



Bubble Marking Guide	
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Saskatchewan Alliance for Youth and Community Well-being YOUTH HEALTH SURVEY

PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN

This survey is a way to find out about students' health and well-being so that schools and communities can create programs for healthy living. It will ask you questions about your own health.

- * Use a dark pen or pencil to carefully fill in your answers. If you want to change an answer, put an X through it and colour in the correct circle. Complete each section of the survey before moving on to the next section. Read the questions carefully.
- * Please remember that there are **no right or wrong answers**. This is not a test. However, it is important to be quiet and focused like during an exam period.
- * Please skip any questions you do not understand or do not want to answer.
- * Please be **honest** when you answer the questions.
- * This entire survey is **voluntary**: you do not have to participate if you do not want to. If you do not want to participate, please work quietly on other school work.
- * At any time during the survey, you can choose not to complete the survey. In that case, submit the survey, and continue quietly on other school work.
- * If you feel uncomfortable thinking about or answering any of the questions and need to talk to an adult you can trust, let your teacher know. A counselor or a trusted adult in your school will be available for you.
- * Your answers on this survey are **private** and the results will be kept **confidential**. We will not ask you for your name. Therefore, no-one will know who you are or what you answered in the survey. No-one, not even your parents or teacher will ever know what you answered.
- * When you are done, submit the survey. You can then work on something else quietly while the rest of your classmates finish their surveys.

SECTION 1 - ABOUT YOU

1. Where do you live?

- 1 In the town/city where my school is
- 2 In a different town/city from where my school is
- 3 On a farm
- 4 On a reserve
- 5 Other

2. The name of your school is:

3. What grade are you in?

- 1 Grade 7
- 2 Grade 8
- 3 Grade 9
- 4 Grade 10
- 5 Grade 11
- 6 Grade 12

PLEASE NOTE: Postal codes will be used to see what resources are available (e.g., dentists) in your area. This information will help us understand the differences that exist for youth across the province and what resources are available to help. Nothing will be sent to your home or used in any way to identify you.

4. What is your Postal Code? (e.g. S7L 1E6)

5. Are you:

- 1 Male
- 2 Female

6. How old are you today?

- 1 11 or younger
- 2 12
- 3 13
- 4 14
- 5 15
- 6 16
- 7 17
- 8 18
- 9 19 or older

7. How do you usually describe yourself?

- 1 Arab/West Asian (e.g. All Middle East including United Arab Emirates, Saudi Arabia, Turkey)
- 2 East Asian (e.g. China, Japan, Korea, Taiwan)
- 3 South Asian (e.g. India, Bangladesh, Pakistan, Sri Lanka, Afghanistan, Bhutan, Nepal)
- 4 South-East Asian (e.g. Philippines, Malaysia, Singapore, Thailand, Cambodia, Indonesia)
- 5 Black (North American)
- 6 Black (African)
- 7 Black (Caribbean)
- 8 First Nations
- 9 Inuit
- 10 Métis
- 11 Latin American (including Mexico and all of Central and South America)
- 12 White (North American)
- 13 White (European)
- 14 White (Other)
- 15 Multiple Ethnicity
- 16 Other

8. How long have you lived in Canada?

- 1 5 years or less
- 2 More than 5 years
- 3 All my life

SECTION 2 - YOUR HEALTH

9. In general, how do you describe your health?

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

Please answer in pounds **OR** kilograms. Do not answer both.

10. How much do you think you weigh?

Option A: Pounds (for example, 120) **Option B:** Kilograms (for example, 50)

Please answer in feet and inches **OR** centimeters. Do not answer both.

11. How tall do you think you are?

Option A:

Feet (for example, 5 ft) Inches (for example, 7 in)

Option B:

Centimeters (for example, 120 cm)

12. Do you consider yourself:

- 1 Overweight?
- 2 About the right weight?
- 3 Underweight?

