

Health Behaviour in School-Aged Children

A World Health Organization Cross-National Study

Questionnaire 1997/98

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

For
Health Canada
NHW/HSP-315-03738

WORLD HEALTH ORGANIZATION CANADIAN SURVEY

Today's Date: _____

Please read each question carefully. Answer each question by choosing a number from the **KEY** and writing it in the box(es) beside the question. (For some questions you will write in the space provided.)

1. Are you male or female? _____
KEY
 1 = Male
 2 = Female

2. a. In what month were you born? _____
 b. In what year were you born? _____

3. What grade are you in? _____

4. What is your father's job? Please write down exactly what he does (for example, teacher, car mechanic, homemaker, truck driver, dentist, farmer). If you do not know please do not write anything.

5. **What is your mother's job?** Please write down exactly what she does (for example, medical doctor, homemaker, factory worker, secretary, taxi driver, store clerk). If you do not know please do not write anything.

6. What do you think you will be doing when you finish high school? _____
KEY
 1 = University
 2 = Community College
 3 = CEGEP - Pre-university Program
 4 = CEGEP - Professional Program
 5 = Technical or Business College
 6 = Apprenticeship
 7 = Job/Working
 8 = Armed Forces
 9 = Unemployed
 10 = Uncertain
 11 = Other

7. In your opinion, what do your teachers think about your work in school compared to your classmates' work? _____
KEY
 1 = Very good
 2 = Good
 3 = Average
 4 = Below average
8. How do you feel about school at present? _____
KEY 1 = I like it a lot
 2 = I like it a little
 3 = I don't like it very much
 4 = I don't like it at all
9. About how much money do you usually get each week? _____
 (This includes allowance and money you earn yourself--round to the nearest dollar.)
10. Have you **ever smoked** tobacco? (At least one cigarette, cigar, or pipe). _____
KEY
 1 = Yes
 2 = No
11. **How often** do you smoke tobacco at present? _____
KEY
 0 = Do not smoke
 1 = Less than once a week
 2 = At least once a week, but not every day
 3 = Every day
12. If you smoke, **how many** cigarettes do you smoke in a week? _____
 Place the number in the box to the right.
 (Put 000 in the boxes if you do not smoke.)
13. How old were you when you started smoking daily (daily means smoking one or more cigarettes most days.) (Put a 00 in the boxes if you do not smoke daily.) _____
14. Have you **ever tasted** an alcoholic drink such as beer, wine or liquor? _____
KEY
 1 = Yes
 2 = No

15. At present, **how often** do you drink anything alcoholic such as beer, wine or liquor? Include even those times when you only drink a small amount. Using the **KEY** below, place the number of your answer in the box beside each type of alcohol.

KEY

- 0 = Never _____ a. beer
 1 = Less than once a month
 2 = Every month _____ b. Wine
 3 = Every week
 4 = Every day _____ c. Liquor

16. Have you **ever had so much alcohol** that you were really drunk? _____

KEY

- 0 = No, never
 1 = Yes, once
 2 = Yes, 2-3 times
 3 = Yes, 4-10 times
 4 = Yes, more than 10 times

17. **Outside school hours:** in your free time, **how often** do you exercise so that you get out of breath or sweat? _____

KEY

- 0 = Never
 1 = Less than once a month
 2 = Once a month
 3 = Once a week
 4 = 2-3 times a week
 5 = 4-6 times a week
 6 = Every day

18. **Outside school hours:** in your free time, **how many hours a week** do you usually exercise so that you get out of breath or sweat? _____

KEY

- 0 = None
 1 = About a half hour a week
 2 = About 1 hour a week
 3 = About 2-3 hours a week
 4 = About 4-6 hours a week
 5 = 7 hours or more a week

19. **How often** do you brush your teeth? _____

KEY

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

20. **How often** do you use dental floss? _____

KEY

- 0 = Seldom or never
- 1 = At least once a week
- 2 = Most days

21. Are you on a diet to lose weight? _____

KEY

- 1 = No, because my weight is fine
- 2 = No, but I do need to lose weight
- 3 = Yes

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

KEY

- 0 = Never
- 1 = Rarely
- 2 = At least once a week, but not every day
- 3 = Once a day
- 4 = More than once a day

- _____ a. Coffee
- _____ b. Fruit
- _____ c. Soft drinks such as colas or other drinks with sugar
- _____ d. Candy/chocolate bars
- _____ e. Cakes or pastries
- _____ f. Raw vegetables
- _____ g. Cooked vegetables
- _____ h. Potato chips
- _____ i. French fries
- _____ j. Hamburgers or hot dogs
- _____ k. Whole wheat or rye bread
- _____ l. Low fat milk (1%, 2% or skim)
- _____ m. Whole milk (homogenized/full fat)

