

camh

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale



Institute for Social Research
York University



UNIVERSITY
of TORONTO

2019 ONTARIO STUDENT SURVEY

(Grades 7 and 8)

THIS IS NOT A TEST. These questions are to find out what students, like yourself, know about alcohol and other drugs (for example, tobacco, cannabis, and medical drugs), and how you feel about alcohol and other drugs. **There is no assumption that students who answer the questionnaire have ever used alcohol or other drugs.** This survey also asks about your general health and how you are feeling.

DO NOT PUT YOUR NAME ON THIS SURVEY. The information you give will be kept completely secret and confidential. Therefore, we ask you to be completely honest and accurate when you answer the questions. If you do not want to answer a question, leave it blank. Also, you may stop the survey at any time.

Thank you very much for your help!

ES – A

BEFORE STARTING TO ANSWER THIS SURVEY, PLEASE INDICATE THE CURRENT TIME AND DATE.

TIME: ____ : ____ (For example, 10:05)

DATE: ____ . ____, 20____ (For example, Jan. 16, 2019)

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

Most questions are followed by a list of answers. Please choose the single best answer that is right for you. Mark your choice in one of the boxes to the left.

FOR EXAMPLE:

On average, how much time do you spend doing homework each week outside of school?

- 1 No homework at all
- 2 Less than 1 hour per week
- 3 About 1 to 2 hours per week
- 4 About 3 to 4 hours per week
- 5 About 5 to 6 hours per week
- 6 About 7 or more hours per week

The first few questions are about your background.

A1. How old are you?

- 11 11 years of age or younger
- 12 12 years
- 13 13 years
- 14 14 years
- 15 15 years or older

A2. Were you born male or female?

- 1 Male
- 2 Female

A3. What grade are you in?

- 7 Grade 7
- 8 Grade 8

A4. How long have you lived in Canada?

- 1 All of my life
- 2 2 years or less
- 3 3 to 5 years
- 4 6 to 10 years
- 5 11 years or longer

A5. What language do you usually speak at home?

- 1 English
- 2 French
- 3 English and French
- 4 English, French, and another language
- 5 English and another language
- 6 French and another language
- 7 Other language(s)

A6. Not everyone lives with both parents in one home. Some people spend part of their time in one home, and the other part of their time in another home.

Please choose one of the following statements that best describes your living situation.

- 1 I live in one home only
- 2 I split my time between 2 or more homes

A7. Who lives with you in the home where you spend most of your time? (Please check all that apply.)

- a Birth mother
- b Stepmother
- c Adoptive mother
- d Birth father
- e Stepfather
- f Adoptive father
- g Grandparent(s)
- h Other adult relative(s)
- i Foster parent(s)
- j Brother(s) and/or stepbrother(s)
- k Sister(s) and/or stepsister(s)
- l Others

A8. Which of the following best describes your background? (You may choose more than one category.) Are you....?

- a **White** (for example, British, French, Italian, Portuguese, German, Ukrainian, Russian)
- b **Chinese**
- c **South Asian** (for example, East Indian, Pakistani, Bangladeshi, Sri Lankan)
- d **Black** (African, Caribbean, North American)
- e **Indigenous** (First Nations, Inuit, Métis)
- f **Filipino**
- g **Latin American, Central American, South American** (for example, Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadoran, Costa Rican)
- h **Southeast Asian** (for example, Vietnamese, Cambodian, Indonesian, Malaysian, Laotian)
- i **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Iraqi, Afghan, Lebanese, Palestinian)
- j **Korean**
- k **Japanese**
- l Not sure

A9. About how many hours a day do you usually spend on social media sites or apps, such as Instagram, Snapchat, Twitter, Facebook, either posting or browsing?

- 1 Less than 1 hour a day
- 2 About 1 hour a day
- 3 2 hours a day
- 4 3 to 4 hours a day
- 5 5 to 6 hours a day
- 6 7 or more hours a day
- 7 Use social media, but not every day
- 8 Use the Internet, but don't use social media
- 9 Don't use the Internet

A10. If you use social media, have you ever posted personal information, a photo, or a video of yourself that you wish you had not posted?

- 1 Don't use social media
- 2 Yes, I've posted something personal that I later wished I had not posted
- 3 No, I've never posted something personal that I later wished I had not posted

The next few questions are about school.

A11. On average, what marks do you usually get in school? (Please choose only one answer.)