13. How many times do you brush your teeth in one day?

- 1 More than once a day
- 2 Once a day
- 3 Less than once a day
- 4 Never

14. About how long has it been since you last visited a dentist? Include visits to dental specialists such as Orthodontists.

- 1 6 months or less
- 2 More than 6 months but not more than 1 year ago
- 3 More than 1 year but not more than 2 years ago
- 4 More than 2 years but not more than 3 years ago
- 5 More than 3 years but not more than 5 years ago
- 6 More than 5 years ago
- 7 I have never visited a dentist

15. How often during the last year have you had painful aching anywhere in your mouth? Do not include orthodontics (e.g. pain from braces).

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often

16. When you are outside during the summer on a sunny day for 30 minutes or more, do you do the following?

	Never	Rarely	Often	Always
Seek shade	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

	Never	Rarely	Often	Always
Cover up	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

	Never	Rarely	Often	Always
Wear sunscreen	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

17. Have you ever used any artificial tanning equipment such as a tanning bed, sunlamp or tanning light?

- 1 Yes
- 2 No

SECTION 3 - FOOD

18. Yesterday, how many times did you eat or drink the following:

	0	1	2	3	4	5	6	7	8+
100% fruit juice	0	1	2	3	4	5	6	7	8+
Fruit (not counting fruit juice)	0	1	2	3	4	5	6	7	8+
Vegetable salad	0	1	2	3	4	5	6	7	8+
Carrots	0	1	2	3	4	5	6	7	8+
Potatoes (not including french fries or potato chips)	0	1	2	3	4	5	6	7	8+
Other vegetables (not counting carrots, potatoes or salad)	0	1	2	3	4	5	6	7	8+
Whole grains (e.g. whole grain bread, bannock, pasta, cereal or rice)	0	1	2	3	4	5	6	7	8+
Milk (white, chocolate or soy)	0	1	2	3	4	5	6	7	8+
Other dairy products (such as cheese and yogurt but not including milk)	0	1	2	3	4	5	6	7	8+
Meat or fish (not fried), eggs, nuts, meat alternatives	0	1	2	3	4	5	6	7	8+
Salty or sugary snacks (e.g. potato chips, granola bars, chocolate or cookies)	0	1	2	3	4	5	6	7	8+
Fast food (e.g. hotdogs, hamburgers, fries, pizza or chicken nuggets)	0	1	2	3	4	5	6	7	8+
Water	0	1	2	3	4	5	6	7	8+
Pop/soda, slurpees, slushies	0	1	2	3	4	5	6	7	8+
Sports drinks (Gatorade, etc.)	0	1	2	3	4	5	6	7	8+
Energy drinks (Red Bull, etc.)	0	1	2	3	4	5	6	7	8+
Coffee/lattes/iced coffee	0	1	2	3	4	5	6	7	8+
Meal replacement bars or shakes (e.g. Vector, Powerbars) or other supplements (e.g. Creatine)	0	1	2	3	4	5	6	7	8+

19. Where do you usually eat breakfast?

- ① At home
- ② At school
- ③ I do not usually eat breakfast
- ④ Other

20. What is the main reason you do not eat breakfast?

- ① I do eat breakfast
- ② I do not have time for breakfast
- ③ I do not want to eat breakfast
- ④ I cannot eat early in the morning
- ⑤ There is not always enough food in my home

21. For lunch on school days do you: **(Choose all that apply)**

- ① Eat lunch at home
- ② Eat lunch at a fast food restaurant or store
- ③ Bring lunch from home
- ④ Buy lunch at the school cafeteria or a store
- ⑤ My school provides lunch
- ⑥ I don't eat lunch

22. How often do you eat dinner (the evening meal) with the people you live with?

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

23. Have you ever experienced being hungry because there was not enough food in the house or money to buy food?

- ① Yes
- ② No

IF YOU ANSWERED NO TO QUESTION 23, PLEASE SKIP TO QUESTION 24.

