

# Health Behaviour in School-Aged Children

A World Health Organization Cross-National Study

## Questionnaire 1989/90

Conducted in Canada by  
Social Program Evaluation Group  
Queens University at Kingston

For  
Health Canada  
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**Multi-National Study of the Health of Canadian Students**



9. Have you ever smoked tobacco? (At least one cigarette, cigar, or pipe.) \_\_\_\_\_  
**KEY**  
 1 = Yes  
 2 = No
10. How often do you smoke tobacco at present? \_\_\_\_\_  
**KEY**  
 0 = I do not smoke  
 1 = Every day  
 2 = At least once a week, but not every day  
 3 = Less than once a week
11. Put the number of cigarettes you usually smoke in a week on the line to the right (if you do not smoke, place 0 in the box). \_\_\_\_\_
12. Have you ever tasted an alcoholic drink (e.g., beer, wine, liquor such as gin, vodka, rye, rum)? \_\_\_\_\_  
**KEY**  
 1 = Yes  
 2 = No  
 3 = Don't know
13. At present, how often do you drink beer, wine or liquor? Include those times when you only drink a small amount.  
**KEY**
- |                            |           |       |
|----------------------------|-----------|-------|
| 1 = Every day              | a. Beer   | _____ |
| 2 = Every week             | b. Wine   | _____ |
| 3 = Every month            | c. Liquor | _____ |
| 4 = Less than once a month |           |       |
| 5 = Never                  |           |       |
14. Have you ever had so much alcohol that you were really drunk? \_\_\_\_\_  
**KEY**  
 1 = Never  
 2 = Once  
 3 = 2-3 times  
 4 = 4-10 times  
 5 = More than 10 times
15. Outside school hours, how often do you usually exercise so that you get out of breath or sweat? \_\_\_\_\_  
**KEY**  
 1 = Every day  
 2 = 4-6 times a week  
 3 = 2-3 times a week  
 4 = Once a week  
 5 = Once a month  
 6 = Less than once a month  
 7 = Never

16. Outside school hours, how many hours a week do you usually exercise so that you get out of breath or sweat? \_\_\_\_\_

**KEY**

- 1 = None
- 2 = About 1/2 hour
- 3 = About 1 hour
- 4 = About 2-3 hours
- 5 = About 4-6 hours
- 6 = 7 hours or more

17. How often do you brush your teeth? \_\_\_\_\_

**KEY**

- 1 = More than once a day
- 2 = Once a day
- 3 = At least once a week, but not daily
- 4 = Less than once a week
- 5 = Never

18. How often do you use dental floss? \_\_\_\_\_

**KEY**

- 1 = Daily
- 2 = Weekly
- 3 = Seldom or never

19. How often do you drink or eat any of the following?

**KEY**

- 1 = More than once a day
- 2 = Once a day
- 3 = At least once a week, but not daily
- 4 = Seldom
- 5 = Never

- \_\_\_\_\_ a. Coffee
- \_\_\_\_\_ b. Fruit
- \_\_\_\_\_ c. Soft drinks such as colas or other drinks with sugar
- \_\_\_\_\_ d. Candy/chocolate bars
- \_\_\_\_\_ e. Raw vegetables (e.g., carrots, celery)
- \_\_\_\_\_ f. Peanuts
- \_\_\_\_\_ g. Potato chips
- \_\_\_\_\_ h. French fries
- \_\_\_\_\_ i. Hamburgers or hot dogs
- \_\_\_\_\_ j. Whole wheat (brown) bread
- \_\_\_\_\_ k. Rye bread
- \_\_\_\_\_ l. Low fat milk (2% or skim)
- \_\_\_\_\_ m. Whole milk (homogenized)