- 1 90% - 100% (Mostly A+)
- 2 80% - 89% (Mostly As or A-)
- 3 70% - 79% (Mostly Bs)
- 4 60% - 69% (Mostly Cs)
- 5 50% - 59% (Mostly Ds)
- 6 below 50% (Mostly Fs)

A12. Are you in special education or do you have an Individual Education Plan (IEP)?

- 1 Yes
- 2 No
- 3 Not sure

A13. If you are in special education or if you have an Individual Education Plan (IEP), which of these is the plan for? (You may choose more than one.)

- a Not in special education / Don't have an Individual Education Plan
- b Physical disability
- c Hearing or vision problem
- d Learning disability
- e Behavioural or emotional problem
- f Autism/Asperger Syndrome
- g Mild intellectual disability
- h Gifted
- i Other
- j Not sure

A14. In the LAST 4 WEEKS (that is, the last 20 school days), how many full days of school did you miss because you were sick or didn't feel like going? (Write '0' if you missed no days.)

I missed _____ full days of school in the last 4 weeks.

A14a. Have you ever been suspended, expelled, or excluded from any school in your lifetime?

- 1 Yes
- 2 No

A14b. Some people like school very much while others don't. How do you feel about going to school?

- 1 I like school very much
- 2 I like school quite a lot
- 3 I like school a little bit
- 4 I don't like school very much
- 5 I don't like school at all

A14c. At school, how worried are you that someone will harm you, threaten you, or take something from you?

- 1 Very worried
- 2 Somewhat worried
- 3 Not very worried
- 4 Not at all worried

For the next 4 questions, please tell us whether you agree or disagree with the following statements.

A15. I feel safe in my school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

A16. I feel close to people at this school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

A17. I feel like I am part of this school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

A18. I feel that I am treated fairly by the adults at my school.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

A19. Do you feel that there is at least one adult in your school that cares about you and that you could talk to if you needed help?

- 1 Yes
- 2 No
- 3 Not sure

A20. Imagine this ladder below is a way of picturing your school. At the top of the ladder are the people in school with the most respect and the "highest standing." At the bottom of the ladder are the people who no one respects and no one wants to hang out with.

Please check off the numbered box that best shows where you would place yourself on this ladder.

10 Highest standing
 09
 08
 07
 06
 05
 04
 03
 02
 01 Lowest standing

A21. How do you usually travel to school? (If you travel using more than one way, please choose the answer that best describes how you travel most of the distance.)

- 1 By car, van, truck, SUV (as a passenger)
- 3 By school bus
- 4 By public bus
- 5 By subway or streetcar
- 6 By walking
- 7 By bicycle
- 8 By skateboard/longboard or scooter
- 9 Other

A23. What is the highest level of education your father completed?

- 1 Graduated university
- 2 Attended university
- 3 Graduated college
- 4 Attended college
- 5 Graduated high school
- 6 Attended high school
- 7 Did not attend high school
- 8 Don't know
- 9 No father

A24. What is the highest level of education your mother completed?

- 1 Graduated university
- 2 Attended university
- 3 Graduated college
- 4 Attended college
- 5 Graduated high school
- 6 Attended high school
- 7 Did not attend high school
- 8 Don't know
- 9 No mother

A25. How often do you talk about your problems or feelings with at least one of your parents?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

A26. Imagine this ladder below shows how Canadian society is set up. At the top of the ladder are people who are the "best off" - they have the most money, the most education, and the jobs that bring the most respect. At the bottom are the people who are "worst off" - they have the least money, little education, no jobs or jobs that no one wants.

Now think about your family. Please check off the numbered box that best shows where you think your family would be on this ladder.

10 Best off
 09
 08
 07
 06
 05
 04
 03
 02
 01 Worst off

The next few questions are about your parents. By "parents", "mother", or "father", we mean whoever you consider your parents to be. They could be your birth parents, adoptive parents, stepparents, or foster parents.

A22. Were your parents born in Canada?

- 1 Two (or more) parents born in Canada
- 2 One parent born in Canada
- 3 No parent born in Canada

The next section is about tobacco, alcohol and other drugs.

Please answer all the questions even if you have never tried these drugs.

For the following questions, if you do not know what a drug is or have never heard of it, please check only the "Don't know" box.

B1. In the LAST 12 MONTHS, how often did you smoke tobacco CIGARETTES?

