2014 Ontario Child Health Study

Youth 14-17 (self-complete on laptop)

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Introduction (INT)

INT_BEG

INT_R01

This study is being done with researchers at McMaster University in Hamilton. This questionnaire asks about you, your family, your friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself. This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things not everybody does. Take your time and please be sure to answer each question based on what you really think. You can choose whether or not to fill out this questionnaire. If you need help with any questions, you may ask the interviewer.

Statistics Canada will keep your answers private.

Remember that the Kids Help Phone is available to help you at any time if you feel that you would like to talk to someone about a problem.
1-800-668-6868

INSTRUCTION: Press <Enter> to continue.

INT_END

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General Health (GEN)

GEN_BEG

GEN_Q01

First, we would like to ask you some questions about your health, how you feel, and activities you do in your free time.

In general, would you say your health is...?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
(DK, RF not allowed)

GEN_END

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Self Esteem (SFE)

SFE_BEG

SFE_Q01A

The following are statements people might use to describe themselves. For each one, please choose the answer that best describes how you feel.

In general, you like the way you are.

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

SFE_Q01B

Overall, you have a lot to be proud of.

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

SFE_Q01C

A lot of things about you are good.

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

SFE_Q01D

When you do something, you do it well.

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

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SFE_Q01E **You like the way you look.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

SFE_END

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Engagement in activities outside of school (AOS)

AOS_BEG

AOS_Q01A

The next few questions are about your interests and activities outside of school.

In the past 12 months, outside of school, how often have you:

...played sports or done physical activities without a coach or an instructor?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

AOS_Q01B

In the past 12 months, outside of school, how often have you:

...played sports with a coach or instructor?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

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AOS_Q01C

In the past 12 months, outside of school, how often have you:

...taken lessons or instructions in music, art or other non-sport activities?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

AOS_Q01D

In the past 12 months, outside of school, how often have you:

...taken part in any clubs, groups or community programs with leadership, such as Cubs, Scouts or church groups?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

AOS_END

Physical Activities - Youth (PAC)

PAC_BEG

PAC_Q01A

For these next two questions, add up all the time you spend on physical activity each day. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. It can be done in sports, school activities, playing with friends, walking to school or playing active video games such as Wii Sports or Wii Fit. Please include both school and non-school activities.

Over the past seven days, on how many days were you physically active for a total of at least 60 minutes per day?

|_|
(MIN: 0)
(MAX: 7)

(DK, RF not allowed)

PAC_Q01B

Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

|_|
(MIN: 0)
(MAX: 7)

(DK, RF not allowed)

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PAC_Q02

Over the past seven days, on average how many hours per day did you sit and watch TV, movies or videos, including on YouTube?

0 Less than 1 hour
1 1 hour to less than 2 hours
2 2 hours to less than 3 hours
3 3 hours to less than 4 hours
4 4 hours to less than 5 hours
5 5 hours or more
6 I do not watch TV or videos.
(DK, RF not allowed)

PAC_Q03

Over the <u>past seven days</u>, on average, how many hours per day did you spend <u>outside of school</u> on a computer, laptop, tablet or smart-phone (working, playing games, e-mailing, chatting, surfing the Internet, etc.)?

Include Playstation, Nintendo DS or other portable video games. Exclude time reported in the previous question.

0 Less than 1 hour
1 1 hour to less than 2 hours
2 2 hours to less than 3 hours
3 3 hours to less than 4 hours
4 4 hours to less than 5 hours
5 5 hours or more
6 I do not use these devices outside of school.

(DK, RF not allowed)

PAC_END

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Sleep - Youth (SLP)

SLP_BEG

SLP_Q01A

The next few questions are about your usual or typical sleep in the past six months.

On weekdays when you go to school, what time do you usually go to bed?

INSTRUCTION: Please enter the hour when you normally go to bed. For example, if you go to bed at 9:30pm, enter "9". The next question will ask for the minutes.

|_|_| Hours
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

SLP_Q01B

On weekdays when you go to school, what time do you usually go to bed?

INSTRUCTION: Please enter the minute when you normally go to bed. For example, if you go to bed at 9:30pm, enter "30".

|_|_| Minutes
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

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SLP_C01C

If SLP_Q01A > 12, go to SLP_Q02A.
Otherwise, go to SLP_Q01C.

SLP_Q01C

Is that PM or AM?

INSTRUCTION: For example, if you go to bed at 9:30pm, select "PM".

1 AM
2 PM
(DK, RF not allowed)

SLP_Q02A

What time do you usually wake on school days?

