Well-Being and Health Youth Survey

Intermediate/Senior (Grade 7 to 12) 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 school 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 the answers from this survey to create reports for schools, the community, and other professionals. Your name is not collected, and no other identifying information will be included 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 Michael Whyte by email at Michael.Whyte@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

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.

Is there someone sitting with you to help you read and answer the survey?

Yes
No

"For the helper" section is only shown to those that select yes to having someone help them read and answer the survey

For the helper:

Thank you for helping this student to complete the Well-Being and Health Youth Survey. Please review the following confidentiality statement and type in your name to indicate your agreement

To respect the privacy, confidentiality and security of the students completing the Well-Being and Health Youth Survey, I will not use or disclose any of the survey answers provided by this student to his/her parents, any other staff, or any other students

I understand that the survey asks about a variety of health and well-being topics. I will not make a referral to a guidance counsellor or any other support worker without this student's permission. Please note that there are no questions on the survey that would require you to legally report this student's responses to the police, your principal, or their parents.

If you agree to the above statements, please write your name before continuing on the survey.

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)*

Gender identity refers to a person's internal sense or feeling of being a woman, a man, both, neither or anywhere on the gender spectrum, which may or may not be the same as the person's sex assigned at birth (e.g., male, female). It is different from and does not determine a person's sexual orientation.

4. What is your gender identity? _____
   - ☐ I do not understand this question
   - ☐ I prefer not to answer

5. How long have you lived in Canada?

- [ ] All my life
- [ ] 2 years or less
- [ ] 3 to 5 years
- [ ] 6 to 10 years
- [ ] 11 years or longer

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: _____)

In our society, people are often described by their race or racial background. For example, some people are considered "Black", "East Asian", or "White", etc.

9. Which race category best describes you? Select all that apply. *Hover over the answer with your mouse to see examples (Bracketed text)*

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

A racial group not listed above *(please specify)*

I don't know what race(s) I am

I don't understand this question

Sexual orientation refers to a person's sense of sexual, romantic, and emotional attraction to the people of the same or different gender, or to both.

10. What is your sexual orientation? Please choose the most appropriate option.

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning/Not sure
- ☐ Straight/Heterosexual
- ☐ Two-Spirit

- ☐ A sexual orientation not listed above
- ☐ I do not understand this question
- ☐ I prefer not to answer

11. Do you have any of the following health conditions? Select all that apply.
    - ☐ Attention Deficit Hyperactivity Disorder (ADHD)
    - ☐ Autism/Asperger Syndrome
    - ☐ Drug or alcohol use problem
    - ☐ Fetal Alcohol Syndrome Disorder (FASD)
    - ☐ Hearing problem/deafness
    - ☐ Learning disability (such as dyslexia)
    - ☐ Mental health problem (such as depression, anxiety)
    - ☐ Other developmental disability (such as down syndrome, mild intellectual disability)
    - ☐ Pain (chronic)
    - ☐ Physical disability (such as cerebral palsy) or mobility/movement problems
    - ☐ Seeing problem/Low vision
    - ☐ Speech or language problem
    - ☐ I have none of these health conditions listed above
    - ☐ Not sure
    - ☐ I prefer not to answer

Your Community

12. Please describe how you feel about your community.

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
a) I feel safe in my neighbourhood	☐	☐	☐	☐
b) My neighbours care about me	☐	☐	☐	☐
c) I volunteer or help WITHOUT pay in my community	☐	☐	☐	☐
d) I am treated fairly in my community	☐	☐	☐	☐
e) I have chances to show others that I am growing up and can do things by myself	☐	☐	☐	☐
f) I have chances to learn things that will be useful when I am older (like cooking, working and helping others)	☐	☐	☐	☐

13. **IN THE LAST 12 MONTHS, OUTSIDE OF SCHOOL** how often have you:

	Never	Less than once a month	Once a month	2-3 times a month	Once a week	More than once a week
a) Played sports with a coach	☐	☐	☐	☐	☐	☐
b) Been to a public library	☐	☐	☐	☐	☐	☐
c) Went to a church, mosque, temple, synagogue or other religious service	☐	☐	☐	☐	☐	☐
d) Went to a music, dance, drama, or other arts program with an instructor	☐	☐	☐	☐	☐	☐
e) Went to another program for youth (Examples: clubs or drop-ins)	☐	☐	☐	☐	☐	☐
f) Visited a park	☐	☐	☐	☐	☐	☐
g) Went to a recreation centre (for example swimming or skating)	☐	☐	☐	☐	☐	☐

14. **IN THE LAST 12 MONTHS,** have you wanted to go to one of the above programs/places but could not?