23. How often do you eat breakfast (at least juice and toast or cereal)? _____

KEY

- 0 = Hardly ever/never
- 1 = Once a week
- 2 = 2 to 3 days a week
- 3 = 4 to 6 days a week
- 4 = Every day

24. **How often** do you use a seat belt when you ride in a car? _____
KEY
 0 = Rarely or never
 1 = Sometimes
 2 = Often
 3 = Always
 4 = Usually there is no seat belt where I sit
 5 = Never travel by car
25. **How often** do you wear a helmet when you ride your bicycle? _____
KEY
 0 = Rarely or never
 1 = Sometimes
 2 = Often
 3 = Always
 4 = I do not ride a bicycle
26. How healthy do you think you are? _____
KEY
 1 = Very healthy
 2 = Quite healthy
 3 = Not very healthy
27. In general, how do you feel about your life? _____
KEY
 1 = Very happy
 2 = Quite happy
 3 = Not very happy
 4 = Not happy at all
28. Do you ever feel lonely? _____
KEY
 0 = No
 1 = Yes, sometimes
 2 = Yes, quite often
 3 = Yes, very often
29. In the **last six months**: how often have you had or felt the following?
KEY
 0 = Seldom or never
 1 = About once every month
 2 = About once every week
 3 = More than once a week
 4 = Most days
- _____ a. Headache
 _____ b. Stomach-ache
 _____ c. Backache
 _____ d. Feeling low (depressed)
 _____ e. A bad mood (irritable)
 _____ f. Feeling nervous (uneasy)
 _____ g. Difficulties in getting to sleep

_____ h. Feeling dizzy

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

KEY

1 = No

2 = Yes

3 = More than once

_____ a. A cough

_____ b. A cold

_____ c. Headache

_____ d. Stomach-ache

_____ e. Difficulty sleeping

_____ f. Nervousness

31. **How often** do you feel tired when you go to school in the morning? _____

KEY

0 = Seldom or never

1 = Occasionally (once in a while)

2 = 1-3 times a week

3 = 4 or more times a week

32. Do you have a long-term illness or medical condition (some examples are allergies, asthma, cerebral palsy, diabetes, epilepsy, a hearing problem)?

KEY

1 = Yes

2 = No

If yes, what is the illness or medical condition? (If you have more than one, please list them all.)

33. **How many hours a day** do you usually watch television? _____

KEY

0 = None

1 = Less than a half hour a day

2 = Between a half and one hour a day

3 = 2-3 hours a day

4 = 4 hours a day

5 = More than 4 hours a day

34. **How many hours a week** do you usually:

KEY

0 = None

1 = Less than 1 hour a week

2 = 1-3 hours a week

3 = 4-6 hours a week

4 = 7-9 hours a week

5 = 10 or more hours a week

_____ a. watch VCR movies?

_____ b. play computer games (include: arcade games, Nintendo, Sega)?

35. Which of these people live at your home? If your mother and father live in different places, answer for the home where you live **most** of the time.

KEY

1 = Yes

2 = No

_____ a. Mother

_____ b. Father

_____ c. Stepmother

_____ d. Stepfather

36 How many of the following persons live at your home?

_____ Sisters:

_____ Brothers:

_____ Grandparents:

_____ Other people:

37 Does your family have a car (or truck or van)? _____

KEY

1 = No

2 = Yes, one

3 = Yes, two or more

38 Do you have a bedroom all to yourself? _____

KEY

1 = Yes

2 = No

39. How well off is your family? _____

KEY

1 = Very well off

2 = Quite well off

3 = Average

4 = Not very well off

5 = Not at all well off

40. During the past year, how many times did you travel away on holiday (vacation) with your family? _____

KEY

0 = Not at all

1 = Once

2 = Twice

3 = Three or more times

41. Below is a list of ways some children feel about themselves. For **each** item choose the answer from the **KEY** that is closest to how you feel about yourself.

KEY

1 = Yes

2 = No

3 = Don't know

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

Many young people are hurt or injured in places such as the street, at home, playing sports or during a fight with others. The next 7 questions ask about accidents or injuries that might have happened to you during the past year.

42. During the **past 12 months**, were you hurt or injured _____
and had to be treated by a doctor or a nurse?

KEY

- 0 = I was not treated by a doctor or nurse for an injury
1 = 1 time
2 = 2 times
3 = 3 times
4 = 4 or more times

If you did not have an injury in the past 12 months that was treated by a doctor or nurse, please go to question number 50 (skip 7 questions).