INSTRUCTION: Please enter the hour when you normally wake up. For example, if you wake up at 6:30am, enter "6". The next question will ask for the minutes.

|_|_| Hours
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

SLP_Q02B

What time do you usually wake on school days?

INSTRUCTION: Please enter the minute when you normally wake up. For example, if you wake up at 6:30am, enter "30".

|_|_| Minutes
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

SLP_C02C

If SLP_Q02A > 12, go to SLP_Q03.
Otherwise, go to SLP_Q02C.

SLP_Q02C

Is that PM or AM?

INSTRUCTION: For example, if you wake up at 6:30am, select "AM".

1 AM
2 PM
(DK, RF not allowed)

SLP_Q03

The next few questions have to do with your usual sleep on most days, including both weekdays and weekends.

How long does it usually take you to fall asleep after you go to bed at night?

1 I fall asleep very quickly; less than 5 minutes
2 A few minutes; 5-10 minutes
3 A little while; 11-30 minutes
4 A long time; more than 30 minutes
(DK, RF not allowed)

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SLP_Q04

After you have gone to sleep at night, how often do you usually wake up during the night?

1 Almost every night; 5-7 times/week
2 Several times a week; 1-4 times/week
3 Every now and then; 2-3 times/month
4 I almost never wake up during the night
5 Never (Go to SLP_Q06A)
(DK, RF not allowed)

SLP_Q05

How long does it usually take you to go back to sleep after you wake up during the night?

1 I fall asleep very quickly; less than 5 minutes
2 A few minutes; 5-10 minutes
3 A little while; 11-30 minutes
4 A long time; more than 30 minutes
(DK, RF not allowed)

SLP_Q06A

How much sleep do you usually get during the night on school days? Do not include any time that you spend awake in bed.

INSTRUCTION: Please enter the number of hours you sleep. For example, if you sleep for 8 hours and 30 minutes, enter "8". The next question will ask for the minutes.

|_|_|
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

SLP_Q06B

How much sleep do you usually get during the night on school days? Do not include any time that you spend awake in bed.

INSTRUCTION: Please enter the minutes you sleep. For example, if you sleep for 8 hours and 30 minutes, enter "30".

|_|_|
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

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SLP_Q07A

On weekends (or vacations) when you don't go to school, what time do you usually go to bed?

INSTRUCTION: Please enter the hour when you normally go to bed. For example, if you go to bed at 9:30pm, enter "9". The next question will ask for the minutes.

|_|_| Hours
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

SLP_Q07B

On weekends (or vacations) when you don't go to school, what time do you usually go to bed?

INSTRUCTION: Please enter the minute when you normally go to bed. For example, if you go to bed at 9:30pm, enter "30".

|_|_| Minutes
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

SLP_C07B

If SLP_Q07A > 12, go to SLP_Q08A.
Otherwise, go to SLP_Q07C.

SLP_Q07C

Is that PM or AM?

INSTRUCTION: For example, if you go to bed at 9:30pm, select "PM".

1 AM
2 PM
(DK, RF not allowed)

SLP_Q08A

What time do you usually wake on weekends?

INSTRUCTION: Please enter the hour when you normally wake up. For example, if you wake up at 6:30am, enter "6". The next question will ask for the minutes.

|_|_|
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

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SLP_Q08B

What time do you usually wake on weekends?

INSTRUCTION: Please enter the minute when you normally wake up. For example, if you wake up at 6:30am, enter "30".

|_|_|
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

SLP_C08C

If SLP_Q08A > 12, go to SLP_Q09A.
Otherwise, go to SLP_Q08C.

SLP_Q08C

Is that PM or AM?

INSTRUCTION: For example, if you wake up at 6:30am, select "AM".

1 AM
2 PM
(DK, RF not allowed)

SLP_Q09A

On the weekends, do you nap during the day?

1 Yes (Go to SLP_Q09B)
2 No
(DK, RF not allowed)

Go to SLP_Q10A

SLP_Q09B

How long do you usually nap for?

INSTRUCTION: Enter the number of hours you usually nap on weekends. For example, if you nap for 1 hour and 30 minutes, enter "1". The next question will ask for the minutes.

|_|
(MIN: 0)
(MAX: 9)

(DK, RF not allowed)

SLP_Q09C

How long do you usually nap for?

INSTRUCTION: Enter the number of minutes you usually nap on weekends. For example, if you nap for 1 hour and 30 minutes, enter "30".

|_|_|
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

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SLP_Q10A

How much sleep do you usually get during the night on weekends (or vacations)? Do not include any time that you spend awake in bed.

