

# Well-Being and Health Youth Survey

## Junior (Grade 4 to 6) Student Version

Your school board and Wellington-Dufferin-Guelph Public Health are inviting you to participate in a survey. We want to learn about the well-being and health of students like you.

### **What is the purpose of the survey?**

The survey asks about your health and well-being so that we can understand your needs. Your answers to this survey and the answers of your classmates will help us plan programs to make your school and our community a better place to live.

### **What we are asking you to do:**

We want you to answer the questions on this 30-minute survey. 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 don't know the answer to a question, leave it blank. You can also skip any question if it makes you uncomfortable.

If you need help filling out this survey, please talk to your teacher.

### **Do you have to do this survey?**

You do not have to do this survey. It is up to you. You can say no now, or you can even change your mind later. No one will be upset with you if you decide not to do this survey.

Your grades and your relationships with your school, teachers and public health will not be affected if you choose not to do the survey or if you choose to stop at any point. If you do choose to stop, you can choose to delete your answers or keep your answers. If you keep your answers, we can still use those answers to help us understand student health. Once you've finished the survey or if you close your internet browser suddenly, you can't delete any answers and they will be saved.

### **Could this survey hurt or help you in any way?**

Some questions in this survey might make you feel uncomfortable, you don't have to answer those if you don't want to. If you feel uncomfortable after doing this survey, you can talk to your guidance counsellor or call the Kids Help Phone (1-800-668-6868). This survey could help you because we will use the answers to improve your community and school.

### **What will we do with information about you?**

When you finish the survey, your answers will go to Public Health. Your answers will not be seen by anyone at your school, including your teachers and parents. Public Health will be very careful to keep your answers to the survey private. Public Health will keep all information we collect about you locked up and password protected. They will take all information from all students who do this survey to create reports for schools, the community, and other professionals. Your name or any other information that could tell us who you are will not be used in any reports. Data collected from the survey will be kept on a secure network for at least six years.

This survey has received an approval from an ethics review. If you have questions about this, contact Julian Martalog by email at [julian.martalog@wdgpublichealth.ca](mailto:julian.martalog@wdgpublichealth.ca)

If you have any other questions, you can contact:

Lyndsey Dossett

Wellington-Dufferin-Guelph Public Health

Phone Number: 1-800-265-7293 ex. 4542

Email Address: [lyndsey.dossett@wdgpublichealth.ca](mailto:lyndsey.dossett@wdgpublichealth.ca)

Do you agree to take the survey?

☐ Yes

☐ No

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of health-care databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 4339.

## Demographics

### Important Instructions:

- Please only finish one survey this year.

1. To begin, what grade are you in? *(Drop down list)*
2. What is the name of your school? *(Drop down list: school names)*
3. Which Township or City do you live in? Ask your teacher or adult with you if you are unsure. *(Drop down list)*
4. What gender identity do you most identify with
  - ☐ Female
  - ☐ Male
  - ☐ My gender is not on this list: \_\_\_\_\_
5. Were you born in Canada?
  - ☐ Yes
  - ☐ No
6. 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.)
  - ☐ Amharic
  - ☐ Arabic
  - ☐ Cantonese
  - ☐ Dari
  - ☐ Dutch
  - ☐ English
  - ☐ French
  - ☐ German
  - ☐ Gujarati
  - ☐ Hindi
  - ☐ Hungarian
  - ☐ Indigenous language(s)
  - ☐ Low German
  - ☐ Mandarin
  - ☐ Persian (Farsi)
  - ☐ Polish
  - ☐ Punjabi (Panjabi)

- ☐ Spanish
- ☐ Tagalog (Pilipino, Filipino)
- ☐ Tamil
- ☐ Tigrinya
- ☐ Urdu
- ☐ Vietnamese
- ☐ A language not listed above (please specify: \_\_\_\_\_)

7. Do you identify as Indigenous to the lands now called Canada?

- ☐ Yes
- ☐ No
- ☐ Not Sure
- ☐ I prefer not to answer this question

**Question 8 is only shown to students who identify as Indigenous (Question 7)**

8. Please select all that apply to you:

- ☐ First Nations
- ☐ Métis / Michif
- ☐ Inuit
- ☐ An alternative (e.g., Haudenosaunee, Treaty 3, Nunavimmiut) (please specify: \_\_\_\_\_)

**People are often described as being part of a "race" based on how they look or where in the world their families are from.**

9. Which racial group(s) best describes you? If you have a mixed background, please choose all that apply.

*Hover over an answer with your mouse to see examples (bracketed text)*

- ☐ Black (For example: African, Afro-Caribbean, African-Canadian)
- ☐ East Asian (For example: Chinese, Korean, Japanese, Taiwanese)
- ☐ Indigenous (For example: First Nations, Métis, Inuit)
- ☐ Latino/Latina/Latinx (For example: Latin American, Hispanic descent)
- ☐ Middle Eastern (For example: Lebanese, Afghan, Egyptian, Iranian, Turkish, Kurdish)
- ☐ South Asian (For example: Bangladeshi, Indian, Pakistani, Sri Lankan)
- ☐ Southeast Asian (For example: Cambodian, Filipino, Indonesian, Thai, Vietnamese)
- ☐ White (For example: English, French, German, Polish, Italian)

