERED <u>NO</u> TO QUESTION 62, PLEASE SKIP AHEAD TO QUESTION 64		
62A	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" (e.g. choking games) 5 – Other
63	Have you harmed yourself in the past 12 months (intentional self-harm)?	1 – Yes 0 – No (skip to 64) 33 – I'd prefer not to say
IF YOU ANSWERED <u>NO</u> TO QUESTION 63, PLEASE SKIP AHEAD TO QUESTION 64		
63A	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
63B	Does anyone know that you harm yourself?	2 – Yes, someone I know 1 – Yes, I have shared on social media or websites 0 – No I don't know
63C	Do you know where to get help to stop harming yourself?	Yes No
64	Has anyone you've known died by suicide?	2 – Yes, within the last year 1 – Yes, more than a year ago 0 – No, never I don't know
65	In the past 12 months, have you considered attempting suicide?	Yes No (skip to the next <u>section</u>)
65A	In the past 12 months, have you planned a suicide attempt?	Yes No
65B	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.		Strongly Disagree Disagree Agree Strongly Agree
How long was this section?		Too short, I'd like more questions

		Perfect It was a little bit too long It was way too long
SECTION 9 – RISK & INJURY		
66	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
67	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
68	Have you been injured in the past 12 months?	1 – Yes 0 – No (skip to question 69)
IF YOU ANSWERED <u>NO</u> TO QUESTION 68, PLEASE SKIP AHEAD TO QUESTION 69		
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>cause</u> of an injury that you received medical attention for not listed above: _____	
F	Other, please share the <u>cause</u> of an injury that you received medical attention for not listed above: _____	
69	When you ride a bicycle, skateboard, ski, snowboard, or do other recreational activities where a helmet should be worn, how often do you wear a helmet?	9 – I do not use any such types of transportation 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
70	During the past 30 days, on how many days did you text, e-mail, watch an accident, or do something else that distracted you <u>while driving</u> a car or other vehicle?	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 6 – All 30 days
71	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
72	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 ?	Matrix By: 0 – I have never done this

B	... using marijuana/cannabis ?	1 – I have done this but not in the past month
C	... using illegal drugs (not including marijuana)?	2 – 1 time 3 – 2 or 3 times 4 – 4 or more times
73	Have you ever dated or gone out with someone?	1 – Yes 0 – No (<i>skip to question 74</i>)
IF YOU ANSWERED <u>NO</u> TO QUESTION 73, PLEASE SKIP AHEAD TO QUESTION 74		
Did someone you were dating or going out with ever do the following things to you...?		
A	Used social media to hurt or shame you	[91 – I have not dated anyone] 0 – No 1 – Yes, once 2 – Yes, two or three times 3 – Yes, four times or more
B	Threaten you	
C	Tried 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	
74	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
75	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club (excluding for hunting or fishing purposes)?	0 – Never 1 – 1 day 2 – 2-3 days 3 – 4-8 days 4 – 9-15 days 5 – More than 15 days
76	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 5 – 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 3 – 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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long

SECTION 10 - SUBSTANCE USE		
77	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 82) 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 77, PLEASE SKIP AHEAD TO QUESTION 82		
78	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.)	
79	How did you get e-cigarette, vaping, or tobacco products? (Choose all that apply) {Score from 1-9}	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 – I got it some other way
80	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
81	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 3 – I vape marijuana (cannabis) Other, I vape: _____ {allow 40 characters for list}
82	How often are you exposed to second-hand smoke in the following places?	
A	My home	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	


83	How often are you exposed to vaping in the following places?	
A	My home	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.		
84	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 87) 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 87		
85	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?	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
86	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
87	Have you ever used any kind of drugs, including marijuana or abusing prescription drugs?	1 – Yes 0 – No (Skip to question 92)
IF YOU ANSWERED <u>NO</u> TO QUESTION 87, PLEASE SKIP AHEAD TO QUESTION 92		
88	In the past month (30 days) , how many times have you used:	Matrix BY: 0 – 0 times 1 – 1-2 times 2 – 3-9 times 3 – 10 to 19 times 4 – 20 or more times
A	Marijuana/hashish (also called grass, pot, weed)	
B	Any form of cocaine (including powder, crack or freebase)	
C	Methamphetamines (also called speed, crystal meth, crank or ice)	
D	Ecstasy (also called MDMA)	
E	LSD or other hallucinogens (such as Mushrooms, acid)	
F	GHP (also known as the date rape drug)	
G	Fentanyl (also called green beans, greens)	

H	Prescription or over-the-counter drugs to get high (such as painkillers, morphine, OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	
I	Heroin (also called smack, junk, China White)	
J	Inhaling solvents such as glue, paint, aerosol, nitrous oxide, gasses...	
89	In the past year (12 months) , how many times have you used:	
A	Marijuana/hashish (also called grass, pot, weed)	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	Any form of cocaine (including powder, crack or freebase)	
C	Methamphetamines (also called speed, crystal meth, crank or ice)	
D	Ecstasy (also called MDMA)	
E	LSD or other hallucinogens (such as Mushrooms, acid)	
F	GHP (also known as the date rape drug)	
G	Fentanyl (also called green beans, greens)	
H	Prescription or over-the-counter drugs to get high (such as painkillers, morphine, OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	
I	Heroin (also called smack, junk, China White)	
J	Inhaling solvents such as paints, aerosols, nitrous oxide, and gasses	
90	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
91	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
How long was this section?		0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long

SECTION 11 – SEXUAL HEALTH

PLEASE NOTE: Knowing more about youth sexual 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.

92	Have you been taught sexual health education at school?	1 – Yes 0 – No
93	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
94	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 <u>NO</u> TO QUESTION 94, YOU ARE DONE. THANK YOU FOR PARTICIPIATING!		
95	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
96	Have you ever engaged in any type of sexual activity in exchange for money, food, shelter, drugs or alcohol (including touching, fondling, oral sex or intercourse)?	1 – Yes 0 – No
97	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 98) 3 – Sexual intercourse 33 – I'm not sure
IF YOU ANSWERED <u>TOUCHING AND FONDLING</u> TO QUESTION 97, YOU ARE DONE. PLEASE COMPLETE THE LAST FOUR QUESTIONS ABOUT THE SURVEY. IF YOU ANSWERED <u>ORAL SEX</u>, PLEASE SKIP TO QUESTION 98. THANK YOU!		
97A	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
PLEASE NOTE: Withdrawal is NOT considered to be 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 sexually transmitted infections (STIs).		
97B	Have you ever been pregnant or gotten a girl pregnant?	1 – Yes 91 – I have only had oral sex 0 – No 33 – I'm not sure
98	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
99A	Have you ever tested positive for an STI (a medical test said that you had an STI)?	1 – Yes 0 – No 33 – I'm not sure

99B	Which method(s) did you and your partner use to prevent sexually transmitted infections (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, injection, 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
99C	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)
IF YOU ANSWERED <u>ALWAYS</u> TO QUESTION 99C, YOU ARE DONE. PLEASE COMPLETE THE LAST FOUR QUESTIONS ABOUT THE SURVEY. THANK YOU FOR PARTICIPATING!		
99D	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
	How long was this section?	0 – Too short, I'd like more questions 1 – Perfect 2 – It was a little bit too long 3 – It was way too long
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	
Were there any technical problems with the survey?	1 – No, it worked well. When I entered information it came up on the screen correctly and all the buttons worked 0 – Yes, there were problems! Please describe here or tell your teacher: _____	