INSTRUCTION: Please enter the number of hours you sleep at night on weekends or vacations. For example, if you sleep 8 hours and 30 minutes, enter "8". The next question will ask for the minutes.

|_|_|
(MIN: 0)
(MAX: 24)

(DK, RF not allowed)

SLP_Q10B

How much sleep do you usually get during the night on weekends (or vacations)? Do not include any time that you spend awake in bed.

INSTRUCTION: Please enter the number of minutes you sleep at night on weekends or vacations. For example, if you sleep 8 hours and 30 minutes, enter "30".

|_|_|
(MIN: 0)
(MAX: 59)

(DK, RF not allowed)

SLP_END

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Eating Problems (EAP)

EAP_BEG

EAP_Q01A

The following questions are about your eating behaviours in the <u>past four weeks</u>. Please select the response that best describes your behaviours in the <u>past four weeks</u>. If you can't remember exactly how often you did something, that's ok, just give an answer as close as possible to what you think you did.

In the <u>past four weeks</u>, how often did you eat in secret? Eating in secret is when you eat at certain times or places, so that no one can see you eating or no one knows you are eating (One example is eating in a bathroom).

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

EAP_Q01B

In the <u>past four weeks</u>, how often did you avoid eating, or refuse to eat?

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

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EAP_Q01C

In the <u>past four weeks</u>, how often did you take laxatives?

Laxatives are foods or pills that make you have to go to the bathroom.

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

EAP_Q01D

In the <u>past four weeks</u>, how often did you tell other people (like your parents, for example) that you had already eaten when you really had not?

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

EAP_Q01E

In the <u>past four weeks</u>, how often did you stuff yourself with food and feel like you could not stop?

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

EAP_Q01F

In the <u>past four weeks</u>, how often did you skip two or more meals a day by choice?

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

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EAP_Q01G

In the <u>past four weeks</u>, how often did you vomit (throw up) on purpose after eating?

0 Never
1 A few times in the past month
2 Once a week
3 2 to 4 times every week
4 Almost every day
(DK, RF not allowed)

EAP_END

Diet (EAD)

EAD_BEG

EAD_Q01

Next are some questions about your diet. When answering these questions, please think about how many times, rather than how many portions.

During the past 24 hours, how many times did you:

...eat fast food (such as Taco Bell, McDonald's, KFC, Tim Hortons)?

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

EAD_Q02

During the past 24 hours, how many times did you:

...drink milk or eat yogurt in any form, including in cereal?

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

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EAD_Q03

During the past 24 hours, how many times did you:

...drink a glass or can of sweetened pop or soda (like Coke or Pepsi), a sports drink (like Gatorade), or other sweetened drink (like Snapple)?

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

EAD_Q04

During the past 24 hours, how many times did you:

...drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks (like Gatorade), and fruit flavoured drinks.)

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

EAD_Q05

During the past 24 hours, how many times did you:

...eat french fries, potato chips or other fried potatoes?

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

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EAD_Q06

During the past 24 hours, how many times did you:

...eat raw or whole fruit? (Do not count fruit juice.)

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

EAD_Q07

During the past 24 hours, how many times did you:

...eat vegetables? (e.g., green salads, green beans, carrots, or potatoes that are not fried.)

0 Never (0 times)
1 1 time
2 2 times
3 3 times
4 4 times
5 5 or more
(DK, RF not allowed)

EAD_END

Height and Weight - Youth (HWY)

HWY_BEG

HWY_Q01A **The next questions are about height and weight.**

Do you know your height in feet and inches, or in centimetres?

1 Feet and inches
2 Centimetres (Go to HWY_Q02A)
(DK, RF not allowed)

HWY_Q01B **How tall are you without shoes on?**

INSTRUCTION: Please enter feet only. For example, if you are 5 feet and 1 inch tall, enter "5". The next question will ask for the inches.

|_|
(MIN: 0)
(MAX: 7)

(DK, RF not allowed)

HWY_Q01C How tall are you without shoes on?

INSTRUCTION: Please enter inches only, to the nearest inch. For example, if you are 5 feet and 1 inch tall, enter "1".

|_|_|
(MIN: 0)
(MAX: 11)

(DK, RF not allowed)

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HWY_C01C If HWY_Q01B = null and HWY_Q01C = null, go to HWY_Q03A. Otherwise, go to HWY_D01C.