- ☐ A racial group not listed above (please specify \_\_\_\_\_)
- ☐ I don't know what race(s) I am
- ☐ I don't understand this question

## Your Community

10. Please describe how you feel about your neighbourhood.

|                                    | Yes                      | Sometimes/<br>Sort of    | No                       | I don't<br>Know          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I feel safe in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My neighbours care about me     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Your School

11. Please describe how you feel about your school:

|  | Yes                      | Sometimes/<br>Sort of    | No                       |
|--|--------------------------|--------------------------|--------------------------|
| a) I am an important part of my school community         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My education is important to me                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I get the support I need to learn at school           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I am interested in what I am learning at school       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I take part in school activities like clubs or sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. How do you feel about school?

- ☐ I love school
- ☐ I like school
- ☐ I do not really care either way
- ☐ I do not like school very much
- ☐ I hate school

13. Do you agree with the following statements?

|                                 | Yes                      | Sometimes /<br>Sort of   | No                       |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| a) I feel safe at my school     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I feel included at my school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Please describe how you feel about the adults at your school.

|  | Yes                      | Sometimes /<br>Sort of   | No                       |
|--|--------------------------|--------------------------|--------------------------|
| a) Adults at my school have high expectations of me                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Adults at my school are interested in me                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Adults at school notice when I am doing a good job and let me know about it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Is there at least one adult at school you can turn to if you need help?

☐ Yes

☐ No

16. Please describe your learning at school:

|  | Strongly agree           | Agree                    | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I participate in my learning  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I enjoy learning  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I use strategies to help myself learn (e.g., make a word web, make notes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I contribute ideas in the classroom                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Bullying

**Bullying** refers to the same person or people hurting your body or feelings on purpose over and over again. Bullying can include lots of different things like name-calling, spreading rumours, hitting, breaking someone's things, cyberbullying or leaving someone out on purpose. If you are being bullied, it's important to talk about it with an adult that you trust.

17. IN THE LAST 12 MONTHS, have you been bullied AT SCHOOL OR ON THE BUS?

☐ Never

☐ A Few Times

- ☐ Often
- ☐ Almost Every Day

18. IN THE LAST 12 MONTHS, have you been bullied WHEN YOU WERE NOT AT SCHOOL?

- ☐ Never
- ☐ A Few Times
- ☐ Often
- ☐ Almost Every Day

**Question 19 is only shown to students who answered that they have been bullied (Questions 17 & 18)**

19. Did you tell an adult about the bullying?

- ☐ Yes
- ☐ No

**Question 20 is only shown to students who answered "yes" to telling an adult about the bullying (Question 19)**

20. Who was the adult that you told? Please check ALL that apply

- ☐ A teacher
- ☐ Principal or Vice-Principal
- ☐ A staff member at school
- ☐ Parent or guardian
- ☐ A family member
- ☐ A police officer
- ☐ Other (please specify \_\_\_\_\_)

**Question 21 is only shown to students who answered "yes" to telling an adult about the bullying (Question 19)**

21. How did the adult(s) help you? (Check all that apply)

- ☐ They talked to me about the bullying.
- ☐ They gave me helpful suggestions.
- ☐ They helped me feel a little less alone.
- ☐ They helped stop the bullying.
- ☐ The adult(s) did not help me.

**Question 22 is only shown to students who answered that they have been bullied (Questions 17 & 18)**

22. IN THE LAST 12 MONTHS, were you bullied in these ways:

Check ALL that apply

- ☐ Physical Aggression (e.g., pushed, tripped, or hit)
- ☐ Verbal Aggression (e.g., repeatedly teased, insulted, or called hurtful names)
- ☐ Electronic/Cyberbullying (e.g., teased through social media, or text messages)
- ☐ Someone damaging something that belonged to you on purpose
- ☐ Someone leaving you out or excluding you on purpose

**Question 23 is only shown to students who answered that they have been bullied (Questions 17 & 18)**

No one deserves to be bullied. There is never a good reason for someone to bully you.

23. Why do you think others were bullying you? (Check all that apply)

- ☐ I don't know why I've been bullied
- ☐ Race, culture, or skin colour
- ☐ Weight
- ☐ Appearance (other than because of race, culture, or weight)
- ☐ Sexual orientation
- ☐ Gender identity
- ☐ Religion or faith
- ☐ Interests, activities or hobbies
- ☐ Language
- ☐ What my family can afford to buy
- ☐ Disability or special need
- ☐ School grades
- ☐ Other reasons

## Your Friends

24. Please answer the following statements about your friends.

|  | Yes                      | Sometimes/<br>Sort of    | No                       |
|--|--------------------------|--------------------------|--------------------------|
| a) I have many friends                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I get along well with other kids my age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|   | Yes                      | Sometimes/<br>Sort of    | No                       |
|---|--------------------------|--------------------------|--------------------------|
| c) Other kids my age want me to be their friend       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Most other kids my age like me                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I have at least one good friend who cares about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I feel like I belong                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. Please describe how you feel around your friends.

