



Voices & Choices
Planning for School Health

Student Needs Assessment Questionnaire

School Name: _____

**Please take some time to complete this questionnaire.
It will take approximately 50 - 75 minutes to complete.
Your responses will provide important information
that will help your school plan ways
to support your health and well-being.**

*Thank you for helping your school become
a healthier, safer, more caring
learning environment.*

Confidential

What This Survey Is For

This survey provides an opportunity to share your thoughts on what you feel is needed to keep you and your school safe, healthy and well.

You do not have to fill out this survey if you do not want to. However, everyone's views are important and we would really like to have yours. **Please understand that this questionnaire is completely confidential.**

1. **Do not write** your name on the questionnaire.
2. **Seal** your questionnaire in the envelope provided.

Once the envelope is sealed, it will be opened only by the team entering answers into the computer. Your envelope will be placed with many others and no one will be able to identify you. The results of **all** the questionnaires will be added together and reported back to the school without any individual student ever being identified.

Instructions

- Please read each question carefully and answer as accurately as you can.
- There are two types of questions. One type requires you to look at the Answer Key provided with the question to choose your response. The other type of question requires you to place either a ✓ or an X in the box beside your response. For example:

1. Answer each question by choosing a number from the answer key and writing it in the space provided:

Example: Below is a list of unpleasant conditions that could occur at school where you work or play. For each condition listed below, choose the response from the **answer key** that you think best describes to what extent these conditions concern you at school.

Answer Key

1 = Does not occur at my school

2 = Very little concerned

3 = Somewhat concerned

4 = Very concerned

- a. 1 Too much heat or cold
b. 4 Bad air (stuffy, not enough air, molds, smells, etc.)
c. 3 Too much noise or vibration

2. Or by placing a ✓ or an X in the box provided.

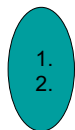
Example : What gender are you?

1. Male
2. Female

- Use a pencil so you can erase any answers you want to change.
- When you are finished, seal the completed questionnaire in the enclosed envelope. Your answers are completely confidential.

Example: What gender are you?

Ignore



- Male
 Female

Please remember, **no one will use this information to identify you.**

Your Background

*In order to understand the information you are about to provide, we need to ask you some questions about yourself. This will help us understand the specific needs at the school. **Please remember, no one will use this information to try to identify you.***

1. How old are you?

Please check the one response that best describes you.

- 1. Under 14
- 2. 14 -15
- 3. 16 -17
- 4. 18 -19
- 5. 20+

2. What gender are you?

Please check the one response that best describes you.

- 1. Male
- 2. Female

3. Please indicate at what grade you are taking most of your courses.

Please check the one response that best describes you.

Grade			Grade (Quebec)		
1.	<input type="checkbox"/>	Grade 9	5.	<input type="checkbox"/>	Secondary 3
2.	<input type="checkbox"/>	Grade 10	6.	<input type="checkbox"/>	Secondary 4
3.	<input type="checkbox"/>	Grade 11	7.	<input type="checkbox"/>	Secondary 5
4.	<input type="checkbox"/>	Grade 12	8.	<input type="checkbox"/>	CEGEP 1
			9.	<input type="checkbox"/>	CEGEP 2

4. In your opinion, what kind of grades do you usually get?

Please check the one response that best describes you.

- 1. Not very good
- 2. Fair
- 3. About average
- 4. Very good
- 5. Excellent

5. What do you think you will be doing when you finish high school?

Please check the one response that best describes you.

- 1. University
- 2. Community College
- 3. CEGEP - General Program
- 4. CEGEP - Professional program
- 5. Technical or Business College
- 6. Apprenticeship
- 7. Job/working
- 8. Armed Forces
- 9. Looking for work
- 10. Uncertain

**Note that in this questionnaire, when we ask about your 'father' or 'mother' or your 'parents' we refer to the one(s) you live with most of the time; it could be biological parent(s), stepparent(s), foster parent(s), or guardian(s).*

6. People live in different types of families. Sometimes people live with just one parent, sometimes they live with each parent but in different homes, or sometimes they live in different situations.

If you live in only one home/family, please fill out column A. If you live in two homes/families, please fill in column A for the home you live in most of the time, and column B for your second home/family (do not include cottage or holiday home.)

