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 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)*

4. What is your gender identity?
   - ☐ Female
   - ☐ Male
   - ☐ My gender is not on this list: _____
   - ☐ 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

Your Community

10. Please describe how you feel about your neighbourhood.

	Yes	Sometimes/ Sort of	No	I don't Know
a) I feel safe in my neighbourhood	☐	☐	☐	☐
b) My neighbours care about me	☐	☐	☐	☐

Your School

11. Please describe how you feel about your school:

	Yes	Sometimes/ Sort of	No
a) I am an important part of my 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 take part in school activities like clubs or sports	☐	☐	☐

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 / Sort of	No
a) I feel safe at my school	☐	☐	☐
b) I feel included at my school	☐	☐	☐

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

	Yes	Sometimes / Sort of	No
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	☐	☐	☐

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 Disagree	Somewhat disagree	Somewhat Agree	Strongly Agree
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.

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 ARE 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?

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 20 is only shown to students who answered that they told an adult about the bullying (Question 19)

20. 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 21 is only shown to students who answered that they have been bullied (Questions 17 & 18)

21. 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

Your Friends

22. Please answer the following statements about your friends.

	Yes	Sometimes/ Sort of	No
a) I have many friends	☐	☐	☐
b) I get along well with other kids my age	☐	☐	☐
c) Other kids my age want me to be their friend	☐	☐	☐
d) Most other kids my age like me	☐	☐	☐
e) I have at least one good friend who cares about me	☐	☐	☐
f) I feel like I belong	☐	☐	☐

Your Family

23. Please answer these statements about your family.

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

Health

24. 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

25. **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

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

27. **ON A USUAL 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.

28. **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

29. **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

30. 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 31 is shown to everyone except those who answered that they do not because they are a school bus student (Question 30)

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

	No	**Sometimes**	**Yes**
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.			

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).

32. 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.

33. 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 34 is only shown to students who answered that they play video games (Questions 33)

34. 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

35. How would you describe your:

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

36. Please check the box that best describes you.

	Yes	Sometimes/ Sort of	No
a) I deal with problems in positive ways	☐	☐	☐
b) I feel good about myself	☐	☐	☐
c) I like the way I look	☐	☐	☐
d) I feel proud of myself	☐	☐	☐
e) I feel hopeful about my future	☐	☐	☐
f) I handle problems at school well	☐	☐	☐

37. IN GENERAL, how often do you feel:

	Often/ Always	Sometimes	Rarely/ Never
a) Sad	☐	☐	☐
b) Lonely	☐	☐	☐
c) Worried	☐	☐	☐
d) Angry	☐	☐	☐

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

	Yes	No
a) Being distracted (feeling like you can't pay attention)	☐	☐
b) Pressure from other kids	☐	☐
c) Stress about schoolwork	☐	☐
d) Feeling like hurting yourself	☐	☐

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

☐ Yes
☐ No

Cigarettes, Alcohol and Other Drugs

40. Have you ever tried any of the following?

	Yes	No
a) Cigarettes	☐	☐
b) Alcohol (more than a few sips)	☐	☐
c) Cannabis (also known as marijuana, weed, grass, pot, hashish)	☐	☐
d) Other drugs not given to you by a doctor or your parents	☐	☐

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.