20. How often do you use a seat belt when you ride in a car? \_\_\_\_\_  
**KEY**  
 1 = Always  
 2 = Often  
 3 = Sometimes  
 4 = Seldom or never  
 5 = Usually there is no seat belt where I sit
21. How healthy do you think you are? \_\_\_\_\_  
**KEY**  
 1 = Very healthy  
 2 = Quite healthy  
 3 = Not very healthy
22. In general, how do you feel about your life at present? \_\_\_\_\_  
**KEY**  
 1 = Very happy  
 2 = Quite happy  
 3 = Not very happy  
 4 = Not happy at all
23. Do you ever feel lonely? \_\_\_\_\_  
**KEY**  
 1 = Very often  
 2 = Rather often  
 3 = Sometimes  
 4 = Never
24. In the last six months, how frequently have you had or felt the following?  
**KEY**  
 1 = Often  
 2 = Sometimes  
 3 = Seldom  
 4 = Never
- \_\_\_\_\_ a. Headache  
 \_\_\_\_\_ b. Stomach-ache  
 \_\_\_\_\_ c. Backache  
 \_\_\_\_\_ d. Feeling low (depressed)  
 \_\_\_\_\_ e. Bad temper  
 \_\_\_\_\_ f. Feeling nervous  
 \_\_\_\_\_ g. Difficulties in getting to sleep  
 \_\_\_\_\_ h. Feeling dizzy

25. During the last month, have you taken any medicine or pills for the following:

**KEY**

1 = Yes

2 = No

- \_\_\_\_\_ a. A cough
- \_\_\_\_\_ b. A cold
- \_\_\_\_\_ c. Headache
- \_\_\_\_\_ d. Stomach-ache
- \_\_\_\_\_ e. Difficulty sleeping
- \_\_\_\_\_ f. Nervousness

26. How many hours a day do you usually watch television? \_\_\_\_\_

**KEY**

1 = Not at all

2 = Less than 1/2 hour

3 = 1/2-1 hour

4 = 2-3 hours

5 = 4 hours

6 = More than 4 hours

27. How many hours a week do you usually watch VCR movies? \_\_\_\_\_

**KEY**

1 = Not at all

2 = Less than 1 hour

3 = 1-3 hours

4 = 4-6 hours

5 = 7-9 hours

6 = 10 or more hours

28. How many hours a week do you usually play computer games (include: arcade games, Nintendo, Sega)? \_\_\_\_\_

**KEY**

1 = Not at all

2 = Less than 1 hour

3 = 1-3 hours

4 = 4-6 hours

5 = 7-9 hours

6 = 10 or more hours

29. Below is a list of ways some students feel about themselves. Please read each one and choose the answer that is closest to how you feel about yourself.

**KEY**

1 = Yes

2 = No

3 = Don't know

- \_\_\_\_\_ a. I have trouble making decisions.  
 \_\_\_\_\_ b. I like myself.  
 \_\_\_\_\_ c. I am often sorry for the things I do.  
 \_\_\_\_\_ d. I have confidence in myself (am sure of myself).  
 \_\_\_\_\_ e. I often wish I were someone else.  
 \_\_\_\_\_ f. I would change how I look if I could.  
 \_\_\_\_\_ g. My parents understand me.  
 \_\_\_\_\_ h. What my parents think of me is important.  
 \_\_\_\_\_ i. There are times when I would like to leave home.  
 \_\_\_\_\_ j. My parents expect too much of me.  
 \_\_\_\_\_ k. I have a happy home life.  
 \_\_\_\_\_ l. My parents trust me.  
 \_\_\_\_\_ m. I have a lot of arguments with my parents.  
 \_\_\_\_\_ n. I need to lose weight.  
 \_\_\_\_\_ o. I need to gain weight.  
 \_\_\_\_\_ p. I often have a hard time saying "no".

30. How often do you feel tired when you go to school in the morning? \_\_\_\_\_

**KEY**

1 = Seldom or never

2 = Occasionally (once in a while)

3 = 1-3 times a week

4 = 4 or more times a week

31. Outside of school hours, how often do you take part in sports, games, or exercise? (Use this past month as a guide.) \_\_\_\_\_

**KEY**

1 = Never

2 = Less than once a week

3 = Every week

4 = Every day

32. Are you a member of a community sports club this school year (e.g., minor hockey, figure skating, gymnastics, soccer, karate)? \_\_\_\_\_