- 01 Smoked a few puffs to a whole cigarette in the last 12 months
- 02 Smoked more than one cigarette, but not every day
- 03 1 or 2 cigarettes a day
- 04 3 to 5 cigarettes a day
- 05 6 to 10 cigarettes a day
- 06 11 to 15 cigarettes a day
- 07 16 to 20 cigarettes a day
- 08 21 to 29 cigarettes a day
- 09 30 or more cigarettes a day

- 10 Smoked, but not in the last 12 months
- 11 Never smoked cigarettes in lifetime

B2. Which of the following statements best describes your use of tobacco cigarettes IN YOUR LIFETIME?

- 1 Never had a cigarette, not even one puff, in my life
- 2 Smoked from a few puffs to a whole cigarette in my life
- 3 Only 2 to 3 cigarettes in my life
- 4 More than 3, but fewer than 100 cigarettes in my life
- 5 100 or more cigarettes in my life, but none in the last month
- 6 100 or more cigarettes in my life and some during the last month, but not every day
- 7 100 or more cigarettes in my life and at least 1 cigarette every day during the last month

B3. In the LAST 12 MONTHS, how often did you drink ALCOHOL — liquor (rum, whiskey, etc.), wine, beer, coolers?

- 01 Had a sip of alcohol to see what it's like
- 02 Drank only at special events (for example, holidays or at weddings)
- 03 Once a month or less often
- 04 2 or 3 times a month
- 05 Once a week
- 06 2 or 3 times a week
- 07 4 or 5 times a week
- 08 Almost every day – 6 or 7 times a week

- 09 Drank, but not in the last 12 months
- 10 Never drank alcohol in lifetime

B4. In the LAST 12 MONTHS, how often did you use CANNABIS (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil, etc.)?

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 7 Used, but not in the last 12 months
- 8 Never used in lifetime
- 9 Don't know what cannabis is

B5. In the LAST 12 MONTHS, how often did you use a COUGH OR COLD MEDICINE such as Robitussin DM, Benylin DM (also known as "robos", "sizzurp", "syrup", "purple drank", "lean", "dex", "DXM") in order to get high?

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 7 Used to "get high", but not in the last 12 months
- 8 Never used cough/cold medicine to "get high"

B6. In the LAST 12 MONTHS, how often did you use ADRENOCROMES (also known as "wagon wheels", "dreens")?

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times

- 7 Used, but not in the last 12 months
- 8 Never used in lifetime
- 9 Don't know what adrenochromes are

B7. In the LAST 12 MONTHS, how often did you sniff or "huff" GLUE OR OTHER SOLVENTS (for example, gasoline, butane, aerosols, paint thinner, nail polish remover, etc.) in order to get high?

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times
- 7 Sniffed glue or another solvent, but not in the last 12 months
- 8 Never sniffed glue or another solvent in lifetime

C1. In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, Dilaudid, OxyNeo, codeine) WITHOUT A PRESCRIPTION or without a doctor telling you to take them? (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times
- 7 Used without a prescription, but not in the last 12 months
- 8 Never used without a prescription in lifetime
- 9 Don't know what pain relief pills are

C2a. Sometimes doctors give medicine to students who are hyperactive or have problems concentrating in school. This is called Attention Deficit Hyperactivity Disorder (ADHD).

In the LAST 12 MONTHS, how often did you use medicine to treat ADHD (such as Adderall, Ritalin, Concerta, Dexedrine) WITH A PRESCRIPTION or because a doctor told you to take it?

- 1 Once a day
- 2 Twice a day
- 3 3 times a day
- 4 4 or more times a day
- 5 Used with a prescription, but not in the last 12 months
- 6 Never used with a prescription in lifetime
- 7 Don't know what this medicine is

C2. In the LAST 12 MONTHS, how often did you use medicine that is usually used to treat ADHD (such as Adderall, Ritalin, Concerta, Dexedrine, also known as "Addys", "Dexies") WITHOUT A PRESCRIPTION or without a doctor telling you to take it?

- 1 1 or 2 times
- 2 3 to 5 times
- 3 6 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 or more times
- 7 Used without a prescription, but not in the last 12 months
- 8 Never used without a prescription in lifetime
- 9 Don't know what this medicine is

The next few questions are about alcohol.

A "drink" of alcohol is a glass of wine, a bottle of beer, a cooler, a shot glass of liquor, or a mixed drink.

Please answer these questions even if you have never tried alcohol.

D2. When (if ever) did you first drink more than just a few sips of alcohol?

- 01 Grade 4 or before
- 02 Grade 5
- 03 Grade 6
- 04 Grade 7
- 05 Grade 8
- 10 Never drank more than a few sips of alcohol in lifetime

D3. In the LAST 4 WEEKS, how often did you drink alcohol (liquor, wine, beer, or coolers)?