|                                    | Yes                      | Sometimes/<br>Sort of    | No                       |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| a) I feel like an outsider         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I feel awkward and out of place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Your Family

26. Please answer these statements about your family.

|   | Yes                      | Sometimes /<br>Sort of   | No                       |
|---|--------------------------|--------------------------|--------------------------|
| a) My parents/guardians listen to my ideas  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My parents/guardians and I solve a problem together if we disagree about something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My parents/guardians show me I am cared about                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I spend quality time at home with my family  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My parents/guardians talk about the good things that I do                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Health

27. In general, how often do you eat fruits and vegetables every day?

- ☐ Less than once a day
- ☐ Once a day
- ☐ A few times a day

28. **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

29. **ON A SCHOOL NIGHT**, what time do you usually go to sleep? (*Drop down list*)

30. **ON A SCHOOL DAY**, what time do you usually get up in the morning? (*Drop down list*)

**Physical activity** is any anything that makes your heart beat fast, can make you sweat and may make you lose your breath sometimes. Some examples of physical activity are running, walking fast, rollerblading, biking, dancing, skateboarding, swimming and playing sports.

31. **IN A TYPICAL WEEK**, on how many days are you physically active for a total of at least 1 hour per day?

☐ 0 days

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

32. **OUTSIDE OF SCHOOL** on average about how many **HOURS** a day do you spend on screens (For example, playing video games, using a cell phone, tablet or the computer, or watching TV/DVD's)?

☐ 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

33. **IN A USUAL SCHOOL WEEK** (Monday to Friday), how often do you walk or wheel (e.g., bike, skateboard, scooter) 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

## Social Media

The term “social media” refers to social network sites (such as Instagram, TikTok, Twitter, Facebook, etc.), and instant messengers (such as SnapChat, Whatsapp, Facebook messenger).

34. About how many hours a day do you usually spend on social media sites or apps, either posting or browsing?

- ☐ Less than 1 hour a day
- ☐ About 1 hour a day
- ☐ 2 hours a day
- ☐ More than 2 hours a day
- ☐ Use social media, but not every day
- ☐ Don't use social media at all

**Question 35 is only shown to students who answered that they use social media (Question 34)**

35. In the last 12 months, have you...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) ... found you can't think of anything else but using social media again?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ... often felt bad when you could not use social media?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ... tried to spend less time on social media but could not?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) ... had no interest in hobbies or other activities because you would rather use social media? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) ... had arguments with others because of your social media use?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| f) ... used social media so you didn't have to think about unpleasant things?                    | <input type="checkbox"/> | <input type="checkbox"/> |

## Video Games

36. About how many hours a day do you usually spend playing video games?

- ☐ Less than 1 hour a day
- ☐ About 1 hour a day
- ☐ 2 hours a day
- ☐ More than 2 hours a day
- ☐ Play video games, but not every day
- ☐ Don't play video games at all

**Question 37 is only shown to students who answered that they play video games (Question 36)**

37. In the last 12 months, have you...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) ... found you can't think of anything else but playing video games again?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ... often felt bad when you could not play video games?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ... tried to spend less time playing video games but could not?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d) ... had no interest in hobbies or other activities because you would rather play video games? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) ... had arguments with others because of playing video games?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| f) ... played video games so you didn't have to think about unpleasant things?                   | <input type="checkbox"/> | <input type="checkbox"/> |

## Mental Health

38. How would you describe your:

|                  | Poor                     | Fair                     | Good                     | Very Good                | Excellent                |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Happiness     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39. Please check the box that best describes you.

|  | Yes                      | Sometimes/<br>Sort of    | No                       |
|--|--------------------------|--------------------------|--------------------------|
| a) I deal with problems in positive ways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I feel good about myself              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I like the way I look                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I feel proud of myself                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I feel hopeful about my future        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I handle problems at school well      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. IN GENERAL, how often do you feel:

|        | Often/<br>Always         | Sometimes                | Rarely/<br>Never         |
|--------|--------------------------|--------------------------|--------------------------|
| a) Sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|            |                          |                          |                          |
|------------|--------------------------|--------------------------|--------------------------|
| b) Lonely  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Worried | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Angry   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. **IN THE LAST YEAR**, have you had trouble with...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) Being distracted (feeling like you can't pay attention) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Pressure from other kids                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Stress about schoolwork                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Feeling like hurting yourself                           | <input type="checkbox"/> | <input type="checkbox"/> |

42. Do you know where to get help with problems (e.g., managing stress, healthy coping, etc.) if you or someone else needs it?

- ☐ Yes  
☐ No

## Cigarettes, Alcohol and Other Drugs

43. Have you ever tried any of the following?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) Cigarettes  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Alcohol (more than a few sips)                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Cannabis (also known as marijuana, weed, grass, pot, hashish) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other drugs not given to you by a doctor or your parents      | <input type="checkbox"/> | <input type="checkbox"/> |

**You have reached the end of the Well-Being and Health Youth Survey!**

Thank you for taking the time to share your experiences with us. The answers you gave will be used to help improve your school and your community.

Click the "Submit" button below to save your answers and close the survey.