

camh

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



Institute for Social Research
York University



UNIVERSITY
of TORONTO

2013 ONTARIO STUDENT SURVEY

(Grades 9–12)

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, cocaine, 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 withdraw from the survey at any time.

THANK YOU VERY MUCH FOR YOUR HELP.

SS – B

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

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

DATE: __ __ __. __ __, 20 __ __ (For example, Jan. 15, 2013)

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

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

FOR EXAMPLE:

Which of the following best describes the reason you have chosen your subjects while in school?

- 1 I will need them to go further in school
- 2 They will help me get the sort of job I want later on
- 3 I like them and find them interesting
- 4 I am good at them
- 5 My friends will be taking them

The first few questions are about your background and school life.

A1. How old are you?

- 10 10 years of age or younger
- 11 11 years
- 12 12 years
- 13 13 years
- 14 14 years
- 15 15 years
- 16 16 years
- 17 17 years
- 18 18 years
- 19 19 years
- 20 20 years or older

A2. Are you male or female?

- 1 Male
- 2 Female

A3. What grade are you in?

- 06 Grade 6
- 07 Grade 7
- 08 Grade 8
- 09 Grade 9
- 10 Grade 10
- 11 Grade 11
- 12 Grade 12

A4. 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

A5. Who lives with you in your main home? (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
- m I live alone

A6. How long have you lived in Canada?

- 1 All of my life
- 2 Less than 2 years
- 3 3 to 5 years
- 4 6 to 10 years
- 5 11 or more years

A7. 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, Ukrainian, Russian, Israeli)
- b **Chinese**
- c **South Asian** (for example, East Indian, Pakistani, Sri Lankan)
- d **Black** (African, Caribbean, North American)
- e **Aboriginal** (First Nations, Inuit, Métis, non-status Indian)
- f **Filipino**
- g **Latin American, Central American, South American** (for example, Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadorian, Costa Rican)
- h **Southeast Asian** (for example, Vietnamese, Cambodian, Malaysian, Laotian)
- i **West Asian or Arab** (for example, Egyptian, Saudi Arabian, Syrian, Iranian, Iraqi, Lebanese, Afghani, Palestinian)
- j **Korean**
- k **Japanese**
- l Not sure

A8. 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)

A9. About how many hours a day do you usually spend on social media websites such as Facebook, Twitter, MySpace, Instagram, 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 Visit these websites, but not daily
- 8 Use the Internet, but never visit these sites
- 9 Don't use the Internet

A10-s. On average, how many **HOURS A WEEK** do you spend working for pay outside the home, during the school year?

- 1 5 hours or less a week
- 2 6 to 10 hours a week
- 3 11 to 15 hours a week
- 4 16 to 20 hours a week
- 5 More than 20 hours a week
- 6 Don't work for pay outside the home

For the next 3 questions, please tell us whether you agree or disagree with the following statements.

A11. I feel safe in my school.

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

A12. I feel close to people at this school.

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

A13. I feel like I am part of this school.

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

A14. 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

A15. 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 to some degree
- 4 I don't like school very much
- 5 I don't like school at all

A16. 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)

A16a. 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

A16b. Since September, how many times have you been suspended from school?

- 1 Was not suspended
- 2 Once
- 3 2 times
- 4 3 times
- 5 4 times
- 6 5 or more times

A17. How do you usually travel to school? (Please choose only one answer.)

- 1 By car, van, truck, SUV (as a passenger)
- 2 By car, van, truck, SUV (as a driver)
- 3 By school bus
- 4 By public bus
- 5 By walking
- 6 By bicycling
- 7 By subway or streetcar
- 8 Other

A18. How do you usually travel home from school? (Please choose only one answer.)

- 1 By car, van, truck, SUV (as a passenger)
- 2 By car, van, truck, SUV (as a driver)
- 3 By school bus
- 4 By public bus
- 5 By walking
- 6 By bicycling
- 7 By subway or streetcar
- 8 Other

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.

A19. Were your parents born in Canada?

- 1 Both parents were born in Canada
- 2 One parent was born in Canada
- 3 Neither parent was born in Canada

A20. 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

A21. 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

A22. How well would you say you are getting along with your mother?