- 1 Once or twice
- 2 Once or twice each week
- 3 3 or 4 times each week
- 4 5 or 6 times each week
- 5 Once each day
- 6 More than once each day
- 7 Did not drink alcohol in the last 4 weeks
- 8 Never drank alcohol in lifetime

D4. In the LAST 4 WEEKS, how often have you had 5 OR MORE DRINKS of alcohol on the SAME OCCASION?

- 1 Once
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times
- 6 Did not drink alcohol in the last 4 weeks
- 7 Did not have five or more drinks of alcohol on the same occasion in the last 4 weeks
- 8 Never drank alcohol in lifetime

D5. In the LAST 4 WEEKS, what is the largest number of drinks of alcohol you had in a row or on the same occasion?

- 1 1 drink
- 2 2 drinks
- 3 3 drinks
- 4 4 drinks
- 5 5 drinks
- 6 6 or 7 drinks
- 7 8 or more drinks
- 8 Did not drink alcohol in the last 4 weeks
- 9 Never drank alcohol in lifetime

D6. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 1 drink
- 2 2 to 3 drinks
- 3 4 drinks
- 4 5 to 7 drinks
- 5 8 or more drinks
- 6 Don't drink alcohol
- 7 Never drank alcohol in lifetime

The next 2 questions are about the drug cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil).

Please answer these questions even if you have never tried cannabis.

E1. When (if ever) did you first try cannabis (also known as marijuana, "weed", "pot", "grass", hashish, "hash", hash oil)?

- 1 Never tried cannabis in lifetime
- 2 Grade 4 or before
- 3 Grade 5
- 4 Grade 6
- 5 Grade 7
- 6 Grade 8

E2. In the LAST 4 WEEKS, how often (if ever) did you use cannabis?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 4 weeks
- 3 Once or twice
- 4 Once or twice each week
- 5 3 or 4 times each week
- 6 5 or 6 times each week
- 7 Once each day
- 8 More than once each day

The next 2 questions are about vehicles, meaning cars, vans, trucks, SUVs, or motorcycles.

G1. In the LAST 12 MONTHS, how many times did you ride in a vehicle driven by someone who had been drinking alcohol?

- 0 Never
- 1 Once
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 times
- 6 6 times
- 7 7 times
- 8 8 or more times
- 9 Not sure

G2. In the LAST 12 MONTHS, how many times did you ride in a vehicle driven by someone who had been using drugs (other than alcohol)?

- 0 Never
- 1 Once
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 times
- 6 6 times
- 7 7 times
- 8 8 or more times
- 9 Not sure

The next section is about your health.

I1. How would you rate your physical health?

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

12. On how many of the LAST 7 DAYS were you physically active for a total of AT LEAST 60 MINUTES each day? Please add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. (Some examples are brisk walking, running, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football.) Please include both school and non-school activities.

- 0 0 days
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

13. In the LAST 7 DAYS, about how many hours a day, on average, did you spend watching: TV/movies/videos, playing video games, texting, messaging, posting, or surfing the Internet in your free time? (Include time on any screen, such as a smartphone, tablet, TV, gaming device, computer, or wearable technology.)

- 1 None
- 2 Less than 1 hour a day
- 3 1 to 2 hours a day
- 4 3 to 4 hours a day
- 5 5 to 6 hours a day
- 6 7 or more hours a day
- 7 Not sure

14. On an average day, how many times do you eat fruits and vegetables? (Do not include juices.)

- 0 0 times a day
- 1 1 time a day
- 2 2 times a day
- 3 3 times a day
- 4 4 times a day
- 5 5 times a day
- 6 6 or more times a day

The next question is about what you drank during the last 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Think about the meals you ate at home, at school, at restaurants, or anywhere else.

15. In the LAST 7 DAYS, how often did you drink a can, bottle or glass of pop (such as Coke, Pepsi, Sprite), sport drink (such as Gatorade), fruit cocktails or lemonades, pre-sweetened tea or coffee (such as Iced Tea or Frappuccino), bubble tea, or chocolate milk? (Do not include diet pop, G2, 100% fruit juice, or plain water.)

- 1 1 time in the last 7 days
- 2 2 to 4 times in the last 7 days
- 3 5 to 6 times in the last 7 days
- 4 Once each day
- 5 More than once each day
- 6 Did not drink any of these beverages in the last 7 days

16. On how many of the LAST 5 SCHOOL DAYS did you eat breakfast (more than a glass of milk or fruit juice) either at home, on the way to school, or at school before classes?

