

# 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 and 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 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. The reports will be available on the Report Card Coalition Website: [www.wdgreportcard.com](http://www.wdgreportcard.com). 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 Jennifer MacLeod at 1-800-265-7293 ext. 4370 or by email at [jennifer.macleod@wdgpublichealth.ca](mailto:jennifer.macleod@wdgpublichealth.ca)

If you have any other questions, you can contact:

Blair Hodgson  
Wellington-Dufferin-Guelph Public Health  
Phone Number: 1-800-265-7293 ex. 4312  
Email Address: [blair.hodgson@wdgpublichealth.ca](mailto:blair.hodgson@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 2975.

## Demographics

1. To begin, which township or city do you live in? Ask your teacher if you are unsure. *(Drop down list)*

***Question 2 is only shown to students who live in Guelph (Question 1)***

2. Please enter your six-digit postal code (no spaces or dashes). If you don't know your postal code, please leave it blank.

\_\_\_\_\_

3. What grade are you in? *(Drop down list)*

4. What is the name of your school? *(Drop down list: school names)*

***Question 5 is only shown to students who are in grades 9-13 (Question 3)***

5. What is the name of the school you went to in grade 8? *(Drop down list: All elementary schools + "My school is not on this list")*

**Gender** can be defined as a person's feeling like (or sense of being) a boy (male), a girl (female), both, neither, etc. A person's gender identity may be different from their sex assigned at birth (e.g., female, intersex, male).

6. What is your gender? \_\_\_\_\_

7. Were you born in Canada?

Yes

No

***Question 8 is only shown to students who were not born in Canada (Question 7)***

8. How many years have you lived in Canada? \_\_\_\_\_

9. 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

10. 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)

- Arabic
- Cantonese
- Dutch
- English
- French
- German
- Gujarati
- Hungarian
- Indigenous language(s)
- Mandarin
- Persian (Farsi)
- Polish
- Punjabi (Panjabi)
- Spanish
- Tagalog (Pilipino, Filipino)
- Urdu
- Vietnamese
- A language not listed above (please specify: \_\_\_\_\_)

11. Do you identify as an Indigenous person (First Nations, Métis, and/or Inuit)? Check all that apply:

- First Nations
- Métis
- Inuit
- I do not identify as First Nations, Métis or Inuit
- I don't know if I am an Indigenous person
- I don't understand this question

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

12. 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.

- 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

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

- Asexual
- Bisexual
- Gay/Lesbian
- Pansexual
- Queer
- Straight/Heterosexual
- Two-spirit
- A sexual orientation not listed above
- Not sure/questioning
- I do not understand this question
- I choose not to answer this question

## Your Community

14. Please check the box that best describes you.

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
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"/>
c) I volunteer or help WITHOUT pay in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **IN THE PAST 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Been to a public library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Went to a church, mosque, temple, synagogue or other religious service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Went to a music, dance, drama, or other arts program with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Went to another program for youth (Examples: clubs or drop-ins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Visited a park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Went to a recreation centre (for example swimming or skating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes

No

**Question 17 is only shown to students who answer “yes” to wanting to go to one of the above programs/places but could not (Question 16).**

17. Why couldn't you go? (Check all that apply)

- Cost was too much
- Program times or schedule did not work for me
- I didn't have time to go
- Parents/guardians would not let me go
- No way to get there (no car, no bus, too far to walk)
- Did not know where to find the program or the place
- Did not feel welcomed
- Did not know about these programs
- Other (please specify: \_\_\_\_\_)

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

	Never	Rarely	Sometimes	Often	Always
a) Feel like physically harming others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Intentionally hurt someone physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Damaged something that did not belong to you on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Carried a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Take something that was not yours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your School

19. 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	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c) I get the support I need to learn at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
d) I am interested in what I am learning at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents/guardians and teachers work with me to support my learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I participate in school activities like clubs or sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 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

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

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) I feel safe at my school	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

**Question 22 is only shown for students who answer strongly disagree or somewhat disagree to feeling safe at school (Question 21 a).**