- 1 I am getting along very well with my mother
- 2 I am getting along OK with my mother
- 3 I am not getting along well with my mother
- 4 No mother

A23. How well would you say you are getting along with your father?

- 1 I am getting along very well with my father
- 2 I am getting along OK with my father
- 3 I am not getting along well with my father
- 4 No father

A24. In your free time away from home, how often does at least one of your parents (or your guardians) know where you are?

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

A25. 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 job 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 <input type="checkbox"/>	Best off
	09 <input type="checkbox"/>	
	08 <input type="checkbox"/>	
	07 <input type="checkbox"/>	
	06 <input type="checkbox"/>	
	05 <input type="checkbox"/>	
	04 <input type="checkbox"/>	
	03 <input type="checkbox"/>	
	02 <input type="checkbox"/>	
	01 <input type="checkbox"/>	Worst off

The next section is about tobacco, alcohol and other drugs. Please answer all the questions, even if you have never tried these drugs.

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

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

B2a. In the LAST 12 MONTHS, how often did you use SMOKELESS TOBACCO (also known as chewing tobacco, snuff, plug, dipping tobacco)?

- 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 smokeless tobacco is

B2b. In the LAST 12 MONTHS, how often did you smoke a WATERPIPE (also known as a hookah, shisha, hubble-bubble, gouza)?

- 01 Only a few puffs once just to see what it's like
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 to 9 times
- 05 10 to 19 times
- 06 20 to 39 times
- 07 40 or more times
- 08 Used, but not in the last 12 months
- 09 Never used in lifetime
- 10 Don't know what a waterpipe is

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

B3a. In the LAST 12 MONTHS, how often did you drink an ENERGY DRINK MIXED WITH ALCOHOL, such as Red Bull mixed with alcohol, Rock Star + vodka, or other brands?

- 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 Drank an energy drink with alcohol, but not in the last 12 months
- 8 Never drank an energy drink with alcohol in lifetime
- 9 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

B4a. In the LAST 12 MONTHS, how often did you use CANNABIS ("weed") and ALCOHOL on the same occasion – that is, so that their effects overlapped?

- 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 cannabis and alcohol together, but not in the last 12 months
- 8 Never used these together in lifetime
- 9 Never used either of these in lifetime

B5. In the LAST 12 MONTHS, how often did you use the drug **"SPICE"** (also known as "K2", "K3", "Blaze", "Black Mamba", "legal weed", "fake pot")?

- 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 "Spice" is

B6. In the LAST 12 MONTHS, how often did you use a **COUGH OR COLD MEDICINE** from a drug store, such as Robitussin DM, Benylin DM (also known as "robos", "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, but not in the last 12 months
- 8 Never used cough/cold medicine to "get high"

B7. 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

B7a. In the LAST 12 MONTHS, how often did you sniff **GLUE OR OTHER SOLVENTS** (for example, airplane glue, nail polish remover, paint thinner, gasoline, 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

B7b. In the LAST 12 MONTHS, how often did you use **SALVIA DIVINORUM** (also known as "sally-D", "magic mint", "sadi")?

- 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 salvia divinorum is

B8-s. In the LAST 12 MONTHS, how often did you use **psilocybin or mescaline** (also known as "**MAGIC MUSHROOMS**", "shrooms", "mesc", 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 these drugs are

B9-s. In the LAST 12 MONTHS, how often did you use **LSD** or "**acid**"?

- 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 LSD is

B10-s. In the LAST 12 MONTHS, how often did you use **COCAINE** (also known as "coke", "blow", "snow", "powder", "snort", 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 cocaine is

B11-s. In the LAST 12 MONTHS, how often did you use cocaine in the form of "CRACK"?

- 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 "crack" is

B14a-s. In the LAST 12 MONTHS, how often did you use JIMSON WEED (also known as "locoweed", "stinkweed", "mad apple")?

- 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 jimson weed is

B12-s. In the LAST 12 MONTHS, how often did you use MDMA or "ECSTASY" (also known as "E", "X")?

- 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 "ecstasy" is

B14b-s. In the LAST 12 MONTHS, how often did you use the drug KETAMINE (also known as "vitamin K", "special K")?