- 1 None
- 2 1 to 2 days
- 3 3 to 4 days
- 4 All 5 days

17. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

18. On an average school night, how many hours of sleep do you get?

- 1 4 hours or less
- 2 5 hours
- 3 6 hours
- 4 7 hours
- 5 8 hours
- 6 9 hours
- 7 10 hours
- 8 11 or more hours

19. What is your current height without shoes? Below is a list of heights in feet and inches, and the matching number in centimetres ("cm"). Please choose the height that is closest to yours.

- | | |
|--|--|
| <input type="checkbox"/> 4 feet 4 inches/ 132 cm
or less | <input type="checkbox"/> 5 feet 5 inches/ 165 cm |
| <input type="checkbox"/> 4 feet 5 inches/ 135 cm | <input type="checkbox"/> 5 feet 6 inches/ 168 cm |
| <input type="checkbox"/> 4 feet 6 inches/ 137 cm | <input type="checkbox"/> 5 feet 7 inches/ 170 cm |
| <input type="checkbox"/> 4 feet 7 inches/ 140 cm | <input type="checkbox"/> 5 feet 8 inches / 173 cm |
| <input type="checkbox"/> 4 feet 8 inches/ 142 cm | <input type="checkbox"/> 5 feet 9 inches/ 175 cm |
| <input type="checkbox"/> 4 feet 9 inches/ 145 cm | <input type="checkbox"/> 5 feet 10 inches/ 178 cm |
| <input type="checkbox"/> 4 feet 10 inches/ 147 cm | <input type="checkbox"/> 5 feet 11 inches/ 180 cm |
| <input type="checkbox"/> 4 feet 11 inches/ 150 cm | <input type="checkbox"/> 6 feet 0 inches / 183 cm |
| <input type="checkbox"/> 5 feet 0 inches/ 152 cm | <input type="checkbox"/> 6 feet 1 inch/ 185 cm |
| <input type="checkbox"/> 5 feet 1 inch/ 155 cm | <input type="checkbox"/> 6 feet 2 inches/ 188 cm |
| <input type="checkbox"/> 5 feet 2 inches/ 157 cm | <input type="checkbox"/> 6 feet 3 inches/ 191 cm |
| <input type="checkbox"/> 5 feet 3 inches/ 160 cm | <input type="checkbox"/> 6 feet 4 inches/ 193 cm |
| <input type="checkbox"/> 5 feet 4 inches/ 163 cm | <input type="checkbox"/> 6 feet 5 inches/ 196 cm |
| | <input type="checkbox"/> 6 feet 6 inches/ 198 cm
or more |

110. What is your current weight without shoes? Below is a list of weights in pounds, and the approximate number in kilograms ("kg"). Please choose the weight that is closest to yours.

- | | |
|--|---|
| <input type="checkbox"/> 80 pounds/ 36 kg or less | <input type="checkbox"/> 181-185 pounds/ 82-84 kg |
| <input type="checkbox"/> 81-85 pounds/ 37-39 kg | <input type="checkbox"/> 186-190 pounds/ 84-86 kg |
| <input type="checkbox"/> 86-90 pounds/ 39-41 kg | <input type="checkbox"/> 191-195 pounds/ 87-88 kg |
| <input type="checkbox"/> 91-95 pounds/ 41-43 kg | <input type="checkbox"/> 196-200 pounds/ 89-91 kg |
| <input type="checkbox"/> 96-100 pounds/ 43-45 kg | <input type="checkbox"/> 201-205 pounds/ 91-93 kg |
| <input type="checkbox"/> 101-105 pounds/ 46-48 kg | <input type="checkbox"/> 206-210 pounds/ 93-95 kg |
| <input type="checkbox"/> 106-110 pounds/ 48-50 kg | <input type="checkbox"/> 211-215 pounds/ 96-98 kg |
| <input type="checkbox"/> 111-115 pounds/ 50-52 kg | <input type="checkbox"/> 216-220 pounds/ 98-100 kg |
| <input type="checkbox"/> 116-120 pounds/ 53-54 kg | <input type="checkbox"/> 221-225 pounds/100-102 kg |
| <input type="checkbox"/> 121-125 pounds/ 55-57 kg | <input type="checkbox"/> 226-230 pounds/102-104 kg |
| <input type="checkbox"/> 126-130 pounds/ 57-59 kg | <input type="checkbox"/> 231-235 pounds/105-107 kg |
| <input type="checkbox"/> 131-135 pounds/ 59-61 kg | <input type="checkbox"/> 236-240 pounds/107-109 kg |
| <input type="checkbox"/> 136-140 pounds/ 62-64 kg | <input type="checkbox"/> 241-245 pounds/109-111 kg |
| <input type="checkbox"/> 141-145 pounds/ 64-66 kg | <input type="checkbox"/> 246-250 pounds/112-114 kg |
| <input type="checkbox"/> 146-150 pounds/ 66-68 kg | <input type="checkbox"/> 251-255 pounds/114-116 kg |
| <input type="checkbox"/> 151-155 pounds/ 68-70 kg | <input type="checkbox"/> 256-260 pounds/116-118 kg |
| <input type="checkbox"/> 156-160 pounds/ 71-73 kg | <input type="checkbox"/> 261-265 pounds/118-120 kg |
| <input type="checkbox"/> 161-165 pounds/ 73-75 kg | <input type="checkbox"/> 266-270 pounds/121-122 kg |
| <input type="checkbox"/> 166-170 pounds/ 75-77 kg | <input type="checkbox"/> 271-275 pounds/123-125 kg |
| <input type="checkbox"/> 171-175 pounds/ 77-79 kg | <input type="checkbox"/> 276-280 pounds/125-127 kg |
| <input type="checkbox"/> 176-180 pounds/ 80-82 kg | <input type="checkbox"/> 281 pounds/127 kg or more |