REMEMBER: ANSWER THE NEXT 7 QUESTIONS ONLY IF YOU HAD AN INJURY THAT WAS TREATED BY A DOCTOR OR A NURSE.

If you had more than one injury, think only about the **one most serious injury** you had during the past 12 months. (The most serious injury is the one injury that took the most time to get better.)

43. Where were you when this injury happened? _____
(Mark the one best answer to describe your most serious injury.)

KEY

- 1 = At home (yours or someone else's)
2 = At school (including school grounds)
3 = At a sports facility or field (not at school)
4 = In the street/road
5 = At another location: Write it in here _____

44. At the time of the injury (a) what were you doing, and (b) how did it happen?
Please fill in beside (a) and (b) below.

Example 1: (a) I was riding a bicycle, and (b) I was hit by a car.

Example 2: (a) I was running down the street, and (b) I tripped.

Example 3: (a) I was playing ice hockey, and (b) I was hit with a stick.

(A) _____

(B) _____

45. Did this most serious injury happen while participating in an _____
organized activity or league?

KEY

- 1 = Yes
2 = No

46. Did this most serious injury cause you to miss at least one full day of school or other usual activities? _____

KEY

1 = Yes

2 = No

If "Yes", how many days did you miss? _____

47. Did any of the following happen as a result of this one most serious injury?

KEY

1 = Yes

2 = No

- _____ a. Had a cast put on
 _____ b. Got stitches
 _____ c. Needed crutches or a wheel chair
 _____ d. Had an operation
 _____ e. Stayed in hospital overnight

48. What were the results of this one most serious injury?

KEY

1 = Yes

2 = No

- _____ a. Bone was broken, dislocated or out of joint
 _____ b. Sprain, strain or a pulled muscle
 _____ c. Cuts, puncture or stab wound
 _____ d. Concussion or other head or neck injury, knocked out, whiplash
 _____ e. Bruises, black and blue marks, or internal bleeding
 _____ f. Burns
 _____ g. Other Please write it here _____

49. In what month did this one most serious injury happen?

CIRCLE ONE MONTH

January	May	September
February	June	October
March	July	November
April	August	December

50. Some injuries are not treated by a doctor or nurse. During the past 12 months, how many times were you injured so that you missed one full day of school or other usual activities, but were not treated by a nurse or doctor? _____

KEY

- 0 = None
 1 = 1 time
 2 = 2 times
 3 = 3 times
 4 = 4 times or more

51. Please read each statement about your school carefully. For each statement choose the response from the **KEY** that you think best describes your school.

KEY

- 1 = Strongly agree
 2 = Agree
 3 = Neither agree nor disagree
 4 = Disagree
 5 = Strongly disagree

- _____ a. In our school the students take part in making the rules.
 _____ b. The students are treated too severely/strictly in this school
 _____ c. The rules in this school are fair.
 _____ d. Our school is a nice place to be.
 _____ e. I feel I belong at this school.

52. Please read carefully each statement about your teachers. For each statement choose the response from the **KEY** that you think best describes your teachers. If you have only one teacher, think of this person when you answer the questions.

KEY

- 1 = Strongly agree
 2 = Agree
 3 = Neither agree nor disagree
 4 = Disagree
 5 = Strongly disagree

- _____ a. I am encouraged to express my own views in class.
 _____ b. Our teachers treat us fairly.
 _____ c. When I need extra help, I can get it.
 _____ d. My teachers show an interest in me as a person.
 _____ e. My teachers expect too much of me at school.

53. How often do you think that going to school is boring? _____

KEY

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Very often

54. Please read carefully each statement about the students in your class(es). For each statement choose the response from the **KEY** that you think best describes the students.

KEY

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

- _____ a. The students in my class(es) enjoy being together.
- _____ b. Most of the students in my class(es) are kind and helpful.
- _____ c. Other students accept me as I am.

55. How many days did you skip class(es) or school this term? _____

KEY

- 0 = 0 days
- 1 = 1 day
- 2 = 2 days
- 3 = 3 days
- 4 = 4 or more days

56. Do you feel safe at school? _____

KEY

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

Below are some questions about bullying. A person is **being bullied** when another person, or a group of people, says or does nasty and unpleasant things to him/her. It is also **bullying** when one is teased repeatedly in a way he/she doesn't like. But it is **not bullying** when two students about the same strength quarrel or fight. For the next two questions, choose the response from the **KEY** that is right for you.

57. How often have you been bullied in school **this term**? _____

KEY

- 0 = I have not been bullied at school this term
- 1 = Once or twice
- 2 = Sometimes
- 3 = About once a week
- 4 = Several times a week

58 How often has someone bullied you in school this term in the ways listed below?
For each of the six questions choose a response from the response **KEY**.