- 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 ketamine is

B13-s. In the LAST 12 MONTHS, how often did you use METHAMPHETAMINE or CRYSTAL METHAMPHETAMINE (also known as "speed", "crystal meth", "crank", "Ice", 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 these drugs are

B14c-s. In the LAST 12 MONTHS, how often did you use METHOXETAMINE (also known as "MXE", "mexxy", "mket")?

- 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 methoxetamine is

B14-s. In the LAST 12 MONTHS, how often did you use HEROIN (also known as "H", "junk", "smack", 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 heroin is

B14d-s. In the LAST 12 MONTHS, how often did you use BZP PILLS (also known as "pure rush", "party pills", "legal E", "legal X", "herbal 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, but not in the last 12 months
- 8 Never used in lifetime
- 9 Don't know what BZP pills are

B14e-s. In the LAST 12 MONTHS, how often did you use MEPHEDRONE (also known as “bath salts”, “drone”, “bubbles”, “m-cat”)?

- 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 mephedrone is

B14f-s. In the LAST 12 MONTHS, have you used any illegal drug by injection or needle?

- 1 Yes
- 2 No

B14g-s. Have you ever used STEROIDS, body builders/performance builders (e.g., testosterone and other androgens, durabolin, growth hormones, etc.) to increase your performance in some sport or activity, or to change your physical appearance?

- 1 Yes
- 2 No

B14h-s. Electronic cigarettes, or e-cigarettes, are electronic devices made in the shape of cigarettes that create an inhaled mist without odour.

Have you ever smoked at least one puff from an ELECTRONIC CIGARETTE?

- 1 Yes, smoked an e-cigarette with nicotine in it
- 2 Yes, smoked an e-cigarette without nicotine in it
- 3 Never smoked, but have heard of e-cigarettes
- 4 Never heard of e-cigarettes

C1. In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, OxyNeo, OxyContin, codeine) WITH a prescription or because a doctor told 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 with a prescription, but not in the last 12 months
- 8 Never used with a prescription in lifetime
- 9 Don't know what these pain relief pills are

C2. In the LAST 12 MONTHS, how often did you use PAIN RELIEF PILLS (such as Percocet, Percodan, Tylenol #3, Demerol, OxyNeo, OxyContin, 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 these pain relief pills are

C2a. If you used these types of pain relief pills in the last 12 months WITHOUT a prescription or without a doctor telling you to take them, who did you get them from? (If you used them more than once, think about who you usually got them from. Please choose only one answer.)

- 01 Never used these pills without a prescription in lifetime
- 02 Didn't use these pills without a prescription in the last 12 months
- 03 Got them from a parent or a brother/sister
- 04 Got them from someone else I live with
- 05 Got them from a friend
- 06 Got them from someone else I know
- 07 Got them from someone at a party
- 08 Got them from someone at a bar/club
- 09 Got them from someone on “the street”
- 10 Got them from another source not listed above
- 11 Don't remember

C3. In the LAST 12 MONTHS, how often did you use OXYCONTIN or OXYNEO (also known as “oxy”, “OC”) 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 drug is

C4. 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 Ritalin, Concerta, Adderall, 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 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

C5. In the **LAST 12 MONTHS**, how often did you use medicine that is usually used to treat ADHD (such as Ritalin, Concerta, Adderall, Dexedrine) **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

C6-s. Sedatives or tranquilizers are sometimes prescribed by doctors to help people sleep, calm them down, or to relax their muscles.

In the **LAST 12 MONTHS**, how often did you use **SEDATIVES** or **TRANQUILLIZERS** (such as Valium, Ativan, Xanax) **WITH a prescription** or because a doctor told you to take them?

- 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 with a prescription, but not in the last 12 months
- 8 Never used with a prescription in lifetime
- 9 Don't know what sedatives are

C7-s. In the **LAST 12 MONTHS**, how often did you use **SEDATIVES** or **TRANQUILLIZERS** (such as Valium, Ativan, Xanax, also known as "tranqs", "downers", etc.) **WITHOUT a prescription** or without a doctor telling you to take them?