22. When you DO NOT feel safe at school, is it because of any of the following? (Please check ALL that apply)

- My own or my family's background (race, ethnicity, religion, culture, indigenous background,)
- Where my family came from, the language we speak, or traditions that we practice
- How much money my family has
- My gender, sexual orientation, or gender identity
- My grades, or how smart I am
- A disability or special need that I have
- Other (please specify: \_\_\_\_\_)



**Question 23 is only shown to students who answer strongly disagree or somewhat disagree to feeling included at school (Question 21 b).**

23. When you DO NOT feel included at school, is it because of any of the following? (Please check ALL that apply)

- My own or my family's background (race, ethnicity, religion, culture, Indigenous background)
- Where my family came from, the language we speak, or traditions that we practice
- How much money my family has
- My gender, sexual orientation, or gender identity
- My grades, or how smart I am
- A disability or special need that I have
- Other (please specify: \_\_\_\_\_)

24. DURING THE LAST SCHOOL YEAR, how often did you skip class/school WITHOUT permission?

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

25. 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	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>

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

- Yes
- No

## Bullying

**Bullying** refers to repeated, persistent and aggressive behaviour that is intended to cause fear, distress or harm to another person's body, feelings, self-esteem or reputation. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc. If you are being bullied, it's important to talk about it with an adult that you trust.

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

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

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

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

**Question 29 is only shown for students who answered that they have been bullied (Questions 27 & 28)**

29. Did you tell an adult about the bullying?

- Yes
- No

**Question 30 is only shown for students who answered "yes" to telling an adult about the bullying (Question 29)**

30. 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 31 is only shown to students who answered “yes” to telling an adult about the bullying (Question 29)**

31. Did the adult(s) help you?

Yes

No

**Question 32 is only shown for students who answered that they have been bullied (Questions 27 & 28)**

32. Who bullies you? (Check all that apply)

Other students

Kids outside of my school

Siblings

Teachers

Coach/Instructors

Parents

Other adults

People you met online

Other

**Question 33 is only shown to students who answered that they have been bullied (Questions 27 & 28)**

33. 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 Facebook, or text messages)

Someone damaging something that belonged to you on purpose

Someone leaving you out or excluding you on purpose

**Question 34 is only shown to students who answered that they have been bullied (Questions 27 & 28)**

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

34. 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

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

- Yes
- No

**Question 36 is only shown to students who answered, "yes" to seeing a friend or classmate being bullied (Question 35)**

36. 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

37. Please answer the following statements about your friends.

	False	Mostly False	Sometimes True/ Sometimes False	Mostly True	True
a) I have many friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I get along easily with others my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Others my age want me to be their friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Most others my age like me	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Family

38. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents/guardians and I solve a problem together whenever we disagree about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parents/guardians make sure I know I am appreciated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My parents/guardians speak of the good things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health

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

- Excellent
- Very Good
- Good
- Fair
- Poor

40. 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

41. Is there anything that prevents you from eating healthy? (Please select ALL that apply)

- Nothing, I usually eat healthy.
- I don't always choose healthy foods, but they are always available to me
- There are not enough healthy foods in my home
- Healthy foods cost too much money for my family
- I don't have time
- I don't know how to choose healthy foods
- I don't like the taste of healthy foods

42. **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

**Question 43 is only shown to students who answered any option other than eating breakfast "All 5 days" (Question 42)**

43. Why do you skip breakfast? (Select all that apply)

- I do not have time to eat in the morning
- I am trying to lose weight
- My family does not always have food in the house to eat
- I'm not always hungry in the morning
- A reason not included above

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

45. IN A USUAL SCHOOL WEEK (Monday to Friday), how often do you walk (or bike or skateboard) to or from school? Don't count the weeks when the weather was too cold, snowy or rainy to walk.