23 a.) How often have you experienced being hungry because there was no food in the house or money to buy food? **(Choose all that apply)**

- ① Sometimes
- ② Not a regular occurrence
- ③ Every few months
- ④ Regularly, end of the month
- ⑤ More often than end of each month

23 b.) How do you or your family cope when this happens? **(Choose all that apply)**

- ① My parent/guardian skips meals or eats less
- ② I skip meals or eat less
- ③ I make sure that others in the house eat before I do
- ④ Cut down on variety of foods usually eaten
- ⑤ Seek help from relatives
- ⑥ Seek help from friends
- ⑦ Seek help from a social worker/government office
- ⑧ Seek help from a food bank (emergency food program)
- ⑨ Use a school meal program
- ⑩ Other

SECTION 4 - PHYSICAL ACTIVITY

24. How physically active are you at the following times?

	Active	Somewhat active	Inactive
Before school	①	②	③

During school (Recess, Spare, Lunch)	①	②	③
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	Active	Somewhat active	Inactive
After school	①	②	③

25. How often do you participate in physical activities, organized by your school, that occur outside of class time (e.g. intramurals, dance clubs, school team sports, etc.)?

- ① Never
- ② Less than once a week
- ③ 1-3 times per week
- ④ 4 or more times per week

26. How often do you participate in physical activities, organized outside of your school with a coach (e.g. hockey, soccer, figure skating, dance, etc.)?

- ① Never
- ② Less than once a week
- ③ 1-3 times per week
- ④ 4 or more times per week

27. How often do you play sports or are physically active without a coach or instructor present (e.g. biking, skateboarding, skipping, hiking, road hockey, etc.)?

- 1 Never
- 2 Less than once a week
- 3 1-3 times per week
- 4 4 or more times per week

28. In a typical week, how many days do you actively travel to or from school? Active travel includes walking, biking, skateboarding, etc.

- 1 None
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days

PLEASE NOTE: Moderate physical activities will cause you to sweat a little and to breathe harder. These include activities such as walking, bike-riding, recreational swimming, skating, etc. On a scale from 1 to 10, moderate activities are usually a 5 or a 6. As a rule of thumb, if you are doing moderate activities, you can talk but not sing your favorite song during the activity. You are working hard enough to increase your heart rate.

29. Mark how many ***minutes to hours of moderate physical activity*** you did for each day last week. Include activities during physical education class, lunch, recess, after school, evenings and spare time.

	None	15 min	30 min	45 min	1 hour	1 hour 15 min	1 hour 30 min	1 hour 45 min	2 hours	More than 2 hours
Monday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Tuesday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Wednesday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Thursday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Friday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Saturday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Sunday	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

PLEASE NOTE: Hard/vigorous physical activities increase your heart rate and make you breathe hard and sweat. These include activities such as running, roller blading, fast-paced sports, etc. On a scale from 1 to 10, vigorous activities are usually a 7 or 8. If you are doing vigorous activities, you will not be able to say more than a few words without pausing for a breath. Your heart rate has gone up quite a bit.

30. Mark how many minutes to hours of **hard/vigorous physical activity** you did for each day last week. Include activities during physical education class, lunch, recess, after school, evenings and spare time.

	None	15 min	30 min	45 min	1 hour	1 hour 15 min	1 hour 30 min	1 hour 45 min	2 hours	More than 2 hours
Monday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Tuesday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Wednesday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Thursday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Friday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Saturday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Sunday	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

31. What helps you be physically active or choose to be physically active? **(Choose all that apply)**

- ① I am not physically active
- ② Family support
- ③ Friend support
- ④ School programs
- ⑤ Community programs
- ⑥ Desire to be fit and healthy
- ⑦ Desire to look a certain way

32. What stops you from being more physically active? **(Choose all that apply)**

- ① I believe I am active enough
- ② I do not like being physically active
- ③ The activities available do not interest me
- ④ I do not think physical activity is important
- ⑤ It costs too much
- ⑥ It's hard to find time to be physically active
- ⑦ I do not have a place to be active
- ⑧ It's not safe to be active in my neighborhood
- ⑨ It's hard to get to activities
- ⑩ My family is not active
- ⑪ My friends are not active
- ⑫ Medical reasons
- ⑬ Other responsibilities (e.g. work, family, etc.)