- 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 sedatives are

C8-s. In the **LAST 12 MONTHS**, how often did you use **MODAFINIL** (such as Alertec, Provigil), which is a prescription stay-awake drug, **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 drug is

Now we would like to know whether you used any of the following drugs for the **very first time** during the last 12 months.

D1a. In the **LAST 12 MONTHS**, have you smoked one whole cigarette for the **VERY FIRST TIME**?

- 1 Yes
- 2 No
- 3 Never smoked a whole cigarette in lifetime

D1b. In the **LAST 12 MONTHS**, have you tried alcohol (beer, wine or liquor) for the **VERY FIRST TIME**?

- 1 Yes
- 2 No
- 3 Never tried alcohol in lifetime

D1c. In the LAST 12 MONTHS, have you tried cannabis (marijuana or hashish, “weed”) for the VERY FIRST TIME?

- 1 Yes
- 2 No
- 3 Never tried cannabis in lifetime

D1d. In the LAST 12 MONTHS, have you tried any other illegal drug (such as “Ecstasy”, cocaine, etc.) for the VERY FIRST TIME?

- 1 Yes
- 2 No
- 3 Never tried an illegal drug in lifetime

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
- 06 Grade 9
- 07 Grade 10
- 08 Grade 11
- 09 Grade 12
- 10 Never drank more than a few sips of alcohol in lifetime

D2a. When (if ever) did you first drink enough alcohol to feel drunk?

- 01 Grade 4 or before
- 02 Grade 5
- 03 Grade 6
- 04 Grade 7
- 05 Grade 8
- 06 Grade 9
- 07 Grade 10
- 08 Grade 11
- 09 Grade 12
- 10 Never been drunk 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. How many times in the LAST 4 WEEKS 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. How many times in the LAST 4 WEEKS has drinking alcohol MADE YOU DRUNK (that is, you had so much to drink that you could not do what you wanted to do, or you threw up)?

- 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 Not been drunk in the last 4 weeks
- 8 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

D6i. In the LAST 12 MONTHS, how did you usually get the alcohol you drank? (Please choose one answer only.)

- 01 Someone gave it to me
- 02 I took it from home
- 03 I took it from somewhere else
- 04 I bought it in a liquor store
- 05 I bought it in a beer store
- 06 I bought it in a grocery store
- 07 I bought it at a restaurant, bar, or club
- 08 I bought it at a public event such as a concert or sporting event
- 09 I gave someone else money to buy it for me
- 10 I got it some other way
- 11 Don't remember
- 12 Did not drink alcohol in the last 12 months
- 13 Never drank alcohol in lifetime

D6j. In the **LAST 12 MONTHS**, did you **drink** alcohol in the form of mouthwash, rubbing alcohol, or hand sanitizer, even just a sip to try it?

- 1 Yes
- 2 No
- 3 Never tried drinking these in lifetime

D6k-s. Drinking games are games in which players drink alcohol quickly with the purpose of getting drunk. Examples of such games include Beer Pong, Flip Cup, and Power Hour.

In the **LAST 4 WEEKS**, how often have you played drinking games with others?

- 1 Once
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times
- 6 Drank alcohol, but did not play a drinking game in the last 4 weeks
- 7 Did not drink alcohol in the last 4 weeks
- 8 Never drank alcohol in lifetime

D7-s. Have you been in a treatment program during the **LAST 12 MONTHS** because of your alcohol or drug use?

- 1 Yes, for alcohol only
- 2 Yes, for drugs only
- 3 Yes, for both alcohol and drugs
- 4 No

The next 2 questions are about the drug **cannabis** (also known as marijuana, hashish, “weed”, “pot”, “grass”).

Please answer the 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)?

- 01 Never tried cannabis in lifetime
- 02 Grade 4 or before
- 03 Grade 5
- 04 Grade 6
- 05 Grade 7
- 06 Grade 8
- 07 Grade 9
- 08 Grade 10
- 09 Grade 11
- 10 Grade 12

E2. In the **LAST 4 WEEKS**, how often (if ever) did you use cannabis (also known as marijuana, “weed”, “pot”, “grass”, hashish, “hash”, hash oil)?