- 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

46. How tall are you without your shoes on? (*Drop down list*)

47. How much do you weigh without your shoes on?

\_\_\_\_\_ Pounds OR \_\_\_\_\_ Kilograms

**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.

48. **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

49. **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/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

## Mental Health

50. How would you describe your:

	Poor	Fair	Good	Very Good	Excellent
a) Overall wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

51. Please check the box that best describes you.

	Never	Rarely	Sometimes	Often	Always
a) I overcome challenges/problems in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I deal with frustrations in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I like the way I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel in control of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel hopeful about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I engage in spiritual activities on my own time (e.g., reflection, prayer, meditation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I cope well with issues and difficulties I experience at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Rarely	Sometimes	Often	Always
a) Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



f) Overwhelmed (e.g., like you had too many problems in your life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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53. **IN THE LAST 12 MONTHS**, how often did you struggle with:

	Never	Rarely	Sometimes	Often	Always
a) Attention or focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Eating issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pressure from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Balancing my roles at home and at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Severe stress about grades or exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Rarely	Sometimes	Often	Always
a) Feel like harming yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Consider suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Harm yourself (e.g. cutting, burning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Attempt suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. At school, 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
- Sort of
- No

56. Do you have at least one adult in your life who you can talk to about your problems (such as a teacher, coach or parent/guardian)?

- Yes
- No

57. **IN THE LAST 12 MONTHS**, how often have you gambled or bet money on cards, games, dares or sports?

- Never
- Less than once a month
- Once a month

- 2-3 times a month
- Once a week
- More than once a week

## Cigarettes, Alcohol and Other Drugs

58. 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

59. 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

60. IN THE LAST 12 MONTHS, how often have you used smokeless tobacco, dip or chew?

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

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

- Yes
- No

**Question 62 is only shown to students who have had a drink in the last 12 months (Question 61)**

62. 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

63. IN THE LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?

- 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

**Question 64 is only shown to students who have used cannabis in the last 12 months (Question 63)**

64. IN THE LAST 4 WEEKS, how often did you use CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?

- Did not use it in the last 4 weeks
- Less than once a week
- 1 or 2 times each week
- 3 or 4 times each week
- 5 or 6 times each week
- Once each day
- More than once each day

**Question 65 is only shown to students who have used cannabis in the last 12 months (Question 63)**

65. How old were you when you first tried CANNABIS (also known as marijuana, weed, grass, pot, hashish, hash, hash oil)?

- 9 years old or younger
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old

**Sedatives or tranquilizers** are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles.

66. In the LAST 12 MONTHS, how often did you use SEDATIVES or TRANQUILLIZERS (such as Xanax, Valium or Ativan) 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

67. IN THE LAST 12 MONTHS, how often did you use PRESCRIPTION PAIN RELIEF PILLS WITHOUT A PRESCRIPTION or without a doctor telling you to take them?

Prescription pain relief pills include: Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine, fentanyl.

- 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 68 is only shown to students who have used pain relief pills without a prescription in the last 12 months (Question 67).**

68. In the LAST 12 MONTHS, how did you usually get PAIN RELIEF PILLS 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

69. 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, 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

70. IN THE LAST 12 MONTHS, did you use other illegal drugs (such as Ecstasy, PCP, cocaine, crack, salvia, crystal meth, or other illegal drugs)?

- 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

## Your Sexual Health

71. Have you ever had sexual intercourse? Remember, sexual intercourse can be oral, vaginal or anal sex.

- Yes
- No

**Question 72 is only shown to students who reported having sexual intercourse (Question 71)**

72. How old were you when you first had sexual intercourse?

- 12 or younger
- 13
- 14
- 15
- 16
- 17
- 18
- Don't know

**Question 73 is only shown to students who reported having sexual intercourse (Question 71)**

73. How many people have you had sexual intercourse with in your lifetime? *(Drop down list)*

**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.

74. 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 oral, vaginal or anal sex.

- Yes
- No
- Don't know

**Question 75 is only shown to students who reported having sexual intercourse (Question 71)**

75. What method(s) of birth control or STI prevention do you use currently or have used in the past?  
(Please select all that apply)

- Male condoms
- Female condoms
- Birth control pill/patch
- Emergency contraception
- Spermicidal foam/gel
- Vaginal ring
- Intrauterine Device (IUD)
- Hormonal injection (e.g., Depo Provera)
- Other
- None

**Question 76 is only shown to students who reported having sexual intercourse (Question 71)**

76. Have you ever been tested for a sexually transmitted infection (STI) (e.g., Chlamydia, gonorrhoea, HIV)?

- 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.