☐ Yes

☐ No

15. **IN THE LAST 12 MONTHS**, how often did you:

	Never	Rarely	Sometimes	Often	Always
a) Feel like physically harming others	☐	☐	☐	☐	☐
b) Intentionally hurt someone physically	☐	☐	☐	☐	☐
c) Damage something that did not belong to you on purpose	☐	☐	☐	☐	☐
d) Carry a weapon to harm someone (e.g. knives, guns, lighters, blunt objects, or other items)	☐	☐	☐	☐	☐
e) Take something that was not yours	☐	☐	☐	☐	☐

Question 16 and 17 are only shown to students who answered as having carried a weapon (Question 15d)

16. Why did you carry the weapon?

(Select all that apply)

☐ For protection or self-defence
☐ Because others around me carry weapons
☐ To feel safer at school or in my neighbourhood
☐ Due to peer pressure
☐ Because I've experienced violence or threats
☐ As part of gang involvement

☐ To feel more powerful or in control
☐ Other (please specify):

17. How did you have access to the weapon?
(Select all that apply)
☐ I got it myself
☐ I made it myself
☐ It belonged to someone in my home
☐ It belonged to a friend
☐ Other (please specify):

Your School

18. Please describe your experiences at school:

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
a) I am a valued part of the school community	☐	☐	☐	☐
b) My education is important to me	☐	☐	☐	☐
c) I get the support I need to learn at school	☐	☐	☐	☐
d) I am interested in what I am learning at school	☐	☐	☐	☐
e) I participate in school activities like clubs or sports	☐	☐	☐	☐

19. 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

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

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) I feel safe at my school	☐	☐	☐	☐
b) I feel included at my school	☐	☐	☐	☐

21. During this school year, how often have you experienced discrimination (treated negatively) at school because of any of the following reasons?

	Never	Rarely	Sometimes	Often
a) Your race or ethnic background	☐	☐	☐	☐
b) Your religion or faith	☐	☐	☐	☐
c) A disability you have	☐	☐	☐	☐
d) Your gender identity	☐	☐	☐	☐
e) Your sexual orientation	☐	☐	☐	☐

22. How much you agree or disagree with each of the following statements?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) Adults at my school have high expectations of me	☐	☐	☐	☐
b) Adults at my school are interested in me	☐	☐	☐	☐
c) Adults at school notice when I am doing a good job and let me know about it	☐	☐	☐	☐

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

☐ Yes
☐ No

24. Please describe your learning at school:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) I participate in my learning	☐	☐	☐	☐
b) I enjoy learning	☐	☐	☐	☐
c) I use strategies to help myself learn (e.g., make a word web, make notes)	☐	☐	☐	☐
d) I contribute ideas in the classroom	☐	☐	☐	☐

Bullying

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose.

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

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

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

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

Question 27 is only shown for students who answered that they have been bullied (Questions 25 & 26)

27. Did you tell an adult about the bullying?

Please select all that apply:

- ☐ I did not tell an adult
- ☐ A Teacher
- ☐ A Principal or Vice-Principal
- ☐ A CYC (Child and Youth Counsellor)/ CYW (Child and Youth Worker)/Social Worker
- ☐ Guidance Counsellor
- ☐ Another staff member at school
- ☐ A family member
- ☐ A police officer
- ☐ Other (please specify):

Question 28 is only shown to students who answered that they told an adult about the bullying (Question 27)

28. Did the adult(s) help you? *(e.g., they talked to you about the bullying, they gave you helpful suggestions, they helped you feel a little less alone, they helped stop the bullying)*

- ☐ Yes
- ☐ No

Question 29 is only shown to students who answered that they have been bullied (Questions 25 & 26)