- 1 Never used cannabis in lifetime
- 2 Did not use in the last 4 weeks
- 3 Used 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 few questions are about **tobacco**.

Please answer these questions, even if you have never smoked.

F1a. When (if ever) did you first smoke a whole cigarette?

- 01 Never smoked a whole cigarette in lifetime
- 02 Grade 4 or before
- 03 Grade 5
- 04 Grade 6
- 05 Grade 7
- 06 Grade 8
- 07 Grade 9
- 08 Grade 10
- 09 Grade 11
- 10 Grade 12

F1b. In the **LAST 12 MONTHS**, how many times have you tried to quit smoking cigarettes?

- 1 Did not smoke cigarettes in the last 12 months
- 2 Never smoked in lifetime
- 3 Smoke, but never tried to quit
- 4 Tried to quit once
- 5 Tried to quit 2 times
- 6 Tried to quit 3 times
- 7 Tried to quit 4 times
- 8 Tried to quit 5 or more times

F1c. Thinking about the last time you smoked a whole cigarette in the **LAST 12 MONTHS**, where did you get it from? (Please choose only **one** answer.)

- 1 Did not smoke a cigarette in the last 12 months
- 2 Never smoked in lifetime
- 3 Got it from a corner store, small grocery store, supermarket, gas station, or bar
- 4 Got it over the Internet
- 5 Got it from a friend or family member
- 6 Got it from someone else
- 7 Got it from a Native Reserve
- 8 Got it from another source not listed
- 9 Don't remember

F1d. In the **LAST 12 MONTHS**, how often did you smoke cigarettes made on Native Reserves (such as "DKs", "Natives", "Putter's", or unbranded cigarettes packaged in a plastic bag)?

- 01 Smoked a few puffs to a whole cigarette in the last 12 months
- 02 Smoked more than one of these cigarettes, but not every day
- 03 1 or 2 of these cigarettes a day
- 04 3 to 5 of these cigarettes a day
- 05 6 to 10 of these cigarettes a day
- 06 11 to 15 of these cigarettes a day
- 07 16 to 20 of these cigarettes a day
- 08 More than 20 of these cigarettes a day
- 09 Smoked these brands, but not in the last 12 months
- 10 Never smoked these brands in lifetime
- 11 Never smoked any cigarette in lifetime

F1e. In your opinion, how should cigarettes or other tobacco products be sold in Ontario?

- 1 Sold in a number of places as they are now
- 2 Sold only in government-owned stores, the way alcohol is sold in liquor stores
- 3 Not sold at all
- 4 Don't know

F1f. There are youth who are working together to raise awareness about smoking and tobacco issues. Have you heard about such groups in your town/city? (Please choose only **one** answer.)

- 1 No
- 2 Yes, but I have not participated in any of their activities
- 3 Yes, and I have participated in one of their activities
- 4 Yes, and I am a member of one of these groups

For the next 2 questions, please tell us if you agree or disagree with the following statements.

F1g. Movies in theatres should be restricted (rated R) to people 18 years of age and older if they show characters smoking cigarettes.

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

F1h. Smoking cigarettes should be banned (not allowed) in public parks and on public beaches, as well as in and around outdoor sports fields.

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

F1i. Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to cigarettes?

- 1 Definitely
- 2 Probably
- 3 Probably not
- 4 Definitely not
- 5 Not sure

The next 2 questions are about second-hand smoke.

If you are close to someone who is smoking a cigarette or tobacco, say within 10 feet (3 metres), you will be exposed to that person's smoke. This can be anywhere such as inside a home, on the street, in a car/bus, at a bus shelter, at school, at a playground/sports field, or at a mall.

F1j. Thinking about the **LAST 7 DAYS**, on how many days were you exposed to other people's tobacco smoke anywhere, either indoors or outdoors?

- 01 I was not exposed to other people's tobacco smoke in the last 7 days
- 02 Not sure if I was exposed
- 03 1 day
- 04 2 days
- 05 3 days
- 06 4 days
- 07 5 days
- 08 6 days
- 09 7 days
- 10 Not sure how many days

F1k. Thinking about the last time in the past 7 days that you were exposed to other people's tobacco smoke, for about how long were you exposed, in total?