33. In a typical week, mark how many hours (**outside of school**) you spend in front of a screen, for example, watching TV/movies, playing video/computer games, chatting, text messaging and surfing the Internet (e.g., Facebook, Twitter, Snapchat, Instagram, etc).

	0 hours per day	1 hour per day	2 hours per day	3 hours per day	4 hours per day	5 hours per day	6 hours per day	7 hours per day	8+ hours per day
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. On an average **school night (Sunday to Thursday)**, 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 or more

35. On an average **weekend night (Friday to Saturday)**, 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 or more

36. How often do you have trouble going to sleep or staying asleep?

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

37. How often do you find it difficult to stay awake during class or at school?

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

SECTION 5 - SCHOOL ENGAGEMENT AND SUPPORT

38. Do you agree with each of the following statements?

	Agree	Disagree
a. I feel motivated to do well in school	<input type="radio"/> 1	<input type="radio"/> 2
b. I feel I am part of this school	<input type="radio"/> 1	<input type="radio"/> 2
c. I am happy to be at this school	<input type="radio"/> 1	<input type="radio"/> 2
d. I feel safe at my school	<input type="radio"/> 1	<input type="radio"/> 2
e. At my school, there is an adult who I trust	<input type="radio"/> 1	<input type="radio"/> 2
f. I feel safe in my community	<input type="radio"/> 1	<input type="radio"/> 2
g. I feel safe in my home	<input type="radio"/> 1	<input type="radio"/> 2
h. I have at least one close friend that I can share things with	<input type="radio"/> 1	<input type="radio"/> 2
i. I feel my family supports me	<input type="radio"/> 1	<input type="radio"/> 2
j. I feel involved in my community	<input type="radio"/> 1	<input type="radio"/> 2
k. If I need help, I would talk to a counselor or other adult	<input type="radio"/> 1	<input type="radio"/> 2

39. How well do you think you are doing in school?

- 1 Very well
- 2 Well
- 3 Average
- 4 Poorly
- 5 Very poorly

SECTION 6 - MENTAL HEALTH

40. Below is a list of statements dealing with your general feelings about yourself. Pick from Strongly Disagree, Disagree, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I feel that I am a person of worth	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
b. I feel that I have a number of good qualities	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
c. All in all, I am inclined to feel that I am a failure	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
d. I am able to do things as well as most other people	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
e. I feel I do not have much to be proud of	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
f. I take a positive attitude toward myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
g. On the whole, I am satisfied with myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
h. I wish I could have more respect for myself	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
i. I certainly feel useless at times	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
j. At times I think I am no good at all	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

41. During the **past year (12 months)**, did you ever feel so sad or hopeless that you stopped doing some usual activities for awhile?

- 1 Yes
- 2 No

42. How many times in the **past year (12 months)**, has anyone done any of the following **TO YOU**:

	Never	Fewer than 12 times	Once a month	Several times a month	Several times a week	Every day
a. Bullied you using words or gestures (threatening, teasing, taunting or picking on you)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
b. Bullied you using physical force (grabbing, slapping, punching, pushing, kicking, tripping, etc.) or a weapon	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
c. Injured you using physical force or a weapon	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
d. Bullied, ridiculed, taunted or picked on you using the Internet or social media (Facebook, Twitter, etc.)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
e. Asked for personal information over the Internet (e.g. address, phone number or full name)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
f. Made you feel unsafe or uncomfortable when you were in contact with them over the Internet (e.g. made inappropriate requests)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
g. Said something bad about your race or culture	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
h. Said something bad about your sexual orientation or gender identity	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
i. Said something bad about your body shape, size or appearance	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

43. Have you ever harmed yourself in a way that was deliberate but not intended as a means to take your life?

- 1 Yes 2 No

IF YOU ANSWERED NO TO QUESTION 43, PLEASE SKIP TO QUESTION 44.

