

Health Behaviour in School-Aged Children

A World Health Organization Cross-National Study

Questionnaire 1993/94

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

For
Health Canada
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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 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.

4. **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.

5. What do you think you will be doing when you are 16? _____

KEY

a. In school, preparing for university or college

b. In school, taking business or technical courses preparing for work

c. Preparing to work as an apprentice

d. Out of school and working

e. Out of school and unemployed

f. Don't know

6. In your opinion, what do your teachers think about your work in school? _____

KEY

1 = Very good

2 = Good

3 = Average

4 = Below average

7. 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

8. About how much money do you usually have to spend on yourself each week? (This includes allowance and money you earn yourself--round to the nearest dollar.)

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 = Do not smoke
1 = Every day
2 = At least once a week, but not every day
3 = Less than once a week

If you smoke, **how many** cigarettes do you smoke in a week? Place the number in the box to the right. _____

11. Have you **ever tasted** an alcoholic drink such as beer, wine or liquor? _____

KEY

- 1 = Yes
2 = No
3 = Don't know

12. 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 = Every day | | |
| 2 = Every week | _____ | b. Wine |
| 3 = Every month | | |
| 4 = Less than once a month | _____ | c. Liquor |

13. 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

14. **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 = 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

15. **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

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

KEY

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

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

KEY

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

18. 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

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

KEY

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

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

20. **How often** do you use a seat belt when you ride in a car? _____

KEY

- 0 = Seldom or never
 1 = Always
 2 = Often
 3 = Sometimes
 4 = Usually there is no seat belt where I sit

21. **How often** do you wear a helmet when you ride your bicycle? _____

KEY

- 0 = Never
 1 = Always
 2 = Often
 3 = Sometimes
 4 = I do not ride a bicycle

22. How healthy do you think you are? _____

KEY

- 1 = Very healthy
- 2 = Quite healthy
- 3 = Not very healthy

23. 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

24. Do you ever feel lonely? _____

KEY

- 1 = Yes, very often
- 2 = Yes, quite often
- 3 = Yes, sometimes
- 4 = No

25. In the **last six months**: how often have you had or felt the following?

KEY

- 0 = Seldom or never
- 1 = Most days
- 2 = More than once a week
- 3 = About once every week
- 4 = About once every month

- _____ 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

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

KEY

- 1 = Yes
- 2 = No

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

27. **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

28. **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

29. **How many hours a week** do you usually watch VCR movies? _____

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

30. **How many hours a week** do you usually play computer games, (include: arcade games, Nintendo, Sega)? _____

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

31. **How many** people do you live with at home? If your mother and father live in different places answer for the home where you live most of the time.

Number of people I live with _____ (Do not include yourself.)

32. Please place a check mark in the box beside the people who live in your home. If your mother and father live in different places, answer for the home where you live most of the time.

_____ Mother

_____ Father

_____ Brothers: How many?

_____ Sisters: How many?

_____ Stepmother

_____ Stepfather

_____ Grandmother: How many?

_____ Grandfather: How many?

_____ Other relatives: How many?

_____ Other people: How many?

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

KEY

1 = No

2 = Yes, one

3 = Yes, two or more

34. Do you have a bedroom all to yourself? _____

KEY

1 = Yes

2 = No

35. How well off is your family? _____

KEY

1 = Very well off

2 = Well off

3 = Average

4 = Not very well off

5 = Not at all well off

6 = I don't know

36. 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. I would change how I look if I could.
 _____ j. My parent(s) trust me.
 _____ k. I need to lose weight.
 _____ l. I have a lot of arguments with my parent(s).
 _____ m. I need to gain weight.
 _____ n. There are times when I would like to leave home.
 _____ o. I often have a hard time saying "no".
 _____ p. 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.

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

KEY

1 = Yes

2 = No

If yes, how many times were you injured and treated? _____

If you had no accidents or injuries during the past 12 months, please go to question number 44 (skip 6 questions).