**KEY**

1 = Yes

2 = No

33. Are you a member of a school sports team this school year (e.g., basketball team, swim team, badminton team)? \_\_\_\_\_
- KEY**  
1 = Yes  
2 = No
34. Do you usually exercise alone or with others? \_\_\_\_\_
- KEY**  
0 = I don't exercise  
1 = Alone  
2 = With others  
3 = Sometimes alone and sometimes with others
35. Below you will find a list of people you may know. Do they encourage you to take part in sport or other physical activities in your spare time?
- KEY**  
0 = Don't have such a person  
1 = Very often  
2 = Sometimes  
3 = Not at all  
4 = Don't know
- \_\_\_\_\_ a. Father  
\_\_\_\_\_ b. Mother  
\_\_\_\_\_ c. Older brother  
\_\_\_\_\_ d. Older sister  
\_\_\_\_\_ e. Best friend  
\_\_\_\_\_ f. Teacher
36. Below you will find a list of people you may know. Do they take part in sports or other physical activities in their spare time? \_\_\_\_\_
- KEY**  
0 = Don't have such a person  
1 = Every week  
2 = Occasionally  
3 = Not at all  
4 = Don't know
- \_\_\_\_\_ a. Father  
\_\_\_\_\_ b. Mother  
\_\_\_\_\_ c. Older brother  
\_\_\_\_\_ d. Older sister  
\_\_\_\_\_ e. Best friend  
\_\_\_\_\_ f. Teacher
37. Do you think that you will take part in sports or other physical activities when you are about 20 years old? \_\_\_\_\_
- KEY**  
1 = Definitely yes  
2 = Probably yes  
3 = Probably not  
4 = Definitely not



38. Here is a list of reasons some students give for liking sport or other physical activity. Please read each one and indicate how important it is to you.

**KEY**

1 = Very important

2 = Fairly important

3 = Not important

- \_\_\_\_\_ a. To have fun  
 \_\_\_\_\_ b. To be good at the activity  
 \_\_\_\_\_ c. To win  
 \_\_\_\_\_ d. To make new friends  
 \_\_\_\_\_ e. To improve my health  
 \_\_\_\_\_ f. To see my friends  
 \_\_\_\_\_ g. To get in good shape  
 \_\_\_\_\_ h. To look good  
 \_\_\_\_\_ i. To enjoy the feeling of using my body  
 \_\_\_\_\_ j. To be like a sports star  
 \_\_\_\_\_ k. To please my parents

39. How good are you at sports compared to others the same age as yourself? \_\_\_\_\_

**KEY**

1 = Among the best

2 = Good

3 = Average

4 = Below average

40. How fit do you think you are? \_\_\_\_\_

**KEY**

1 = Very fit

2 = Fit

3 = Somewhat fit

4 = Not fit

41. What do you think of your physical education classes at school? \_\_\_\_\_

**KEY**

1 = Like them very much

2 = Like them

3 = Neither like nor dislike them

4 = Dislike them

5 = Dislike them very much

6 = Do not take physical education

42. Did you ever try to stop smoking? \_\_\_\_\_

**KEY**

1 = Yes

2 = No

43. Does your father smoke? \_\_\_\_\_

**KEY**

1 = Yes, usually every day

2 = Yes, from time to time

3 = No, he has stopped smoking

4 = No, he has never smoked

5 = I don't know

44. Does your mother smoke? \_\_\_\_\_  
**KEY**  
 1 = Yes, usually every day  
 2 = Yes, from time to time  
 3 = No, she has stopped smoking  
 4 = No, she has never smoked  
 5 = I don't know
45. Does your father drink alcohol? \_\_\_\_\_  
**KEY**  
 1 = Yes, usually every day  
 2 = Yes, from time to time  
 3 = No, he stopped drinking alcohol  
 4 = No, he never drank alcohol  
 5 = I don't know
46. Does your mother drink alcohol? \_\_\_\_\_  
**KEY**  
 1 = Yes, usually every day  
 2 = Yes, from time to time  
 3 = No, she stopped drinking alcohol  
 4 = No, she never drank alcohol  
 5 = I don't know
47. How often have you taken any of the following drugs?  
**KEY**  
 1 = Three times or more  
 2 = Once or twice  
 3 = Never
- \_\_\_\_\_ a. Hashish/marijuana (e.g., hash, grass)  
 \_\_\_\_\_ b. Solvents (e.g., glue sniffing)  
 \_\_\_\_\_ c. Cocaine (e.g., crack)  
 \_\_\_\_\_ d. Heroin/opium/morphine  
 \_\_\_\_\_ e. Amphetamines (e.g., uppers, speed)  
 \_\_\_\_\_ f. LSD (e.g., acid)  
 \_\_\_\_\_ g. Medical drugs to get stoned (e.g., tranquilizers, such as valium or sedatives such as seconal)
48. Are there teachers you are afraid of? \_\_\_\_\_  
**KEY**  
 1 = Yes several  
 2 = Yes, one  
 3 = No