KEY

- 0 = I have not been bullied in this way this term
- 1 = Once or twice
- 2 = About once a week
- 3 = More than once a week

- _____ a. Made fun of you because of your religion or race.
- _____ b. Made fun of you because of the way you look or talk.
- _____ c. Hit, slapped or pushed you.
- _____ d. Threatened you.
- _____ e. Spread rumours or mean lies about you.
- _____ f. Made sexual jokes, comments or gestures to you.

59 If you have been bullied in school this term, who **usually** bullies you? _____

KEY

- 0 = I have not been bullied this term
- 1 = One boy
- 2 = One girl
- 3 = A group of boys
- 4 = A group of girls
- 5 = A group of boys and girls

60 How often have you taken part in bullying other students in school **this term**? _____

KEY

- 0 = I have not bullied others at school this term
- 1 = Yes, once or twice
- 2 = Yes, sometimes
- 3 = Yes, about once a week
- 4 = Yes, several times a week

61 **How often has it happened this term** that other students do not want to spend time with you at school and you end up being alone? _____

KEY

- 0 = It hasn't happened this term
- 1 = Once or twice
- 2 = Sometimes
- 3 = About once a week
- 4 = Several times a week

62. For each statement below choose the response from the **KEY** that you think best describes your parents. If your mother and father live in different places, answer for the parent with whom you live most of the time.

KEY

- 0 = Never
 1 = Rarely
 2 = Sometimes
 3 = Often
 4 = Always

- _____ a. If I have problems at school, my parent(s) are ready to help me.
 _____ b. My parent(s) are willing to come to the school to talk to teachers.
 _____ c. My parent(s) encourage me to do well at school.

63. Do you agree or disagree that your parents expect too much of you at school? _____

KEY

- 1 = Strongly agree
 2 = Agree
 3 = Neither agree nor disagree
 4 = Disagree
 5 = Strongly disagree

64. **How much pressure** do you feel because of the work you have to do at school? _____

KEY

- 0 = None
 1 = A little
 2 = Some
 3 = A lot

65. **How easy** is it for you to talk to the following persons about things that really bother you?

KEY

- 1 = Very easy
 2 = Easy
 3 = Difficult
 4 = Very difficult
 5 = Don't have or see this person

- _____ a. Father
 _____ b. Mother
 _____ c. Older brother(s)
 _____ d. Older sister(s)
 _____ e. Friend(s) of the same sex.
 _____ f. Friend(s) of the opposite sex.

66. At present, how many **close** friends do you have? _____

KEY

- 0 = None
- 1 = One
- 2 = Two
- 3 = More than two

67. Is it easy or difficult for you to make new friends? _____

KEY

- 1 = Very easy
- 2 = Easy
- 3 = Difficult
- 4 = Very difficult

68. **How often** do you spend time with friends right after school? _____

KEY

- 1 = Have no friends at the moment
- 2 = Once a week or less
- 3 = 2-3 days a week
- 4 = 4-5 days a week

69. **How many** evenings per week do you usually spend **away from home** with your friends? Put a number from 0 to 7 in the box. _____

70. Is there anything about your body you would like to change? _____

KEY

- 1 = Yes
- 2 = No

71. Do you think your body is: _____

KEY

- 1 = Much too thin
- 2 = A bit too thin
- 3 = About the right size
- 4 = A bit too fat
- 5 = Much too fat
- 6 = I don't think about it

72. Do you think you are: _____

KEY

- 1 = Very good looking
- 2 = Quite good looking
- 3 = About average
- 4 = Not very good looking
- 5 = Not at all good looking
- 6 = I don't think about my looks

73 How often do you feel:

KEY

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Always

- _____ a. Left out of things
- _____ b. Helpless
- _____ c. Confident in yourself

74. How often have you taken any of the following drugs?

KEY

- 0 = Never
- 1 = Once or twice
- 2 = Three times or more

- _____ 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)

75. Read the following statements carefully. Choose a number from the **KEY** below to indicate how many of your friends each statement describes.

KEY

- 0 = None
- 1 = A few
- 2 = Some
- 3 = Most
- 4 = All

- _____ a. My friends smoke cigarettes.
- _____ b. My friends like school.
- _____ c. My friends think getting good marks at school is important.
- _____ d. My friends get along with their parents.
- _____ e. My friends carry weapons, like knives.
- _____ f. My friends use drugs to get stoned.
- _____ g. My friends have been drunk.
- _____ h. My friends play for sports teams.

THANK YOU FOR TAKING PART IN THIS SURVEY.