Column A		Column B	
Please check for all the people you live with.		Please check for all the people you live with.	
1. <input type="checkbox"/>	Mother	13. <input type="checkbox"/>	Mother
2. <input type="checkbox"/>	Father	14. <input type="checkbox"/>	Father
3. <input type="checkbox"/>	Stepmother	15. <input type="checkbox"/>	Stepmother
4. <input type="checkbox"/>	Stepfather	16. <input type="checkbox"/>	Stepfather
5. <input type="checkbox"/>	Foster family or group home	17. <input type="checkbox"/>	Brothers (include step, half and foster brothers)
6. <input type="checkbox"/>	Brothers (include step, half and foster brothers)	18. <input type="checkbox"/>	Sisters (include step, half and foster sisters)
7. <input type="checkbox"/>	Sisters (include step, half and foster sisters)	19. <input type="checkbox"/>	Grandmother
8. <input type="checkbox"/>	Grandmother	20. <input type="checkbox"/>	Grandfather
9. <input type="checkbox"/>	Grandfather	21. <input type="checkbox"/>	Other relatives
10. <input type="checkbox"/>	Other relatives	22. <input type="checkbox"/>	Other people
11. <input type="checkbox"/>	Other people		
12. <input type="checkbox"/>	I live on my own		

7. Is there anyone at home for whom you are wholly or partly responsible (e.g. a sick or elderly relative, parent, a younger brother or sister, child)?

Please check the one response that best describes you.

- 1. Yes
- 2. No

8. How long have you lived in Canada?

Please check the one response that best describes you.

- 1. Since birth
- 2. More than 10 years
- 3. 5-10 years
- 4. Less than 5 years

Your Health

9. In your opinion, how would you say your health is?

Please check the one response that best describes you.

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

10. A. Do you have a disability, long-term illness or chronic condition? **Please check the one response that best describes you.**

- 1. Yes
- 2. No

- B. If you have a disability, long-term illness or chronic condition, please check the relevant category below. **Please check all answers that apply to you.**

- 1. I do not have such a condition.
- 2. Learning disability
- 3. Physical disability
- 4. Emotional disability
- 5. Allergies (food)
- 6. Allergies (respiratory)
- 7. Asthma
- 8. Diabetes
- 9. Other

C. Does your disability, long-term illness or chronic condition affect your attendance and participation at school? **Please check the one response that best describes you.**

1. I do not have such a condition.
2. Yes
3. No

11. What would you like to do in the next year to improve or maintain your health?

Check all the answers that apply to you.

1. Drink less coffee or tea.
2. Eat better
3. Be more physically active.
4. Remove a major source of worry, nerves or stress from my life.
5. Learn to cope better with worry, nerves or stress.
6. Change schools.
7. Change my home situation.
8. Quit smoking or smoke less.
9. Drink less alcohol.
10. Cut down on painkillers, sleeping or calming medications.
11. Cut down on other medications.
12. Cut down on non-medical drug use.
13. Lose weight.
14. Gain weight.
15. Get medical treatment.
16. Skip fewer meals.
17. Learn to be more assertive.
18. Learn to control anger better.
19. Learn to communicate better.
20. Learn to deal with relationships.
21. Learn to manage time (better).
22. Learn to manage money (better).
23. Deal/cope with an eating disorder.
24. Deal/cope with bullying.
25. Deal cope with violence.
26. Nothing
27. Other

12. What is stopping you from making this change?

Please check all the responses that apply to you.

1. Nothing
2. Problem isn't serious, there's no rush.
3. My boyfriend/girlfriend is not supportive.
4. Not enough facilities, equipment, gear.
5. Difficult situation at home.
6. Not enough time.
7. Not enough energy.
8. Not enough money.
9. I'm too depressed.
10. I don't know how to get started.
11. No encouragement from family and friends.
12. No encouragement or help from school.
13. It's too hard.
14. I don't want to change my ways.
15. I'm not sure I really can make a difference.
16. I have too much stress right now.
17. I'm afraid of the unknown (future).
18. I'm unsure of myself (lack self-confidence).
19. I don't know what is stopping me.
20. It's not important to me.
21. I don't feel like it.
22. Other

13. In the last **six months**, how often have you felt the following?
For each symptom below, choose your response from the **answer key** and place the corresponding number of your answer in the space beside each symptom. For example, if your answer for **headache** is **seldom or never**, place the number 1 on the line beside **headache**.

ANSWER KEY

1 = seldom or never
4 = about once every month
3 = about once every week
4 = more than once a week
5 = most days

- a. ___ Headache
- b. ___ Stomach-ache
- c. ___ Backache
- d. ___ Feeling low (depressed)
- e. ___ A bad mood (irritable)
- f. ___ Feeling nervous (uneasy)
- g. ___ Difficulties getting to sleep
- h. ___ Feeling dizzy

14. In the last six months, how often were you:
For each statement below, choose your response from the **answer key** and place the corresponding number of your answer in the circle beside each statement.