HWY_C01D

If (SEX = 1 and AGE = 12 and DV_HEIGHT1 > 171.72) or
(SEX = 1 and AGE = 13 and DV_HEIGHT1 > 177.98) or
(SEX = 1 and AGE = 14 and DV_HEIGHT1 > 184.70) or
(SEX = 1 and AGE = 15 and DV_HEIGHT1 > 184.96) or
(SEX = 1 and AGE = 16 and DV_HEIGHT1 > 192.70) or
(SEX = 1 and AGE = 17 and DV_HEIGHT1 > 188.60) or

(SEX = 2 and AGE = 12 and DV_HEIGHT1 > 168.90) or
(SEX = 2 and AGE = 13 and DV_HEIGHT1 > 175.44) or
(SEX = 2 and AGE = 14 and DV_HEIGHT1 > 171.26) or
(SEX = 2 and AGE = 15 and DV_HEIGHT1 > 176.89) or
(SEX = 2 and AGE = 16 and DV_HEIGHT1 > 174.40) or
(SEX = 2 and AGE = 17 and DV_HEIGHT1 > 178.37) or

(SEX = 1 and AGE = 12 and DV_HEIGHT1 < 140.61) or
(SEX = 1 and AGE = 13 and DV_HEIGHT1 < 147.02) or
(SEX = 1 and AGE = 14 and DV_HEIGHT1 < 155.00) or
(SEX = 1 and AGE = 15 and DV_HEIGHT1 < 159.96) or
(SEX = 1 and AGE = 16 and DV_HEIGHT1 < 166.64) or
(SEX = 1 and AGE = 17 and DV_HEIGHT1 < 165.62) or

(SEX = 2 and AGE = 12 and DV_HEIGHT1 < 144.67) or
(SEX = 2 and AGE = 13 and DV_HEIGHT1 < 143.84) or
(SEX = 2 and AGE = 14 and DV_HEIGHT1 < 148.53) or
(SEX = 2 and AGE = 15 and DV_HEIGHT1 < 155.00) or
(SEX = 2 and AGE = 16 and DV_HEIGHT1 < 153.30) or
(SEX = 2 and AGE = 17 and DV_HEIGHT1 < 151.06), go to HWY_Q01E.
Otherwise, go to HWY_Q03A.

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HWY_Q01E

Please confirm your height without shoes on. Is it [HWY_Q01B/0]' [HWY_Q01C/0]"?

1 Yes (Go to HWY_Q03A)
2 No
(DK, RF not allowed)

HWY_Q01F

Please re-enter your height without shoes on.

INSTRUCTION: Please enter feet only. For example, if you are 5 feet and 1 inch tall, enter "5". The next question will ask for the inches.

|_|
(MIN: 0)
(MAX: 7)

(DK, RF not allowed)

HWY_Q01G

Please re-enter your height without shoes on.

INSTRUCTION: Please enter inches only, to the nearest inch. For example, if you are 5 feet and 1 inch tall, enter "1".

|_|_|
(MIN: 0)
(MAX: 11)

(DK, RF not allowed)

Go to HWY_Q03A

HWY_Q02A

How tall are you without shoes on?

INSTRUCTION: Please enter your height in centimetres, to the nearest centimetre.

(MIN: 40)
(MAX: 244)

(DK, RF not allowed)

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HWY_C02A

If HWY_Q02A = null, go to HWY_Q03A.
Otherwise, go to HWY_D02A.

HWY_C02B

If (SEX = 1 and AGE = 12 and DV_HEIGHT1 > 171.72) or
(SEX = 1 and AGE = 13 and DV_HEIGHT1 > 177.98) or
(SEX = 1 and AGE = 14 and DV_HEIGHT1 > 184.70) or
(SEX = 1 and AGE = 15 and DV_HEIGHT1 > 184.96) or
(SEX = 1 and AGE = 16 and DV_HEIGHT1 > 192.70) or
(SEX = 1 and AGE = 17 and DV_HEIGHT1 > 188.60) or

(SEX = 2 and AGE = 12 and DV_HEIGHT1 > 168.90) or
(SEX = 2 and AGE = 13 and DV_HEIGHT1 > 175.44) or
(SEX = 2 and AGE = 14 and DV_HEIGHT1 > 171.26) or
(SEX = 2 and AGE = 15 and DV_HEIGHT1 > 176.89) or
(SEX = 2 and AGE = 16 and DV_HEIGHT1 > 174.40) or
(SEX = 2 and AGE = 17 and DV_HEIGHT1 > 178.37) or