29. 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 like tiktok, SnapChat and Instagram or by text messages)
- ☐ Someone damaging something that belonged to you on purpose
- ☐ Someone leaving you out or excluding you on purpose

30. IN THE LAST 12 MONTHS, have you seen a friend or classmate being bullied?

☐ Yes

☐ No

Question 31 is only shown to students who answered, "yes" to seeing a friend or classmate being bullied (Question 30)

31. What did you do when you saw the bullying happen? Please check ALL that apply.

☐ I did not do anything about it
☐ I told an adult about it
☐ I helped the person who was being bullied
☐ I stood and watched
☐ I joined in the bullying
☐ I got someone to stop it

Your Friends

32. Please answer the following statements about your friends.

	False	Mostly False	Sometimes True/ Sometimes False	Mostly True	True
a) I have many friends	☐	☐	☐	☐	☐
b) I get along easily with others my age	☐	☐	☐	☐	☐
c) Others my age want me to be their friend	☐	☐	☐	☐	☐
d) Most others my age like me	☐	☐	☐	☐	☐
e) I have at least one good friend who cares about me	☐	☐	☐	☐	☐
f) I feel like I belong	☐	☐	☐	☐	☐

Your Family

33. Were your parents born in Canada?

☐ Both parents were born in Canada

☐ One parent was born in Canada

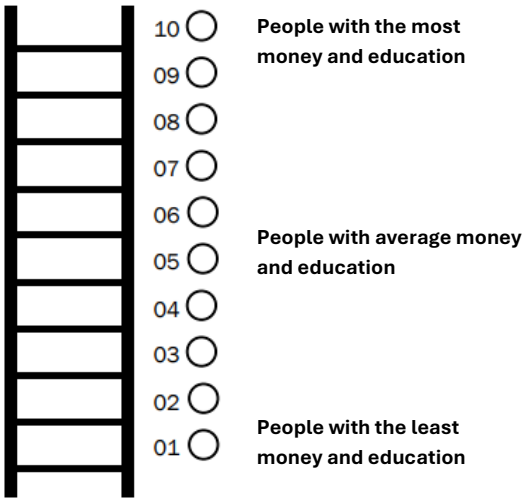
☐ Neither parent was born in Canada

☐ I don't know

34. **Imagine this ladder below shows how Canadian society is set up. At the top of the ladder are the people who have the most money and the most education. At the bottom are the people who have the least money and the least education.**

Now think about your family. Please select the number that best shows where you think your family would be on this ladder.

- ☐ 10
- ☐ 09
- ☐ 08
- ☐ 07
- ☐ 06
- ☐ 05
- ☐ 04
- ☐ 03
- ☐ 02
- ☐ 01
- ☐ I do not know
- ☐ I prefer not to answer



35. For each of the following statements, use the choice that best describes the way your parent(s), step-parent(s), foster parent(s) or guardian(s) have acted towards you IN THE LAST 12 MONTHS.

	Never	Rarely	Sometimes	Often	Always
a) My parents/guardians listen to my ideas and opinions					
b) My parents/guardians and I solve a problem together whenever we disagree about something					
c) My parents/guardians make sure I know I am appreciated					
d) I spend quality time at home with my family					
e) My parents/guardians speak of the good things that I do					

Health

36. Overall, how would you rate your physical health? (How healthy is your body?)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Less than once a day
- ☐ Once a day
- ☐ Twice a day
- ☐ 3 times a day
- ☐ 4 times a day
- ☐ 5 times a day
- ☐ 6 times a day
- ☐ 7 or more times a day

38. **IN A USUAL SCHOOL WEEK** (Monday to Friday) how often did you eat breakfast (more than a glass of milk or fruit juice) either at home, on the way to school, or at school before classes?

- ☐ None
- ☐ 1 to 2 days
- ☐ 3 to 4 days
- ☐ All 5 days

39. **IN THE LAST 12 MONTHS,** You and other household members worried that food would run out before you got money to buy more

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

40. Please answer these statements about eating and your body image:

	No	Yes
a) Over the past 3 months, has your weight and/or shape influenced how you think about (judge) yourself as a person?	☐	☐
b) In the past 6 months, have you either: skipped at least 2 meals in a row OR felt like you couldn't stop or control how much you were eating?	☐	☐

41. On a usual school night, how many hours of sleep do you get? *(Drop down list)*

Physical activity is any activity that makes your heart beat fast, can make you sweat and may cause you to lose your breath sometimes. Physical activity can be done in sports, school activities, while playing, or for transportation. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball and football.