- 01 I was not exposed to other people's tobacco smoke in the last 7 days
- 02 Not sure if I was exposed
- 03 Less than 1 minute
- 04 1 to 9 minutes
- 05 10 to 29 minutes
- 06 30 minutes to almost 1 hour
- 07 1 hour to almost 3 hours
- 08 3 hours to almost 6 hours
- 09 6 hours or more
- 10 Not sure how long

The next section is about vehicles, meaning cars, vans, trucks, SUVs, or motorcycles.

G1a. How often do you wear a seat belt when you are in a vehicle?

- 1 Never travel by vehicle
- 2 All of the time
- 3 Most of the time
- 4 Some of the time
- 5 Rarely

G2. In the LAST 12 MONTHS, how often did you ride in a vehicle driven by someone who had been drinking alcohol?

- 01 Never
- 02 Once
- 03 2 times
- 04 3 times
- 05 4 times
- 06 5 times
- 07 6 times
- 08 7 times
- 09 8 or more times
- 10 Not sure

G3. In the LAST 12 MONTHS, how often did you ride in a vehicle driven by someone who had been using drugs (other than alcohol)?

- 01 Never
- 02 Once
- 03 2 times
- 04 3 times
- 05 4 times
- 06 5 times
- 07 6 times
- 08 7 times
- 09 8 or more times
- 10 Not sure

G4. In the LAST 12 MONTHS, have you driven a snowmobile, motor boat, Sea-doo, or all-terrain vehicle (ATV) within an hour of drinking 1 or more drinks of alcohol?

- 1 Did not drive a snowmobile, motor boat, Sea-doo, or ATV in the last 12 months
- 2 Yes
- 3 No

G5-s. What type of driver's licence do you have now?

- 1 No driver's licence of any type
- 2 Level One graduated licence (G1)
- 3 Level Two graduated licence (G2)
- 4 Full graduated licence (G)
- 5 Not sure

G6-s. Did you ever take, or are you currently taking, a driver education course with both in-class and on-road training?

- 1 No
- 2 Yes, I'm currently taking a course
- 3 Yes, I've already taken a course

G7-s. In the LAST 12 MONTHS, how often were you in a car accident involving any kind of injury to you or to another person, or damage to the vehicle, while you were driving?

- 1 No driver's licence of any type
- 2 Never
- 3 Once
- 4 2 times
- 5 3 times
- 6 4 or more times

G8-s. In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of drinking 2 or more drinks of alcohol?

- 01 No driver's licence of any type
- 02 Never
- 03 Once
- 04 2 times
- 05 3 times
- 06 4 times
- 07 5 times
- 08 6 times
- 09 7 times
- 10 8 or more times

G9-s. In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of using marijuana or hashish?

- 01 No driver's licence of any type
- 02 Never
- 03 Once
- 04 2 times
- 05 3 times
- 06 4 times
- 07 5 times
- 08 6 times
- 09 7 times
- 10 8 or more times

G9a-s. In the LAST 12 MONTHS, how often have you driven a vehicle within an hour of taking a prescription pain relief pill such as Percocet, Percodan, Tylenol #3, Demerol, OxyNeo, or codeine? (We do not mean regular Tylenol, Advil, or Aspirin that anyone can buy in a drugstore.)

- 01 No driver's licence of any type
- 02 Never
- 03 Once
- 04 2 times
- 05 3 times
- 06 4 times
- 07 5 times
- 08 6 times
- 09 7 times
- 10 8 or more times

G9b-s. In the LAST 12 MONTHS, how often did you type a text or email to someone while you were driving a vehicle?

- 01 No driver's licence of any type
- 02 Never
- 03 Once
- 04 2 times
- 05 3 times
- 06 4 times
- 07 5 times
- 08 6 times
- 09 7 times
- 10 8 or more times

The next few questions are about the times you might have had classes or presentations at school about drugs.

H1a. Since September, how many classes or presentations did you have that talked about alcohol?

- 1 No classes
- 2 1 or 2 classes
- 3 3 or 4 classes
- 4 5 or 6 classes
- 5 7 or more classes

H1b. Since September, how many classes or presentations did you have that talked about cannabis (marijuana or hashish)?