The next question is about head injuries that you may have had in the last 12 months. We are interested in any head injury that resulted in a headache, dizziness, blurred vision, vomiting, feeling confused or "dazed," problems remembering, or being unconscious (knocked out).

111. Did you have this type of head injury in the LAST 12 MONTHS?

- 1 Never had a head injury like this in my life
- 2 I've had a head injury like this in my life, but not in the last 12 months
- 3 Yes, I've had a head injury like this in the last 12 months

The next section is about your feelings (your mental health or emotional health).

J1a. How would you rate your mental or emotional health?

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

J1b. In the LAST 12 MONTHS, how many times did you see a doctor, nurse, or counsellor about your mental or emotional health?

- 1 Did not see a doctor/nurse/counsellor about my emotional health in the last 12 months
- 2 Once
- 3 2 or 3 times
- 4 4 or 5 times
- 5 6 or 7 times
- 6 8 or 9 times
- 7 10 or 11 times
- 8 12 or more times

J1c. In the LAST 12 MONTHS, have you phoned a telephone crisis helpline or gone on a website (such as "KidsHelpPhone.ca") because you needed to talk to a counsellor about a problem?

- 1 Yes, I've phoned a helpline only
- 2 Yes, I've posted a question on a website only
- 3 Yes, I've phoned a helpline and posted a question on a website
- 4 No

J1d. In the LAST 12 MONTHS, was there a time when you wanted to talk to someone about a mental health or emotional problem you had, but did not know where to turn?

- 1 Yes
- 2 No

J1e. If you thought you needed professional help or advice to deal with an emotional problem, such as stress, sadness, depression, or an addiction problem, how would you prefer to get help? (Please choose only one answer.)

- 1 I would prefer to get help in person (talk to a counsellor, doctor, nurse)
- 2 I would prefer to get help over the phone (call a telephone helpline)
- 3 I would prefer to get help over the Internet (visit a website, online chat/text)
- 4 I would probably not look for professional help
- 5 Not sure

In the next few questions, we would like to know how you have been feeling during the last 4 weeks.

J2a. In the LAST 4 WEEKS, about how often did you feel nervous?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J2b. In the LAST 4 WEEKS, about how often did you feel hopeless?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J2c. In the LAST 4 WEEKS, about how often did you feel restless or fidgety?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J2d. In the LAST 4 WEEKS, about how often did you feel so depressed (sad) that nothing could cheer you up?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J2e. In the LAST 4 WEEKS, about how often did you feel that everything was an effort?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J2f. In the LAST 4 WEEKS, about how often did you feel worthless?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

J3a. In the LAST 4 WEEKS, did you feel that you were under any stress, strain, or pressure?

- 1 Yes, almost more than I could take
- 2 Yes, a lot
- 3 Yes, some
- 4 Yes, a little
- 5 Not at all

J3b. How much do you agree or disagree with the following statement:
On the whole, I am satisfied with myself.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

J3c. In the LAST 12 MONTHS, did you ever seriously consider attempting suicide?