42. **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

43. OUTSIDE OF SCHOOL HOURS, 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)?
    - ☐ 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

44. IN A USUAL SCHOOL WEEK (Monday to Friday), how often do you walk or wheel (e.g., bike, skateboard, scooter) to or from school?
    - ☐ 1-2 days per week
    - ☐ 3-4 days per week
    - ☐ All 5 days
    - ☐ I could walk or wheel, but I rarely/never do
    - ☐ I do not because I am a school bus student

Question 45 is shown to everyone except those who answered that they do not because they are a school bus student (Question 44)

45. Please choose the answer that best applies to your usual journey to or from school.

	Strongly Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Strongly Agree**
There are sidewalks, crosswalks or bike lanes that can help me walk or wheel to or from school.	☐	☐	☐	☐

I feel safe from traffic when I walk or wheel to or from school.	☐	☐	☐	☐
It takes a long time to walk or wheel to or from school.	☐	☐	☐	☐
I enjoy walking or wheeling to or from school.	☐	☐	☐	☐

Climate Change

46. Which of these have you noticed in your area in the past few years?
(Select all that apply)
- ☐ More super hot days or heat warnings
- ☐ More flooding or heavy rain
- ☐ Bad air quality or smoky air from forest fires
- ☐ More ticks or mosquitoes
- ☐ Seasons not being "normal"
- ☐ I haven't noticed anything
- ☐ I am not sure

47. What would make it easier for you to fight climate change?
(Select all that apply)
- ☐ If I had more information to understand climate change
- ☐ If I had more money or time to do things like buying thrift clothes, eating local food, or reusing things
- ☐ If my family or friends were doing more to help too
- ☐ If I had more chances to join groups that take care of the environment
- ☐ I am already doing things to help
- ☐ I do not want to do anything about it

Social Media

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

48. 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

Video Games

The term “video games” refers to games played either on a console, computer/laptop, mobile device, or a TV, both online and/or offline.

49. 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 49 is only shown to students who answered that they play video games (Questions 48)

50. Do you spend money on any of these things in video games?
(Select all that apply)
- ☐ Skins or items (e.g., outfits, accessories, emotes)
- ☐ Loot boxes or mystery items (you don’t know what you’ll get)
- ☐ Pulls or spins to unlock characters or items
- ☐ Game passes or battle passes
- ☐ Game money (e.g., V-Bucks, Robux, Primogems)
- ☐ Upgrades or power-ups
- ☐ Other (please specify):
- ☐ I don’t spend money in video games

Mental Health

Please note that some of these questions are sensitive in nature. You may skip any question that you do not want to answer. Please remember that the survey is anonymous and so if you need support, please reach out to caring adults and support services available through your school. There is also a list of community support services that you can download at the end of the survey.

51. How would you describe your:

	Poor	Fair	Good	Very Good	Excellent
a) Mental health	☐	☐	☐	☐	☐
b) Happiness	☐	☐	☐	☐	☐

52. Please check the box that best describes you.

	Never	Rarely	Sometimes	Often	Always
a) I overcome challenges/problems in positive ways	☐	☐	☐	☐	☐
b) I deal with frustrations in positive ways	☐	☐	☐	☐	☐
c) I feel good about myself	☐	☐	☐	☐	☐
d) I like the way I look	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Often	Always
e) I feel proud of myself	☐	☐	☐	☐	☐
f) I feel in control of my life	☐	☐	☐	☐	☐
g) I feel hopeful about my future	☐	☐	☐	☐	☐

53. IN GENERAL, how often do you *feel:*

	Never	Rarely	Sometimes	Often	Always
a) Sad	☐	☐	☐	☐	☐
b) Lonely	☐	☐	☐	☐	☐
c) Depressed	☐	☐	☐	☐	☐
d) Anxious	☐	☐	☐	☐	☐
e) Angry	☐	☐	☐	☐	☐
f) Overwhelmed (e.g., like you had too many problems in your life)	☐	☐	☐	☐	☐