ANSWER KEY

1 = seldom or never
2 = about once every week
3 = about once every month
4 = more than once a week
5 = most days

- a. ___ so **hungry at school** that you couldn't concentrate on your school work/
- b. ___ so **stressed out or worried** at school that you couldn't concentrate on your school work?
- c. ___ so **tired at school** that you couldn't concentrate on your school work?
- d. ___ so physically or mentally **tired at the end of school** that you couldn't enjoy your time away from school?

15. How many hours do you usually sleep at night?
Please check the one response that best describes you.
1. 0 to 4 hours
 2. 5 to 6 hours
 3. 7 to 8 hours
 4. 9 hours or more

16. How often do you have trouble sleeping?
Please check the one response that best describes you.
1. More than once a week
 2. Once a week or less
 3. Never

Your Feelings

17. Please indicate how you feel about the following statements.
 For **each** statement below, choose the response from the **answer key** that best describes yourself. Place the corresponding number in the circle beside each statement.

ANSWER KEY

1 = strongly agree
 2 = disagree
 3 = not sure
 4 = agree
 5 = strongly agree

- a. ___ I have trouble making decisions.
- b. ___ I have confidence in myself (I am sure of myself).
- c. ___ I would change how I look, if I could.
- d. ___ I have usually found that what is going to happen will happen, regardless of my plans.
- e. ___ I usually behave according to my beliefs.
- f. ___ My life is full of meaning and purpose.
- g. ___ On the whole, it seems to me that things turn out the way they should.
- h. ___ I like myself.
- i. ___ My parents understand me.
- j. ___ I have a happy home life.
- k. ___ I am often sorry for the things I do.
- l. ___ I often wish I were someone else.
- m. ___ My parent(s) expect too much of me.
- n. ___ My parents trust me.
- o. ___ I have a lot of arguments with my parent(s).
- p. ___ There are times when I would like to leave home.
- q. ___ I often have a hard time saying "no".
- r. ___ What my parent(s) think of me is important.
- s. ___ I often have trouble expressing my feelings.

Your Work

18. Do you have a part time job?

Please check the one response that best describes you.

1. No
2. Yes, less than 10 hours a week.
3. Yes, from 10 to 17 hours a week.
4. Yes, more than 17 hours a week.

19. If you work, it is (**please check all that apply**):

1. I do not have a part time job.
2. To help support myself (basic housing, food).
3. To help make money for my own use (spending money).
4. To help support my family.
5. To pay for my future education.
6. Other

Your Family

**Note that in this questionnaire, when we ask about your 'father' or 'mother' or your 'parents' we refer to the one(s) you live with most of the time; it could be biological parent(s), stepparent(s), foster parent(s), or guardian(s).*

'Family' can give us support when we are stressed or worried and help us work through problems when we are faced with difficult decisions, or can add to our stress if we are constantly worried about their reaction. Family support is an important influence on health and well being.

20. Which of the following statements best describes the family that you currently live with most of the time?

Please check the one response that best describes your family.

1. an exceptionally close family that enjoys each other's company and does many things together.
2. a fairly close family that gets along more often than not and where things run smoothly, most of the time.
3. an indifferent family, members do not interact with each other, rarely do things together as a group; members are notably cool towards each other (not very concerned about each other).
4. an unhappy family, usually arguing or fighting or not speaking to each other; members avoid each other when possible.

21. For each statement below, choose the response from the **answer key** that you think best describes your parent(s)/caregiver(s). If your mother and father live in different places, answer for the parent/caregiver or household with whom you live most of the time.

ANSWER KEY

1 = never
2 = rarely
3 = sometimes
4 = often
5 = always
6 = I live on my own/independently

- a. ____ If I have problems at school, my parent(s)/caregiver(s) are ready to help me.
- b. ____ My parent(s)/caregiver(s) are willing to come to school to talk with teachers.
- c. ____ My parent(s)/caregiver(s) encourage me to do well at school.
- d. ____ My parent(s)/caregiver(s) expect too much of me at school.

Your School Environment

22. How do you feel about school at present?

Please check the one that best describes you.

1. I like it a lot.
2. I like it a little bit.
3. I don't like it very much.
4. I don't like it at all.

23. In the last complete term/semester, about how many days were you away from school?

Please check the one that best describes you.

1. None
2. 1 to 5 days
3. 6 to 10 days
4. 11 to 15 days
5. 16 to 20 days
6. More than 20 days

24. For which of the following reasons were you away from school?

Please check all the reasons that apply to you.