- 1 Yes
- 2 No

J3d. In the LAST 12 MONTHS, did you actually attempt suicide?

- 1 Yes
- 2 No

J3e. In the LAST 12 MONTHS, have you done something on purpose to hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

- 1 Yes
2 No

J3h. In general, how would you rate your ability to handle unexpected and difficult problems, such as a family or personal crisis? Would you say your ability is...?

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

For the next 4 questions, please tell us whether you agree or disagree with the following statements.

J4. I am very enthusiastic about my future.

- 1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

J5. I would like to skydive or parachute out of a plane.

- 1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

J6. I usually act without stopping to think.

- 1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

J7. It frightens me when I feel dizzy or faint.

- 1 Strongly agree
2 Somewhat agree
3 Somewhat disagree
4 Strongly disagree

The next 6 questions are about bullying.

Bullying is when one or more people tease, hurt or upset another person on purpose, again and again. It is also bullying when someone is left out of things on purpose.

K1a. Since September, in what way were you bullied the most at school? (Please choose only one answer.)

- 1 Was not bullied at school since September
2 Physical attacks (for example, beat you up, pushed or kicked you)
3 Verbal attacks (for example, teased, threatened, spread rumours about you)
4 Stole from you or damaged your things

K1b. Since September, how often have you been bullied at school?

- 1 Was not bullied at school since September
2 Daily or almost daily
3 About once a week
4 About once a month
5 Less than once a month

K1c. Since September, in what way did you bully other students the most at school? (Please choose only one answer.)

- 1 Did not bully other students since September
2 Physical attacks (for example, beat up, pushed, or kicked them)
3 Verbal attacks (for example, teased, threatened, or spread rumours about them)
4 Stole from them or damaged their things

K1d. Since September, how often have you taken part in bullying other students at school?

- 1 Did not bully other students since September
2 Daily or almost daily
3 About once a week
4 About once a month
5 Less than once a month

K1e. In the LAST 12 MONTHS, how often did other people bully or pick on you electronically or through the Internet?

- 1 Don't use the Internet or a cell phone
- 2 Never
- 3 Once
- 4 2 to 3 times
- 5 4 or more times

K1f. In the LAST 12 MONTHS, how often did you bully or pick on other people electronically or through the Internet?

- 1 Don't use the Internet or a cell phone
- 2 Never
- 3 Once
- 4 2 to 3 times
- 5 4 or more times

The next section is about playing video games either on a computer, a cell phone, a TV, or at an arcade.

Please answer these questions even if you have never played video games.

L1a. In the LAST 12 MONTHS, how often did you play video games?

- 1 Every day or almost every day
- 2 4 or 5 times a week
- 3 2 or 3 times a week
- 4 Once a week
- 5 2 or 3 times a month
- 6 Once a month or less often
- 7 Did not play video games in the last 12 months
- 8 Never played in lifetime

L1b. In the LAST 12 MONTHS, on days when you played video games, about how many hours a day did you play?

- 1 Less than 1 hour a day
- 2 About 1 hour a day
- 3 2 hours a day
- 4 3 to 4 hours a day
- 5 5 to 6 hours a day
- 6 7 or more hours a day
- 7 Did not play video games in the last 12 months
- 8 Never played in lifetime

L1c. In the LAST 12 MONTHS, when you were not playing video games, did you keep thinking about them (such as planning your next game, remembering past games)?

- 1 Yes
- 2 No
- 3 Don't play video games

L1d. In the LAST 12 MONTHS, did you spend an increasing amount of time playing video games?

- 1 Yes
- 2 No
- 3 Don't play video games

L1e. In the LAST 12 MONTHS, did you try to cut back or stop playing video games, OR did you play for longer than you had planned to?

- 1 Yes
- 2 No
- 3 Don't play video games

L1f. In the LAST 12 MONTHS, did you get restless or irritated when you could not play video games?

- 1 Yes
- 2 No
- 3 Don't play video games

L1g. In the LAST 12 MONTHS, did you play video games more often when you felt bad (sad, angry or nervous) or had problems?

- 1 Yes
- 2 No
- 3 Don't play video games

L1h. In the LAST 12 MONTHS, when you lost in a game or did not get the results you wanted, did you keep playing to achieve your target?

- 1 Yes
- 2 No
- 3 Don't play video games

L1i. In the **LAST 12 MONTHS**, did you skip school or work, or lie or steal, or argue with someone so that you could play video games?