54. **IN THE LAST 12 MONTHS**, how often did you struggle with:

	Never	Rarely	Sometimes	Often	Always
a) Attention or focus	☐	☐	☐	☐	☐
b) Pressure from peers	☐	☐	☐	☐	☐
c) Balancing my roles at home and at school	☐	☐	☐	☐	☐
d) Severe stress about grades or exams	☐	☐	☐	☐	☐

55. **IN THE LAST 12 MONTHS**, did you:

	No	Yes
c) Feel like harming yourself	☐	☐
d) Consider suicide	☐	☐
e) Harm yourself (e.g., cutting, burning)	☐	☐
f) Attempt suicide	☐	☐

56. Do you know where to get help with problems (e.g., substance use, self-harm, family issues, etc.) if you or someone else needs it?

☐ Yes

☐ No

57. IN THE LAST 12 MONTHS, was there ever a time when you felt you might need professional help (such as from a doctor, counsellor, or other mental health worker) for mental health concerns (problems with emotions, behaviours), but you did not seek help?

☐ Yes

☐ No

Question 58 is only shown to students who answered that they did not seek help (Question 57)

58. What are the reasons you did not seek professional help? Select all that apply.
- ☐ I thought I could manage it myself
- ☐ I didn't know where to turn to for help
- ☐ I never got around to it (e.g., too busy)
- ☐ I tried, but the wait was too long
- ☐ It was going to cost too much
- ☐ Getting there was a problem
- ☐ I was afraid of what others would think of me
- ☐ My parent(s) did not agree
- ☐ Other reason not listed above

59. In the last 12 months, have any of these world problems affected your mental health?
(Select all that apply)
- ☐ Climate change (like natural disasters, extreme weather, or feeling worried about the future)
- ☐ War in other countries (like seeing it in the news or knowing someone affected)
- ☐ COVID-19 pandemic
- ☐ People having a hard time finding or keeping jobs
- ☐ Other world problems (please specify): _____
- ☐ None of these have affected my mental health

60. **IN THE LAST 12 MONTHS**, how often did you bet money….

	Never in the last 12 months	1 or 2 times	3 to 5 times	6 to 8 times	9 to 11 times	12 or more times
…on online sports gambling (such as online sports lotteries, online sports pools, or online fantasy sports)?	☐	☐	☐	☐	☐	☐
…on any other online game (such as online poker, online casino games)?	☐	☐	☐	☐	☐	☐
…in any other way (such as card games, dice, lotteries, scratch cards, etc.)?	☐	☐	☐	☐	☐	☐

Question 61 is only shown for students who answered they have bet money on gambling (Question 60)

61. **IN THE LAST 12 MONTHS,** have you...

	Yes	No
…felt upset, stressed, or annoyed when you tried to stop or cut down on gambling?	☐	☐
…tried to hide how much you gambled from your family or friends?	☐	☐

…needed to ask someone for money because of gambling?	☐	☐

Cigarettes, Alcohol and Other Drugs

62. How often do you currently smoke cigarettes?

- ☐ I don't smoke
- ☐ Less than once a week
- ☐ At least once a week, but not every day
- ☐ Every day

63. IN THE LAST 12 MONTHS, how often have you used an e-cigarette (also known as vaping)?

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

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

- ☐ Yes
- ☐ No

Question 65 is only shown to students who have had a drink in the last 12 months (Question 64)

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

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

66. IN THE LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil) or CANNABIS PRODUCTS (e.g. shatter, drinks, gummies and other edibles)?

- ☐ I have never used it

- ☐ 1 to 2 times
- ☐ 3 to 5 times
- ☐ 6 to 9 times
- ☐ 10 to 19 times
- ☐ 20 or more times
- ☐ I have used it, but not in the last 12 months

Sedatives or tranquilizers (also known as benzodiazepines or "benzos") are sometimes prescribed by doctors to help people sleep, manage anxiety, calm them down, or to relax their muscles.