REMEMBER: ANSWER THE NEXT 6 QUESTIONS ONLY IF YOU HAD AN INJURY THAT WAS TREATED BY A DOCTOR OR A NURSE.

Answer the questions thinking about only the **most serious** injury you had during the past 12 months.

38. In what month did the injury occur? _____

In what year did the injury occur? Please circle: 1993 1994

39. Did this injury need medical treatment such as a cast, stitches, surgery or staying in a hospital overnight? _____

KEY

1 = Yes

2 = No

40. Did this 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? _____

41. Where did this injury occur? _____

KEY

1 = In your house or yard

2 = In someone else's house

3 = At school

4 = In a sports arena or playing ground

5 = In the street/road **near** your house

6 = In the street/road **not near** your house

7 = In a park or recreational area

8 = On a farm

9 = At work

0 = In some other place (please describe)

42. Which of the following **best** describes how you were injured? _____

KEY

1 = Riding a bicycle

2 = Roller skating/blading or using a skateboard

3 = Riding in a car or other vehicle

4 = Got hit by a car or other vehicle

5 = Got a sport injury during training or playing

6 = A school playground injury during free time

7 = Accidentally tripped or fell down

8 = Accidentally got struck or cut by an object

9 = During a fight with another person

10 = Fell off something

11 = Other (please describe)

43. Which of the following **best** describes the main result of this injury? _____

KEY

- 1 = Broken or dislocated bone
- 2 = Sprain, strain or a pulled muscle
- 3 = Cut or puncture wound
- 4 = Concussion or other head or neck injury
- 5 = Bruises or internal bleeding
- 6 = Burns
- 7 = Poisoning
- 8 = Other (please describe)

44. 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.
- _____ f. Our school is clean.

45. 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. My teachers encourage me to express my own views in class.
- _____ b. My teachers treat me 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.

46. 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.

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.

47. Have you been bullied in school **this term**? _____

KEY

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

48. 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

49. **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

50. 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 parents are ready to help me.
 _____ b. My parents are willing to come to the school to talk to teachers.
 _____ c. My parents encourage me to do well at school.

51. 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

52. **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

53. **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.

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

- KEY**
0 = None
1 = One
2 = More than one

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

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

56. **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. _____

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

- KEY**
1 = Yes
2 = No

58. 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

59. 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

60. Have you ever felt like you were being left out of things? _____

- KEY**
0 = Seldom or never
1 = Sometimes
2 = Yes, often

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

KEY

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

62. Do you ever feel helpless? _____

KEY

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

63. Do you feel confident in yourself? _____

KEY

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

64. 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)

65. Some activities are listed below. We would like to know about **how often** you take part in each of these. Think about the **last month as a guide** to choose your answer from the **KEY** below. Do **not** include school Physical Education classes.

KEY

0 = Seldom or never

1 = About once a month

2 = About once a week

3 = 2 or 3 times a week

4 = Usually every day

- _____ a. Play or practise a league team sport such as volleyball, hockey, ringette or soccer
- _____ b. Play games with friends, such as road hockey, baseball or rollerblading
- _____ c. Bicycle at least one-half hour a day
- _____ d. Play or practise sports such as tennis, badminton, gymnastics, swimming or skating
- _____ e. Play things such as catch or frisbee
- _____ f. Go to dance or ballet classes
- _____ g. Exercise or jog for at least 10 minutes at a time
- _____ h. Do outdoor activities such as hunting, canoeing, fishing or camping
- _____ i. Practise a musical instrument or singing
- _____ j. Play cards or board games such as chess, checkers, Trivial Pursuit, Monopoly or Dungeons and Dragons
- _____ k. Go out to the movies
- _____ l. Go to events such as plays, concerts or visit museums or art shows
- _____ m. Go to events such as hockey or baseball games, or gymnastic displays
- _____ n. Work at a hobby such as painting, stamp collecting or model building
- _____ o. Go to activities such as Scouts, Guides, 4-H Clubs or church organizations
- _____ p. Go to dances

THANK YOU FOR TAKING PART IN THIS SURVEY