1. Doctor/dentist appointment
2. I was sick, injured or disabled.
3. I was working.
4. I was looking after someone at home (a child, parent, relative).
5. I was having a hard time at school.
6. I was thrown out of home.
7. I ran away from home.
8. I was afraid of someone or some people at school.
9. I was suspended from school.
10. I was skipping school.
11. Other

25. How many times did you skip class(es) or school this term?

Please check the one response that best describes you.

1. 0 days
2. 1 day
3. 2 days
4. 3 days
5. 4 or more days

26. Have you ever quit school (dropped out), or have you ever been suspended?

Please check the one response that best describes you.

1. No
2. Yes, I dropped out
3. Yes, I was suspended.

Physical Environment

27. Below is a list of unpleasant conditions that occur at school. For each condition listed below, choose the response from the **answer key** that you think best describes to what extent these conditions concern you at school.

ANSWER KEY

1 = does not occur at my school

2 = very little concerned

3 = somewhat concerned

4 = very concerned

- a. ___ Too much heat or cold
- b. ___ Bad air (stuffy, not enough air, molds, smells, etc.)
- c. ___ Too much noise or vibration
- d. ___ Poor work space or not enough work space
- e. ___ Poor lighting (too little, too much, etc.)
- f. ___ Being around students who are under the influence of drugs or alcohol.
- g. ___ Dirt, litter or mess in work or play areas, e.g. classrooms (including portables), washrooms, playgrounds, gyms, change rooms
- h. ___ Being around students with weapons
- i. ___ Risk of physical injury (like getting beaten up)
- j. ___ Risk of eyestrain
- k. ___ Dangerous chemicals
- l. ___ Infectious diseases
- m. ___ Unsafe equipment or machinery
- n. ___ X-rays, other electro-magnetic radiation, or computer/video display terminals
- o. ___ Overcrowding
- p. ___ Other

Social Environment

28. Please read each answer below carefully. For each statement, choose the response from the **answer key** that you think best describes your school.

ANSWER 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.
- f. ___ Our school is a place where the health of people is important.

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

ANSWER 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.

30. Please read each statement carefully. For each statement, choose the response from the **answer key** that you think best describes the students in your classes.

ANSWER KEY

1 = never

2 = rarely

3 = sometimes

4 = often

5 = always

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

31. Do you feel safe at school?

Please choose one response that best describes you.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

*Below are some questions about bullying. A person is **being bullied** when another person, or group of people, says or does nasty and unpleasant things to him/her. It is also **bullying** when a person 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.*

32. How often have you been bullied in school **this term/semester**?

Please check the one response that best describes you.

1. I have not been bullied at school
2. Once or twice
3. Sometimes
4. About once a week
5. Several times a week

33. How often has someone bullied you in school this term/semester in the ways listed below?
For each situation listed below, choose the response from the **answer key** that most closely describes your situation.

ANSWER KEY

1 = I have not been bullied in this way
2 = once or twice
3 = about once a week
4 = more than once a week

- a. ___ Hit, slapped or pushed you
- b. ___ Threatened you
- c. ___ Spread rumours or lies about you
- d. ___ Made sexual jokes, comments or gestures to you
- e. ___ Purposely left you out of activities, isolated you
- f. ___ Took or stole personal items from you

34. How often has someone bullied you in school this term/semester for the reasons listed below?
For each of the four situations listed below, choose the response from the **answer key** that most closely describes your situation.

ANSWER KEY

1 = I have not been bullied for this reason
2 = once or twice
3 = about once a week
4 = 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. ___ Made fun of you because of your disability
- d. ___ Made fun of you because of your sexual orientation

35. If you have been bullied in school this term/semester, who **usually** bullies you?

Please check the one response that best describes you.

- 1. I have not been bullied
- 2. One boy
- 3. One girl
- 4. A group of boys
- 5. A group of girls
- 6. A group of boys and girls
- 7. Other

36. If you have been bullied this term/semester, how did you/do you usually react?
For each of the reactions listed below, choose the response from the **answer key** that most closely describes your reaction.

ANSWER KEY

1 = I have not been bullied

2 = Yes

3 = 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 that can be done
- j. ___ Other

37. Did the bullying stop?
Please check the one response that best describes you.

- 1. I have not been bullied.
- 2. Yes
- 3. No

38. How often have you taken part in bullying other students in school **this term/semester**?
Please check the one response that best describes you.

- 1. I have not bullied others at school.
- 2. Yes, once or twice
- 3. Yes, sometimes
- 4. Yes, about once a week
- 5. Yes, several times a week

Personal Resources

39. When you are worried, upset, or under stress, how many people can you really count on to understand how you are feeling?

Please check one answer in each of the following sections (At Home, At School, Elsewhere).