43 a.) Which statements best describe this self-harm behaviour? **(Choose all that apply)**

- 1 Self-injury such as cutting, scratching, hitting, burning, etc.
- 2 Swallowing pills, medications or drugs (more than prescribed)
- 3 Using drugs or alcohol as a means to harm yourself
- 4 Self-injury games (e.g. choking games)
- 5 Other

43 b.) Do you still harm yourself?

- 1 Yes 2 No

IF YOU ANSWERED NO TO QUESTION 43 b.), PLEASE SKIP TO QUESTION 44.

43 c.) How often do you harm yourself?

- 1 More than once a day
- 2 Once a day
- 3 Several times a week
- 4 Once a week
- 5 Two or more times a month
- 6 Once a month
- 7 Several times in a year
- 8 Once a year

43 d.) Does anyone know that you harm yourself?

- 1 Yes
- 2 No
- 3 I don't know

43 e.) Do you know where to get help to stop harming yourself?

- 1 Yes
- 2 No

44. Has anyone you've known committed suicide?

- 1 Yes, within the last year
- 2 Yes, more than a year ago
- 3 No, never
- 4 I don't know

45. In the past 12 months, did you consider attempting suicide?

- 1 Yes
- 2 No

46. In the past 12 months, how many times did you attempt suicide?

- 1 Never
- 2 Once
- 3 More than once

47. Have you ever seen a therapist or a counselor?

- 1 Yes
- 2 No

SECTION 7 - SUBSTANCE USE

48. Have you **ever** tried any of the following, even just a few puffs? **(Choose all that apply)**

- 1 Smoking cigarettes
- 2 Smoking electronic cigarettes (e-cig or e-cigarette)
- 3 Smoking pipe tobacco
- 4 Smoking little cigars or cigarillos (plain or flavoured)
- 5 Smoking cigars (not including little cigars or cigarillos, plain or flavoured)
- 6 Smoking roll-your-own cigarettes (tobacco only)
- 7 Smoking bidis (little cigarettes that are hand-rolled in leaves, tied with strings at the ends, and may come in different flavours)
- 8 Using smokeless tobacco (chewing tobacco, pinch, snuff, or snus)
- 9 Using a water-pipe (hookah) to smoke sheesha (herbal or tobacco)
- 10 Using blunt wraps (a sheet or tube made of tobacco used to roll cigarette tobacco)
- 11 Tobacco, for ceremonial purposes
- 12 I have not tried any of these things

IF YOU HAVE NOT TRIED ANY OF THE THINGS IN QUESTION 48, PLEASE GO TO QUESTION 49.

48 a.) In the **last 30 days**, did you use any of the following, even just a few puffs? **(Choose all that apply)**

- 1 Cigarettes
- 2 Electronic cigarette (e-cig or e-cigarette)
- 3 Pipe tobacco
- 4 Little cigars or cigarillos (plain or flavoured)
- 5 Cigars (not including little cigars or cigarillos, plain or flavoured)
- 6 Roll-your-own cigarettes (tobacco only)
- 7 Bidis (little cigarettes that are hand rolled in leaves, tied with strings at the ends, and may come in different flavours)
- 8 Smokeless tobacco (chewing tobacco, pinch, snuff, or snus)
- 9 A water-pipe (hookah) to smoke sheesha (herbal or tobacco)
- 10 Blunt wraps (a sheet or tube made of tobacco used to roll cigarette tobacco)
- 11 Tobacco, for ceremonial purposes
- 12 I have not used any of these things in the last 30 days

48 b.) Have you ever tried to quit smoking cigarettes?