67. In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS [such as Xanax (alprazolam), Valium (diazepam), Ativan (lorazepam), or other benzodiazepines] WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

    - ☐ I have never used them
    - ☐ 1 to 2 times
    - ☐ 3 to 5 times
    - ☐ 6 to 9 times
    - ☐ 10 or more times
    - ☐ I have used them, but not in the last 12 months

68. IN THE LAST 12 MONTHS, how often did you use PRESCRIPTION PAIN RELIEF PILLS (this includes opioids) WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

    Prescription pain relief pills include: Percocet, Percodan, Tylenol #3, Demoral, Oxycodone, codeine, fentanyl, tramadol, morphine or Hydromorphone (also called Dilaudid, Dillies, or D8's). **Prescription pain relief pills do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.**

    - ☐ I have never used them
    - ☐ 1 to 2 times
    - ☐ 3 to 5 times
    - ☐ 6 to 9 times
    - ☐ 10 or more times
    - ☐ I have used them, but not in the last 12 months

Question 69 is only shown to students who have used pain relief pills without a prescription in the last 12 months (Question 68).

69. In the LAST 12 MONTHS, how did you usually get PAIN RELIEF PILLS **(we do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore)** WITHOUT A PRESCRIPTION? (Please choose only one)

    - ☐ Given to me by a brother or sister
    - ☐ Given to me by a friend

- ☐ Given to me by one of my parents
- ☐ Bought them from a friend
- ☐ Bought them from someone I had heard about, but did not know personally
- ☐ Bought them online/over the internet
- ☐ Took them from home without my parents' permission
- ☐ Got them some other way (Please tell us where you got them _____)
- ☐ Don't remember

70. IN THE LAST 12 MONTHS**,** how often did you use COUGH OR COLD MEDICINE, such as Robitussin DM, Benylin DM (also known as robos, dex, DXM, sizzurp, syrup, lean or purple drank) **in order to get high?**

- ☐ I have never used it
- ☐ 1 to 2 times
- ☐ 3 to 5 times
- ☐ 6 to 9 times
- ☐ 10 or more times
- ☐ I have used it, but not in the last 12 months

71. **IN THE LAST 12 MONTHS,** have you tried any of these other drugs? *(Select all that apply)*

- ☐ I have never used them
- ☐ Nicotine Pouch (such as Zin or another brand)
- ☐ Remoxadrine (also known as "dreen", "rem", "mox")
- ☐ Psilocybin or mescaline (also known as "magic mushrooms", "shrooms", "mesc", etc.)
- ☐ LSD (or "acid")
- ☐ Cocaine (also known as "coke", "blow", "snow", "powder", "snort", etc.)
- ☐ MDMA or "Ecstasy" (also known as "Molly", "E", "X", etc.)
- ☐ Methamphetamine or Crystal Methamphetamine (also known as "speed", "crystal meth", "crank", "Ice", etc.)
- ☐ Heroin (also known as "H", "junk", "smack", etc.)
- ☐ Fentanyl (also known as "China white", "greenies", "shady 80s", "fake Oxy")
- ☐ Salvia (also known as "Sally-D," "Magic Mint," etc.)
- ☐ PCP (also known as "angel dust," "supergrass," "rocket fuel," etc.)
- ☐ I have used them, but not in the last 12 months

Sexual Health

This section is only shown to students in grades 9 to 12+.

Please note that some of these questions are sensitive in nature. You may skip any question that you do not want to answer. Please remember that the survey is anonymous and so if you need support, please reach out to caring adults and support services available through your school. There is also a list of community support services that you can download at the end of the survey.

Sexual intercourse can be anal, oral or vaginal sex.

72. Have you ever had sexual intercourse?

- ☐ Yes
- ☐ No

Consent is a voluntary, positive agreement to engage in sexual activity with a partner(s). Nobody else can give your consent for you, and giving consent means that you are awake, conscious, sober, and able to make a deliberate, unforced and unpressured decision. You can change your mind at any time for any reason, and withdraw consent.

73. Have you ever experienced sexual activity when you did not want to or when you did not give your consent? Sexual activity may include sexual touching, or anal, oral or vaginal sex.

- ☐ Yes
- ☐ No
- ☐ Don't know

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.