At Home

1. No one
2. 1 or more people

At School

1. No one
2. 1 or more people

Elsewhere

1. No one
2. 1 or more people

40. What causes you excess worry, “nerves” or stress **at school** in the last six months.

Check all the answers that apply to you. (Continued on next page)

1. Nothing worries or stresses me.
2. I changed schools.
3. Too many changes at school.
4. Too much pressure from teachers.
5. Weird schedules
6. I don't have enough influence over what I do and when I do it.
7. School work is (often) too difficult.
8. Not enough help from teachers with school work.
9. Too much school work
10. Too much responsibility
11. Deadlines
12. I don't get enough feedback on how I'm doing.
13. I'm bored.
14. I'm being sexually harassed by someone at school.
15. I am being discriminated against.
16. Conflict with (some) teachers
17. Conflict with (some) other students
18. I feel alone (isolated from my fellow students, lonely).

40. (continued) What causes you excess worry, “nerves” or stress at school in the last six months. **Check all the answers that apply to you.**

- 19. I have difficulty speaking with people at school.
- 20. I am physically threatened.
- 21. I’m afraid of violence.
- 22. I’m afraid of weapons.
- 23. Thinking about the future
- 24. I’m being pressured by friends to do what they want.
- 25. I’m afraid of a teacher/teachers.
- 26. I’m often hungry.
- 27. I’m concerned (worried) about grades.
- 28. The way classes are taught
- 29. Problems with boyfriend/girlfriend
- 30. Other

41. What caused you excess worry, “nerves” or stress at home or outside school in the last six months? **Check all the answers that apply to you.** (Continued on next page)

- 1. Nothing worries or stresses me.
- 2. A close family member or friend is ill, injured or has died.
- 3. Unexpected pregnancy
- 4. Birth or expected birth of a child
- 5. My parents have unrealistic expectations of me.
- 6. Pressure from home to get good marks
- 7. My parents are over-protective.
- 8. I have begun a new, close relationship.
- 9. A close relationship has ended.
- 10. Arguments with someone close to me
- 11. Arguments with other family members (parents, stepparents, grandparents, brothers, sisters, etc.)
- 12. Abuse at home (physical, verbal or sexual)
- 13. Physical abuse from a friend
- 14. Verbal or emotional abuse from a friend
- 15. Sexual abuse from a friend/dating violence
- 16. Childcare or daycare problems
- 17. Change in living situation (moving to a new home, new roommate, family member leaving, etc.)

41. (continued) What caused you excess worry, “nerves” or stress at home or outside school in the last six months? **Check all the answers that apply to you.**

- 18. Being pressured to have sex
- 19. I'm afraid of getting pregnant/getting a girl pregnant.
- 20. I'm confused about my sexual identity (being heterosexual, homosexual, bisexual).
- 21. I don't have enough money.
- 22. Trouble with the law
- 23. Alcohol or drug use by a member of my family
- 24. My parents are too strict.
- 25. My own alcohol or drug use
- 26. Being pressured to smoke
- 27. I have trouble balancing school and work responsibilities.
- 28. I have too much to do.
- 29. I'm afraid of AIDS or other sexually transmitted diseases.
- 30. I have trouble getting to and from school.
- 31. I have trouble balancing home and school responsibilities.
- 32. Parents split up
- 33. Parents just don't bother about me.
- 34. One of my friends took up with (started dating) someone new.
- 35. One or both of my parents lost their jobs.
- 36. Fear of street gangs, people with weapons
- 37. Living by myself
- 38. I am worried about someone finding out I am gay/lesbian/homosexual.
- 39. Family members arguing, fighting
- 40. Other

42. What would you **like** to do to better cope/deal with worry, “nerves” or stress?

Check all the answers that apply to you.

1. Nothing
2. Be more physically active.
3. Get out more often, make new friends, socialize
4. Make a major change in my life (for example, change schools, quit school, move or leave home)
5. Change classes.
6. Change teachers.
7. Drink less alcohol.
8. Cut down on painkillers, sleeping or calming medications (prescribed).
9. Cut down on street/non-medical drug use.
10. Eat better.
11. Spend more time with my family.
12. Reduce the amount of conflict with others at home or at school.
13. Manage time better.
14. Learn more about coping/dealing with worry “nerves” or stress.
15. Learn to relax.
16. Sleep more or sleep better.
17. See a doctor.
18. Get more money.
19. Manage money better.
20. Quit or change my (part-time) job.
21. I don't know what I could do.
22. Quit smoking.
23. Talk to someone about it.
24. Develop my spirituality more.
25. Other

43. What is getting in the way of or stopping you from making these changes?
Check all the answers that apply to you.

1. Nothing
2. Problem isn't serious; there's no rush.
3. Not enough time.
4. Not enough energy.
5. Not enough money.
6. Too depressed.
7. Don't know how to get started.
8. No encouragement from family or friends.
9. No encouragement or help from school.
10. It's too hard.
11. Lack of self-confidence/unsure of myself.
12. Don't want to change my ways.
13. Afraid of the future/afraid of the unknown.
14. Not sure I can really make a difference.
15. Don't know where to go for help.
16. I don't know what is stopping me.
17. Other

44. During the last year, did you look for/seek help or counselling for a personal or emotional problem of any kind?

Please check the one response that best describes you.