- 1 No classes
- 2 1 or 2 classes
- 3 3 or 4 classes
- 4 5 or 6 classes
- 5 7 or more classes
- 6 Don't know what cannabis is

H1c. Since September, how many classes or presentations did you have that talked about drugs other than alcohol, cannabis, or tobacco?

- 1 No classes
- 2 1 or 2 classes
- 3 3 or 4 classes
- 4 5 or 6 classes
- 5 7 or more classes

H2a. In your school, is drug use a big problem, a small problem, or no problem at all?

- 1 A big problem
- 2 A small problem
- 3 No problem at all

H2b. In the LAST 12 MONTHS, how many times (if ever) have you been drunk or "high" on school property?

- 1 Never
- 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

H2c. In the LAST 12 MONTHS, has anyone offered, sold, or given you an illegal drug on school property?

- 1 Yes
- 2 No

H2d. In the LAST 12 MONTHS, has anyone tried to sell you any illegal drug ANYWHERE?

- 1 Yes
- 2 No

H2e. In the LAST 12 MONTHS, have you **SEEN** anyone selling illegal drugs in your neighbourhood?

- 1 Yes
- 2 No
- 3 I think so, but I'm not sure

H2f. How many of your **CLOSEST** friends use cannabis ("weed") or other illegal drugs?

- 1 None of my friends
- 2 Some of my friends
- 3 About half of my friends
- 4 Most of my friends
- 5 All of my friends
- 6 Don't know

Now we have a few questions about how easy or difficult you think it would be to get certain drugs, if you wanted some.

H3a. How easy or difficult would it be for you to get cigarettes if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

H3b. How easy or difficult would it be for you to get alcohol if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

H3c. How easy or difficult would it be for you to get cannabis (also known as marijuana, "weed", "hash") if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

H3d. How easy or difficult would it be for you to get prescription pain relief pills (such as Percocet, Percodan, Tylenol #3, Demerol, OxyNeo, OxyContin, codeine) if you wanted some – **WITHOUT** going to a doctor?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

H3e-s. How easy or difficult would it be for you to get cocaine if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

H3f-s. How easy or difficult would it be for you to get "Ecstasy" (or MDMA) if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly Difficult
- 4 Fairly Easy
- 5 Very easy
- 6 Don't know

H3g-s. How easy or difficult would it be for you to get LSD or "acid" if you wanted some?

- 1 Probably impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

We would like to know your opinions on the effects of using certain drugs. How much do you think people risk harming themselves physically or in other ways if they....

H4a. smoke one or two cigarettes a day?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4b. smoke a waterpipe regularly? (A waterpipe is also known as a hookah, shisha, hubble-bubble, gouza.)

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4c. have 5 drinks of alcohol once or twice each weekend?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4d. try marijuana ("pot", "grass", "weed") once or twice?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4e. smoke marijuana regularly?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4f. take a prescription pain reliever pill (such as such as Percocet, Percodan, Tylenol #3, Demerol, OxyNeo, OxyContin, codeine) that was not prescribed for them?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4g-s. try cocaine once or twice?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

H4h-s. try "Ecstasy" (MDMA) once or twice?

- 1 No risk
- 2 Slight risk
- 3 Medium risk
- 4 Great risk
- 5 Don't know

Do you disapprove of adults (age 18 and older) doing the following...

H5a. have 5 drinks of alcohol once or twice each weekend?

- 1 Don't disapprove
- 2 Disapprove
- 3 Strongly disapprove

H5b. trying marijuana ("pot", "grass", "weed") once or twice?

- 1 Don't disapprove
- 2 Disapprove
- 3 Strongly disapprove

H5c. smoking marijuana regularly?

- 1 Don't disapprove
- 2 Disapprove
- 3 Strongly disapprove

H5d-s. trying cocaine once or twice?

- 1 Don't disapprove
- 2 Disapprove
- 3 Strongly disapprove

H5e-s. trying "Ecstasy" (MDMA) once or twice?

- 1 Don't disapprove
- 2 Disapprove
- 3 Strongly disapprove

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

I2. 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.