- 1 I have never smoked cigarettes
- 2 I have only smoked cigarettes a few times
- 3 I have never tried to quit
- 4 I have tried to quit once
- 5 I have tried to quit more than once
- 6 I have quit

48 c.) Have you ever tried any of the following to quit your tobacco use? **(Choose all that apply)**

- 1 Nicotine products (e.g. patches, gum, lozenges, or inhalers)
- 2 Prescription drugs
- 3 Support groups
- 4 Websites or online support
- 5 Phone help lines
- 6 I have never tried any of these methods
- 7 I have never used tobacco

49. How often are you exposed to second-hand smoke in the following places?

	Never	Less than once a month	About once a month	About once a week	Almost every day	Every day
a. Home	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
b. Work	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
c. School grounds	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
d. Vehicles	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
e. Outdoor public places (e.g. patios, parks, sports fields)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
f. Indoor public places (e.g. recreation facilities)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

PLEASE NOTE: Alcohol includes drinking beverages such as beer, wine, coolers and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol **DOES NOT** include drinking a few sips of wine for tasting or religious purposes.

One drink of alcohol is defined as a bottle of beer, a glass of wine, a shot of liquor, or a cooler.

50. During the **past month (30 days)**, how many days did you have at least **one (1)** drink of alcohol?

- 1 I have never had even one drink of alcohol
- 2 I have had at least one drink of alcohol, but not in the past month
- 3 1 or 2 days
- 4 3 to 5 days
- 5 6 to 9 days
- 6 10 or more days

51. During the **past month (30 days)**, how many days did you have **five (5)** or more drinks of alcohol within a few hours?

- 1 I have never had five (5) or more drinks of alcohol within a few hours
- 2 I have had five (5) or more drinks of alcohol within a few hours, but not in the past month
- 3 1 or 2 days
- 4 3 to 5 days
- 5 6 to 9 days
- 6 10 or more days

52. During the **past month (30 days)**, how many times did you **drive** a car or other vehicle after you had been drinking alcohol?

- 1 I have never done this
- 2 I have done this, but not in the past month
- 3 1 time
- 4 2 or 3 times
- 5 4 or more times

53. During the **past month (30 days)**, how many times did you **ride in** a car or other vehicle driven by someone who had too much to drink?

- 1 I have never done this
- 2 I have done this, but not in the past month
- 3 1 time
- 4 2 or 3 times
- 5 4 or more times

54. During the **past month (30 days)**, how many times did you **drive** a car or other vehicle after you had been using illegal drugs (including marijuana)?

- 1 I have never done this
- 2 I have done this, but not in the past month
- 3 1 time
- 4 2 or 3 times
- 5 4 or more times

55. During the **past month (30 days)**, how many times did you **ride in** a car or other vehicle driven by someone who had been using illegal drugs (including marijuana)?

- 1 I have never done this
- 2 I have done this, but not in the past month
- 3 1 time
- 4 2 or 3 times
- 5 4 or more times

56. Have you ever used any kinds of drugs (including marijuana)?

- 1 Yes
- 2 No

IF YOU ANSWERED NO TO QUESTION 56, PLEASE GO TO QUESTION 57.

56 a.) In the **past month (30 days)**, how many times have you used ...

	0 times	1-2 times	3-9 times	10 or more times
a. Marijuana/hashish (also called grass, pot, weed)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
b. Any form of cocaine (including powder, crack or freebase)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
c. Methamphetamines (also called speed, crystal meth, crank or ice)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
d. Ecstasy (also called MDMA)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
e. LSD or other hallucinogens (such as shrooms, acid)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
f. Prescription or over-the-counter drugs to get high (such as painkillers, Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
g. Heroin (also called smack, junk, China White)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

56 b.) In the **past year (12 months)**, how many times have you used ...