1. Yes, through my school (e.g. the guidance office) or through a service provided by the school such as a "student assistance program" or "peer support program".
2. Yes, but not through my school.
3. No, but I thought about it.
4. No

Health Related Personal Health Behaviours Physical and Social Activities

45. Some ordinary activities are listed below. How often do you take part in **each** of these activities? Think about the **last month as a guide** and for each of the activities listed below, choose the answer from the **answer key** that most closely describes your participation level.

ANSWER KEY

- 1 = seldom or never
- 2 = about once a month
- 3 = about once a week
- 4 = 2 or 3 times a week
- 5 = usually every week

- a. ___ Play or practice a league team sport, such as volleyball, hockey, ringette, or soccer, bowling, curling.
- b. ___ Play games/do activities with friends, such as road hockey, basketball, baseball or in-line skating (roller-blading), skateboarding, walking, biking.
- c. ___ Go to organized classes, such as swimming, dance, karate, etc.
- d. ___ Work out or jog for at least 15 minutes at a time.
- e. ___ Practice a musical instrument or singing.
- f. ___ Go to events, such as hockey or baseball games, or gymnastic displays (as a spectator).
- g. ___ Work at a hobby, such as painting, stamp collecting, model building, drawing, modelling, acting.
- i. ___ Go to dances.
- j. ___ Play computer games, arcade games **with friends or family**.
- k. ___ Play computer games, arcade games **alone**.
- l. ___ Watch T.V. or V.C.R. movies; listen to radio/music **with friends or family**.
- m. ___ Watch T.V. or V.C.R. movies; listen to radio/music **alone**.
- n. ___ Hang out with family/friends, talk to friends on the phone.

46. Some not-so-ordinary activities are listed below. How often do you take part in **each** of these? Think about the **past year as a guide** and for each of the activities listed below, choose the answer from the **ANSWER KEY** that most closely describes your usual activity level.

ANSWER KEY

1 = never
2 = once or twice
3 = 3 or 4 times
4 = 5 times or more

- a. ___ Did you stay out all night without permission?
- b. ___ Did you skip a day of school without permission?
- c. ___ Were you questioned by the police about anything you might have done, such as stealing, damaging property, or anything else?
- d. ___ Have you beaten up someone who didn't do anything to you?
- e. ___ Have you taken something of value (\$100.00 or more) that didn't belong to you?
- f. ___ Have you broken open a door or window and entered somewhere to steal something?

47. During the school week, how often do you have breakfast or lunch? Think about the **last month as a guide** and for each meal listed below choose the answer from the **ANSWER KEY** that most closely describes your usual eating pattern.

ANSWER KEY

1 = hardly ever/never
2 = once a week
3 = 2 to 3 days a week
4 = 4 to 5 days a week
5 = every day

- a. ___ Breakfast (morning meal) (at least juice or toast and cereal)
- b. ___ Lunch (midday meal) (more than a drink or snack)

48. If you sometimes miss or skip a meal, what is the reason?
Please check all the responses that best describe you.

1. I never skip meals.
2. Not hungry/no appetite
3. Over slept
4. Not given enough time to eat
5. Too busy with planned activities
6. Want to lose weight
7. Forgot my lunch/money
8. Nothing to eat that I like
9. I do not have enough money.
10. I do not like the cafeteria food.
11. Other

49. Do you think your body is:
Please check one response that best describes you.

1. Much too thin?
2. A bit too thin?
3. About the right size?
4. A bit too fat?
5. Much too fat?

50. Are you on a diet to lose weight?
Please check the one response that best describes you.

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

51. Are you on a diet to gain weight?
Please check the one response that best describes you.

1. No, because my weight is fine.
2. No, but I do need to gain weight.
3. Yes

52. About how many **hours a week** do you usually take part in physical activity that makes you out of breath or warmer than usual?
Think about the **last month as a guide** and for each situation listed below, choose the answer from the **ANSWER KEY** that most closely describes your activity pattern.