- 1 Yes
- 2 No
- 3 Don't play video games

L1j. In the **LAST 12 MONTHS**, did you ignore homework, go to bed late, or spend less time with family and friends because of your video game playing?

- 1 Yes
- 2 No
- 3 Don't play video games

L1k. In the **LAST 12 MONTHS**, did you ever hide your video game playing from your family or friends?

- 1 Yes
- 2 No
- 3 Don't play video games

The next 2 questions are about betting on video games that you have played.

L1l. Did you ever bet virtual credits (such as points, gems, coins, or skins) that you won or earned in a video game?

- 1 Yes
- 2 No
- 3 Don't play video games

L1m. Did you ever bet virtual credits (such as points, gems, coins, or skins) that you purchased with real money?

- 1 Yes
- 2 No
- 3 Don't play video games

The next section is about **gambling** or betting money. Please answer these questions even if you have never gambled.

L3. In the **LAST 12 MONTHS**, how many times (if ever) have you done each of the following? (Write "0" if you have not done it.)

- a) Bet money on CARD games? _____ times
- b) Bet money on DICE games? _____ times
- c) Bet money on other GAMES OF SKILL (such as pool, darts, chess, bowling)? _____ times
- d) Played BINGO for money? _____ times
- e) Bet money in SPORTS POOLS? _____ times
- f) Bet money on FANTASY SPORTS? _____ times
- g) Bought SPORTS LOTTERY tickets (such as Sports Select or Proline)? _____ times
- h) Bought any OTHER LOTTERY TICKETS at a store, including instant lottery (such as 6-49, Poker Lotto, scratch cards)? _____ times
- i) Bet money on VIDEO GAMBLING MACHINES, SLOT machines, or any other gambling machines? _____ times
- j) Bet money at a CASINO in Ontario? _____ times
- k) Bet money on results of a VIDEO GAME? _____ times
- l) Bet money on a DARE or PRIVATE BET? _____ times
- m) Bet money on POKER ONLINE? _____ times
- n) Bet money on BINGO ONLINE? _____ times
- o) Bet money on SPORTS BETTING ONLINE? _____ times
- p) Bet money on OTHER ONLINE games? _____ times
- q) Bought LOTTERY TICKETS ONLINE? _____ times
- r) Bet money in OTHER ways not listed above? _____ times

L3s. In the LAST 12 MONTHS, what is the largest amount of money you have gambled at one time (at any activity including lottery tickets)?

- 1 \$1 or less
- 2 \$2 to \$9
- 3 \$10 to \$49
- 4 \$50 to \$99
- 5 \$100 to \$199
- 6 \$200 or more

- 7 Did not gamble in the last 12 months
- 8 Never gambled in lifetime

L4j. In the LAST 3 MONTHS, how often did you play free gambling type games on the Internet (such as online poker, slots, or other gambling games on Facebook or other websites/apps) just for fun and not for money?

- 1 About once a month
- 2 2 to 3 times a month
- 3 About once a week
- 4 2 to 6 times a week
- 5 Daily

- 6 Played these free games on the Internet before, but not in the last 3 months
- 7 Never played these free games

M1. In the LAST 12 MONTHS, how many times (if ever) have you done each of the following? (Write "0" if you have not done it.)

- a) Taken a car, truck, or SUV for a ride without the owner's permission? _____ times

- b) Banged up or damaged something (on purpose) that did not belong to you? _____ times

- c) Sold marijuana or hashish? _____ times

- d) Taken things worth \$50 or less that did not belong to you? _____ times

- e) Taken things worth more than \$50 that did not belong to you? _____ times

- f) Beat up or hurt anyone (on purpose), not counting fights you may have had with a brother or sister? _____ times

- g) Broken into a locked building other than your own home? _____ times

- h) Carried a weapon, such as a gun or knife (not for hunting)? _____ times

- i) Run away from your home (left home without the permission of one or both of your parents/guardians)? _____ times

- j) Set something on fire that you weren't supposed to? _____ times

Just a few final questions...

N1. Overall, how easy did you find the questionnaire to understand?

- 1 Not at all easy
- 2 Not very easy
- 3 Fairly easy
- 4 Very easy

N2. What about the length of the questionnaire, did you find it..

- 1 Much too long
- 2 A bit too long
- 3 About right
- 4 A bit too short

N3. Do you think the questions in this survey make most students...

- 1 Very uncomfortable
- 2 Somewhat uncomfortable
- 3 Not at all uncomfortable

Thank you for participating in this provincial survey!

Please indicate the time you finished.

___ : ___ (For example, 10:45)