49. Are there other students you are afraid of? \_\_\_\_\_  
**KEY**  
 1 = Yes several  
 2 = Yes, one  
 3 = No
50. Most people know somebody who is an outsider. Anybody might feel like one at some time. Do you ever feel like an outsider and that you don't belong? \_\_\_\_\_  
**KEY**  
 1 = Often  
 2 = Sometimes  
 3 = Rarely or never
51. Sometimes it happens that several students join in to pick on someone: to fight with him/her, play tricks on him/her, or make fun of him/her. Have you ever taken part in such activities? \_\_\_\_\_  
**KEY**  
 1 = Yes, several times  
 2 = Yes, once or twice  
 3 = No, never
52. Have others ever picked on you? \_\_\_\_\_  
**KEY**  
 1 = Yes, several times  
 2 = Yes, once or twice  
 3 = No, never
53. If you have ever been picked on, how do you usually react? \_\_\_\_\_  
**DO NOT ANSWER THIS QUESTION IF YOU ANSWERED 'NO' TO QUESTION #52.**  
**KEY**  
 1 = Yes  
 2 = No
- \_\_\_\_\_ a. Fight  
 \_\_\_\_\_ b. Shout at the others  
 \_\_\_\_\_ c. Do nothing and wait until they calm down  
 \_\_\_\_\_ d. Look for somebody to help me  
 \_\_\_\_\_ e. Try to get away  
 \_\_\_\_\_ f. Go to a teacher  
 \_\_\_\_\_ g. Go to my parents  
 \_\_\_\_\_ h. Go to other adults  
 \_\_\_\_\_ i. Nothing, there isn't anything one can do, anyway
54. How important is it for you to have free time to spend on your own? \_\_\_\_\_  
**KEY**  
 1 = Very important  
 2 = Quite important  
 3 = Not important: I do not like spending time on my own  
 4 = Not important: I have never thought about it

55. Thinking of the time that you spend on your own, do you think you have: \_\_\_\_\_  
**KEY**  
 1 = Too much time  
 2 = Too little time  
 3 = Just about the right amount of time
56. Do you talk to your parent(s) about your ideas and things \_\_\_\_\_  
 in which you are interested?  
**KEY**  
 1 = Very often  
 2 = Quite often  
 3 = Sometimes  
 4 = Rarely or never
57. Do you and your parents agree about how you spend your free time? \_\_\_\_\_  
**KEY**  
 1 = Always  
 2 = Most of the time  
 3 = Sometimes  
 4 = Rarely or never
58. Is it easy or difficult for you to make new friends? \_\_\_\_\_  
**KEY**  
 1 = Very easy  
 2 = Easy  
 3 = Difficult  
 4 = Very difficult
59. How easy is it to talk to the following persons about things that really bother you?  
**KEY**  
 0 = Don't have such a person  
 1 = Very easy  
 2 = Easy  
 3 = Difficult  
 4 = Very difficult
- \_\_\_\_\_ a. Father  
 \_\_\_\_\_ b. Mother  
 \_\_\_\_\_ c. Brother(s)  
 \_\_\_\_\_ d. Sister(s)  
 \_\_\_\_\_ e. Friend(s) of the same sex  
 \_\_\_\_\_ f. Friend(s) of the opposite sex  
 \_\_\_\_\_ g. Teacher

60. How often do you spend time with friends outside school hours? \_\_\_\_\_  
**KEY**  
1 = Every day including weekends  
2 = 4-6 days a week  
3 = 2-3 days a week  
4 = Once a week or less  
5 = Have no friends at the moment
61. At present, how many close friends do you have? \_\_\_\_\_  
**KEY**  
1 = More than one  
2 = One  
3 = None
62. Is your closest friend the same or opposite sex to you? \_\_\_\_\_  
**KEY**  
1 = The same sex  
2 = The opposite sex  
3 = I don't have a close friend at the moment

THANK YOU FOR TAKING PART IN THIS SURVEY