ANSWER KEY

1 = none at all
2 = about ½ hour
3 = about 1 hour
4 = about 2 hours
5 = about 3 hours
6 = about 4 hours
7 = about 5 hours
8 = about 6 hours
9 = about 7 or more hours

- a. ___ In your **class time** in school
b. ___ In your **free time** in school
c. ___ **Outside of school**

53. Listed below are some common activities that students do in their out-of-school time. Think about the **last month as a guide** and for each situation listed below, choose the answer from the **ANSWER KEY** that most closely describes your activity pattern.

ANSWER KEY

1 = none at all
2 = about ½ hour
3 = about 1 hour
4 = about 2 hours
5 = about 3 hours
6 = about 4 hours
7 = about 5 hours
8 = about 6 hours
9 = about 7 or more hours

How many hours a day do you usually:

- a. ___ Watch television, including videos?
b. ___ Use a computer (for playing games, e-mailing, chatting, surfing the internet)?
c. ___ Spend time doing school homework outside of school hours?

Smoking, Alcohol, Medication and Other Drugs

We would like to remind you that this questionnaire is **completely confidential**. No one from your school will be able to identify you. All the questionnaires will be placed together so no individual questionnaire can be identified.

54. Have you ever smoked tobacco?

Please check the **one** response that best describes you.

1. No, never
2. Yes, I have tried a few puffs.
3. Yes, occasionally (less than once a week).
4. Yes, regularly (at least once a week).

55. How often do you smoke at present?

Please check the **one** response that best describes you.

1. I do not smoke.
2. Less than once a week
3. At least once a week but not every day
4. Every day

56. How many cigarettes do you usually smoke a day?

Please check the **one** response that best describes you.

1. I do not smoke.
2. Fewer than 10
3. 10 or more

57. 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 **ANSWER KEY** below, place the number of your answer beside each type of alcohol.

ANSWER KEY

1 = never

2 = less than once a month

3 = every month

4 = every week

5 = every day

- a. ____ Beer
- b. ____ Wine
- c. ____ Liquor
- d. ____ Coolers

58. Have you ever had **so much alcohol** that you were actually drunk?

Please check the one response that best describes you.

- 1. I do not drink alcohol.
- 2. No, never
- 3. Yes, once
- 4. Yes, 2-3 times
- 5. Yes, 4-10 times
- 6. Yes, more than 10 times

59. On a typical drinking occasion, about how much alcohol do you usually consume?

Please check the one response that best describes you.

- 1. I do not drink alcohol.
- 2. 1 or 2 drinks
- 3. 3 or 4 drinks
- 4. 5 or 6 drinks
- 5. 7 or more drinks

60. On a typical drinking occasion, do you drink until you get drunk?

Please check the one response that best describes you.

- 1. I do not drink alcohol.
- 2. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

61. During the **last month** have you taken any medicine or pills for **each** of the following reasons?
Using the **ANSWER KEY**, place the number of your answer beside each ailment.

ANSWER KEY

- | |
|-------------------------|
| 1 = no |
| 2 = yes, once |
| 3 = yes, more than once |

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

62. How often have you taken any of the following drugs? Using the **ANSWER KEY**, place the number of the answer that best describes your behaviour beside each drug.

ANSWER KEY

1 = never
2 = once or twice
3 = 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. tranquillizers such as Valium, or sedatives such as Seconal)
- h. ___ E or ecstasy
- i. ___ Steroids
63. Have you ever had sexual intercourse?
Please check the one response that best describes you.
1. Yes
2. No
64. The last time you had sexual intercourse, did you or your partner use a condom?
Please check the one response that best describes you.
1. I have never had sexual intercourse.
2. No
3. Yes
65. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
Please check the one response that best describes you.
1. I have never had sexual intercourse.
2. No method was used to prevent pregnancy.
3. Birth control pills
4. Condoms
5. Spermicidal spray or foam
6. Withdrawal
7. Morning after pill
8. Some other method.
9. Not sure

66. Before your last intercourse, did you drink alcohol and/or use drugs?
Please check the one response that best describes you.
1. I have never had sexual intercourse.
 2. No
 3. Yes

Health and Safety

The following questions deal with things people do that protect their health and safety.

67. How often do you use a seatbelt when you ride in a car?
Please check the one response that best describes you.
1. I never travel by car.
 2. Seldom or never
 3. Sometimes
 4. Often
 5. Always
 6. Usually there is no seat belt where I sit.
68. How often do you wear a helmet and other protective gear when you participate in or do the following activities Using the **ANSWER KEY**, please choose the response that best describes your behaviour for each of the following activities.