(SEX = 1 and AGE = 12 and DV_HEIGHT1 < 140.61) or
(SEX = 1 and AGE = 13 and DV_HEIGHT1 < 147.02) or
(SEX = 1 and AGE = 14 and DV_HEIGHT1 < 155.00) or
(SEX = 1 and AGE = 15 and DV_HEIGHT1 < 159.96) or
(SEX = 1 and AGE = 16 and DV_HEIGHT1 < 166.64) or
(SEX = 1 and AGE = 17 and DV_HEIGHT1 < 165.62) or

(SEX = 2 and AGE = 12 and DV_HEIGHT1 < 144.67) or
(SEX = 2 and AGE = 13 and DV_HEIGHT1 < 143.84) or
(SEX = 2 and AGE = 14 and DV_HEIGHT1 < 148.53) or
(SEX = 2 and AGE = 15 and DV_HEIGHT1 < 155.00) or
(SEX = 2 and AGE = 16 and DV_HEIGHT1 < 153.30) or
(SEX = 2 and AGE = 17 and DV_HEIGHT1 < 151.06), go to HWY_Q02B.
Otherwise, go to HWY_Q03A.

HWY_Q02B

Please confirm your height without shoes on. Is it [HWY_Q02A] cm?

1 Yes (Go to HWY_Q03A)
2 No
(DK, RF not allowed)

HWY_Q02C

Please re-enter your height without shoes on.

INSTRUCTION: Please enter your height in centimetres, to the nearest centimetre.

(MIN: 40)
(MAX: 244)

(DK, RF not allowed)

HWY_Q03A

The next questions are about your current weight.

Do you know your weight in pounds or kilograms?

1 Pounds
2 Kilograms (Go to HWY_Q04A)
(DK, RF not allowed)

HWY_Q03B

What is your current weight in pounds without shoes on?

INSTRUCTION: Please enter your weight in pounds, to the nearest pound.

|_|_|_|
(MIN: 1)
(MAX: 575)

(DK, RF not allowed)

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HWY_C03B

If HWY_Q03B = null, go to HWY_Q05.
Otherwise, go to HWY_D03B.

HWY_C03C

If (SEX = 1 and AGE = 12 and DT_WEIGHT1 > 89.9) or
(SEX = 1 and AGE = 13 and DT_WEIGHT1 > 87.7) or
(SEX = 1 and AGE = 14 and DT_WEIGHT1 > 92.2) or
(SEX = 1 and AGE = 15 and DT_WEIGHT1 > 88.2) or
(SEX = 1 and AGE = 16 and DT_WEIGHT1 > 132.6) or
(SEX = 1 and AGE = 17 and DT_WEIGHT1 > 94.8) or

(SEX = 2 and AGE = 12 and DT_WEIGHT1 > 79.0) or
(SEX = 2 and AGE = 13 and DT_WEIGHT1 > 75.2) or
(SEX = 2 and AGE = 14 and DT_WEIGHT1 > 76.6) or
(SEX = 2 and AGE = 15 and DT_WEIGHT1 > 100.4) or
(SEX = 2 and AGE = 16 and DT_WEIGHT1 > 88.6) or
(SEX = 2 and AGE = 17 and DT_WEIGHT1 > 111.8) or

(SEX = 1 and AGE = 12 and DT_WEIGHT1 < 33.4) or
(SEX = 1 and AGE = 13 and DT_WEIGHT1 < 35.4) or
(SEX = 1 and AGE = 14 and DT_WEIGHT1 < 36.0) or
(SEX = 1 and AGE = 15 and DT_WEIGHT1 < 49.2) or
(SEX = 1 and AGE = 16 and DT_WEIGHT1 < 51.4) or
(SEX = 1 and AGE = 17 and DT_WEIGHT1 < 52.2) or

(SEX = 2 and AGE = 12 and DT_WEIGHT1 < 35.0) or
(SEX = 2 and AGE = 13 and DT_WEIGHT1 < 33.4) or
(SEX = 2 and AGE = 14 and DT_WEIGHT1 < 41.4) or
(SEX = 2 and AGE = 15 and DT_WEIGHT1 < 42.3) or
(SEX = 2 and AGE = 16 and DT_WEIGHT1 < 41.8) or
(SEX = 2 and AGE = 17 and DT_WEIGHT1 < 46.7), go to HWY_Q03D.
Otherwise, go to HWY_Q05.

INFORMATION COPY
DO NOT USE TO REPORT

HWY_Q03D

Please confirm your current weight without shoes on. Is it [HWY_Q03B] lbs?