- 1 0 days
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

13. On how many of the LAST 5 SCHOOL DAYS did you participate in physical activity for **AT LEAST 20 MINUTES** that increased your heart rate and made you breathe hard some of the time **IN PHYSICAL EDUCATION CLASS** in your school?

- 1 Not enrolled in a physical education class right now
- 2 0 days
- 3 1 day
- 4 2 days
- 5 3 days
- 6 4 days
- 7 5 days

14. In the LAST 7 DAYS, about how many **hours a day**, on average, did you spend: watching TV/movies, playing video/computer games, on a computer chatting, emailing, or surfing the Internet?

- 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

The next 2 questions are 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 regular Coke, Pepsi, Sprite), sport drink (such as Gatorade), or pre-sweetened tea or coffee (such as Iced Tea or Frappuccino)? (Do not include diet pop, 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. In the LAST 7 DAYS, how often did you drink a can of a high-energy caffeine drink, such as Redbull, Rockstar, Amp, Full Throttle, Monster, etc.?

- 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 a high-energy drink in the last 7 days, but did drink at least one in the last 12 months
- 7 Did not drink a high-energy drink in the last 7 days or in the last 12 months

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

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

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

19. 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 |

19a. Do you think of yourself as being too thin, about the right weight, or too fat?

- Too thin (underweight)
- About the right weight
- Too fat (overweight)

19b. Which of the following are you doing about your weight?

- Not doing anything
- Trying to lose weight
- Trying to keep from gaining weight
- Trying to gain weight

19c. In the LAST 12 MONTHS, have you taken any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)

- Yes
- No

19d. In the LAST 12 MONTHS, how often did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do not include getting a spray-on tan or tanning cream.)

- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Used, but not in the last 12 months
- Never used in lifetime

19e. In the LAST 12 MONTHS, how many times did you see a doctor about your physical health or for a check-up?

- Did not see a doctor about my physical health in the last 12 months
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 or more times

19f. Has a doctor or nurse ever told you that you have asthma? (Please choose only one answer.)

- No
- Yes, I have asthma now
- Yes, I used to have asthma, but not anymore
- Not sure

19g. In the LAST 12 MONTHS, how often did you wear a helmet while riding a bicycle?

- Did not ride a bicycle in the last 12 months
- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

19h. In the LAST 12 MONTHS, how many times were you hurt or injured, and had to be treated by a doctor or nurse?

- Was not treated for an injury in the last 12 months
- 1 time
- 2 times
- 3 times
- 4 or more times

The next 3 questions are about **head injuries** that you may have had in your life. We are interested in any head injury that resulted in you being unconscious (knocked out) for at least 5 minutes, or you had to stay in the hospital for at least 1 night because of it.

I10. How many times **IN YOUR LIFE** have you had a head injury like this?

- 1 Never had a head injury like this in my life
- 2 Once
- 3 2 times
- 4 3 times
- 5 4 times
- 6 5 times
- 7 6 or more times

I11. Did you have this type of head injury in the **LAST 12 MONTHS**?

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

I12. If you had this type of head injury in the **last 12 months**, what was the cause of it? (If this happened more than once, think about just the last time it happened. Please choose only one answer.)

- 01 Did not have a head injury like this in the last 12 months
- 02 Never had a head injury like this in my life
- 03 Motor vehicle accident
- 04 Other vehicle accident (such as a snowmobile, ATV, tractor)
- 05 Bicycle accident
- 06 Sports injury (such as team sports, skate boarding, skiing, snow boarding)
- 07 Fell down by accident
- 08 Was in a fight with someone
- 09 Bullied (pushed) by someone
- 10 Other cause not listed above

Please indicate how much you agree or disagree with the following statements.

J2a. Sometimes I feel that I can't do anything right.

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

J2b. I feel good about myself.

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

J2c. I feel I don't have much to be proud of.

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

J2d. Sometimes I think I am no good at all.

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

J2e. I am able to do most things as well as other people can.

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

Just a few final questions...

L1. 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

L2. 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

L3. Do you think the questions in this survey make most students...

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

L4. What are the first 3 digits of your postal code?

Thank you for participating in this provincial survey!

Please indicate the time you finished.

_____ : _____ (For example, 10:45)