ANSWER KEY

1 = I do not do this activity
2 = seldom or never
3 = sometimes
4 = often
5 = always

- a. ___ Ride a bicycle
 - b. ___ In-line skate
 - c. ___ Skateboard or ride a scooter
 - d. ___ Participate in non-league or pick-up sports
 - e. ___ Drive or ride an ATV
 - f. ___ Drive or ride a snowmobile
 - g. ___ Drive or ride a motorbike
69. Would you ride as a passenger in a car with a friend who had been drinking?
Please check the one response that best describes you.
1. Definitely not
 2. Maybe (depends on how much he/she drank)
 3. Probably
 4. I don't know

70. What would you do if a friend, whose opinion you valued, dared you to do something dangerous or something that could get you in trouble?

Please check the one response that best describes you.

1. I would do it without hesitation.
2. I am not sure (it would depend on who the friend was or the exact situation).
3. I would probably refuse, or get out of it somehow.
4. I would definitely refuse.

Spiritual Life

71. How important is it for you to have a spiritual part to your life (however you choose to define "spiritual")?

Please check the one response that best describes you.

1. Very important
2. Fairly important
3. Not important

72. How often do you go to a place of worship (e.g. church, temple, mosque)?

Please record your usual practice. **Check all responses that apply.**

1. I do not go to a place of worship
2. Never
3. Rarely (no particular pattern)
4. On special occasions (e.g. weddings, christening)
5. On special days in the religious year (e.g. Hanukkah, Easter, Ramadan, Easter)
6. Regularly during certain seasons (e.g. Ramadan, Lent, Advent)
7. Once a month
8. Two or three times a month
9. Every week, or almost every week (this may mean Saturdays or Sundays and/or other weekday services)

73. Which of the following reasons for going to a place of worship apply to you?

Please check all that apply.

1. I do not go to a place of worship.
2. I go when I want to.
3. I go *when someone puts pressure on me to go.*
4. I go *when I feel I ought to go.*
5. Other

74. Please indicate which of the following statements best describes your practice with regard to prayer.

Please check the one response that best describes you.

1. I pray every day, or nearly every day.
2. I pray occasionally.
3. I do not pray at all.

How Your School Can Help

75. How do you think your school can help you improve or maintain your health?

Please check all the items that would be helpful to you personally.

1. Obtain more input or advice from students on how the school is run.
2. Train teachers to be more sensitive to students' concerns.
3. Communicate more openly with students.
4. Provide assistance programs to help students get personal counselling on personal, financial or other problems.
5. Provide peer helper groups.
6. Provide support groups for students with special needs.
7. Provide conflict resolution/mediation programs.
8. Deal with violence/weapons.
9. Treat students with greater respect.
10. Deal with racism.
11. Support or provide daycare.
12. Offer family support groups.
13. Provide counselling about STD's, HIV/AIDS, pregnancy, sexual abuse, making choices, etc.
14. Provide more team support opportunities.
15. Provide or support healthy eating/weight-control groups.
16. Make physical activity/sport facilities more available and accessible (e.g. before school, after school, weekends).
17. Provide or support stop-smoking programs.
18. Help reduce causes of student stress.
19. Help integrate persons with disabilities into school activities.
20. Increase physical activity opportunities in class time.
21. Encourage students to spend time improving their health.
22. Provide better food in the cafeteria.
23. Provide workshops, courses or advice/counselling on making personal choices/decisions.
24. Provide workshops or courses on anger control.
25. Provide workshops or courses on assertiveness.
26. Provide workshops or courses on time management.
27. Provide workshops or courses on money management.
28. Provide workshops or courses on stress management.
29. Provide workshops or courses on parenting.
30. Provide workshops or courses on relationship negotiation skills.
31. Provide workshops or courses on communication skills.
32. Change the type of physical activity offered in physical education classes.
33. Ensure teachers are better prepared for their classes.
34. Offer more fun school activities (winter carnival, wall climbing, spirit days, etc.)
35. Deal with bullying in school.
36. Improve accessibility for students with disabilities.
37. There is nothing the school can do.
38. Other

76. Of all the items you checked in question 75, what do you consider to be the **top 3 priorities** that your school should do to help you improve or maintain your health? Please write the number in the space below of each of your top 3 choices that appear in **question 75**.

My **first** priority is: item # _____

My **second** priority is: item # _____

My **third** priority is: item # _____

This page is designed for you to tear off and take with you.

If you have a worry or concern that you would like some help with,
visit your school's Student Services office and/or call the following number for assistance:

Kids Help Phone (no charge): 1-800-668-6868

Thanks for taking the time to complete this questionnaire. You have played an important role in helping your school to become a safer, healthier and more caring place.