	0 times	1-2 times	3-9 times	10 or more times
a. Marijuana/hashish (also called grass, pot, weed)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
b. Any form of cocaine (including powder, crack or freebase)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
c. Methamphetamines (also called speed, crystal meth, crank or ice)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
d. Ecstasy (also called MDMA)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
e. LSD or other hallucinogens (such as shrooms, acid)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
f. Prescription or over-the-counter drugs to get high (such as painkillers, Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, Xanax)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
g. Heroin (also called smack, junk, China White)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

SECTION 8 - SEXUAL HEALTH

PLEASE NOTE: Knowing more about youths' sexual behaviours helps in developing programs that will be beneficial to students your age. This information also may influence school curriculum. However, all questions on this survey are optional, including the questions on sexual health. You do not have to answer the questions if you do not wish to.

57. What do you identify as?

- 1 Male
- 2 Female
- 3 Trans
- 4 Questioning my identity

58. Who are you attracted to?

- 1 Males
- 2 Females
- 3 Both males and females
- 4 No-one
- 5 I don't know

59. Have you been taught sexual education at school?

- 1 Yes
- 2 No

60. Are you satisfied with the sexual education you have received at school so far?

- 1 Yes
- 2 No
- 3 Not sure

61. Have you participated in any sexual activities (including touching, fondling, oral sex or intercourse)?

- 1 Yes
- 2 No

IF YOU HAVE NOT PARTICIPATED IN ANY SEXUAL ACTIVITIES, YOU DO NOT HAVE TO COMPLETE THE REMAINDER OF THE SURVEY.

62. What kind of sexual activities have you participated in? **(Choose all that apply)**

- 1 Sexual intercourse
- 2 Oral Sex
- 3 Touching or fondling
- 4 I don't know

63. How old were you when you first had sexual intercourse?

- 1 I have not had sexual intercourse
- 2 Less than 13 years old
- 3 13 years old
- 4 14 years old
- 5 15 years old
- 6 16 years old
- 7 17 years old
- 8 18 or more years

64. Have you ever had sexual relations when you didn't want to (including touching, fondling, oral sex, or intercourse)?

- 1 Yes
- 2 No
- 3 I don't know

PLEASE NOTE: Withdrawal is **NOT** considered to be a legitimate method to prevent sexually transmitted infections (STIs) or pregnancy. Also be aware that the other listed methods may not be effective in preventing both pregnancy **AND** sexually transmitted infections (STIs).

65. If you have had sex, which method(s) did you and your partner use to prevent sexually transmitted infections (STIs) and/or pregnancy? **(Choose all that apply)**

- 1 No method was used to prevent pregnancy and/or STIs
- 2 Withdrawal (pulling out before ejaculation)
- 3 Birth control (pills, injection, patch or ring)
- 4 Condoms (male or female)
- 5 Morning after pill
- 6 Sex dam
- 7 Intrauterine device (IUD)
- 8 Other methods

66. In general, when you have sex how often do you use condoms?

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

67. Which of the following are the major reasons you do not use condoms all the time? (**Choose all that apply**)

- 1 I DO use condoms all the time
- 2 Price - I can't afford it
- 3 I use another form of protection
- 4 I don't know how to use condoms
- 5 It is against my beliefs
- 6 I was under the influence of drugs or alcohol
- 7 I would be too embarrassed to get condoms
- 8 I want a baby
- 9 I trust my partner(s)
- 10 My partner(s) won't wear a condom
- 11 My partner(s) and I are both females
- 12 I don't like how condoms feel
- 13 I am allergic to latex
- 14 I only have oral sex

68. In the past year, did you have unplanned sex after using alcohol or drugs?

- 1 I did not have sex in the past year
- 2 Yes, I had unplanned sex after using alcohol or drugs
- 3 No, I did not have unplanned sex after using alcohol or drugs

69. Have you ever engaged in any type of sexual activity for money, food, shelter, drugs or alcohol?

- 1 Yes
- 2 No

JUST A FRIENDLY REMINDER

* If you need to talk to an adult you can trust, let your teacher know. A counselor or a trusted adult in your school will be made available for you.

* Your answers on this survey are **private** and the results will be kept **confidential**. No-one will know what you answered in the survey.

Thank you for participating in this Youth Health Survey