1 Yes (Go to HWY_Q05)
2 No
(DK, RF not allowed)

HWY_Q03E

Please re-enter your current weight without shoes on.

INSTRUCTION: Please enter your weight in pounds, to the nearest pound.

|_|_|_|
(MIN: 1)
(MAX: 575)

(DK, RF not allowed)

Go to HWY_Q05

HWY_Q04A

What is your current weight without shoes on?

INSTRUCTION: Please enter your weight in kilograms, to the nearest kilogram.

|_|_|_|
(MIN: 1)
(MAX: 575)

(DK, RF not allowed)

HWY_C04A

If HWY_Q04A = null, go to HWY_Q05.
Otherwise, go to HWY_D04A.

HWY_C04B

If (SEX = 1 and AGE = 12 and DT_WEIGHT1 > 89.9) or
(SEX = 1 and AGE = 13 and DT_WEIGHT1 > 87.7) or
(SEX = 1 and AGE = 14 and DT_WEIGHT1 > 92.2) or
(SEX = 1 and AGE = 15 and DT_WEIGHT1 > 88.2) or
(SEX = 1 and AGE = 16 and DT_WEIGHT1 > 132.6) or
(SEX = 1 and AGE = 17 and DT_WEIGHT1 > 94.8) or

(SEX = 2 and AGE = 12 and DT_WEIGHT1 > 79.0) or
(SEX = 2 and AGE = 13 and DT_WEIGHT1 > 75.2) or
(SEX = 2 and AGE = 14 and DT_WEIGHT1 > 76.6) or
(SEX = 2 and AGE = 15 and DT_WEIGHT1 > 100.4) or
(SEX = 2 and AGE = 16 and DT_WEIGHT1 > 88.6) or
(SEX = 2 and AGE = 17 and DT_WEIGHT1 > 111.8) or

(SEX = 1 and AGE = 12 and DT_WEIGHT1 < 33.4) or
(SEX = 1 and AGE = 13 and DT_WEIGHT1 < 35.4) or
(SEX = 1 and AGE = 14 and DT_WEIGHT1 < 36.0) or
(SEX = 1 and AGE = 15 and DT_WEIGHT1 < 49.2) or
(SEX = 1 and AGE = 16 and DT_WEIGHT1 < 51.4) or
(SEX = 1 and AGE = 17 and DT_WEIGHT1 < 52.2) or

(SEX = 2 and AGE = 12 and DT_WEIGHT1 < 35.0) or
(SEX = 2 and AGE = 13 and DT_WEIGHT1 < 33.4) or
(SEX = 2 and AGE = 14 and DT_WEIGHT1 < 41.4) or
(SEX = 2 and AGE = 15 and DT_WEIGHT1 < 42.3) or
(SEX = 2 and AGE = 16 and DT_WEIGHT1 < 41.8) or
(SEX = 2 and AGE = 17 and DT_WEIGHT1 < 46.7), go to HWY_Q04B.
Otherwise, go to HWY_Q05.

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DO NOT USE TO REPORT

HWY_Q04B

Please confirm your current weight without shoes on. Is it [HWY_Q04A] kg?

1 Yes (Go to HWY_Q05)
2 No
(DK, RF not allowed)

HWY_Q04C

Please re-enter your current weight without shoes on.

INSTRUCTION: Please enter your weight in kilograms, to the nearest kilogram.

|_|_|_|
(MIN: 1)
(MAX: 575)

(DK, RF not allowed)

HWY_Q05

Do you consider yourself...?

1 Overweight
2 Underweight
3 Just about right
(DK, RF not allowed)

HWY_END

INFORMATION COPY
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Feelings and Behaviours (FBC)

FBC_BEG

FBC_Q01

The next few questions describe some of the feelings and behaviours of children and young people. For each statement, please select the response that best describes you now, or in the past six months. You may select only one response.

I have trouble concentrating or paying attention.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q02

Please select the response that best describes you now, or in the past six months.

I have trouble sitting still.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q03

Please select the response that best describes you now, or in the past six months.

I cry a lot.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q04

Please select the response that best describes you now, or in the past six months.

I am mean to others.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q05

Please select the response that best describes you now, or in the past six months.

I am mean to animals.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q06

Please select the response that best describes you now, or in the past six months.

I deliberately try to hurt or kill myself.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q07

Please select the response that best describes you now, or in the past six months.

I destroy my own things.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q08

Please select the response that best describes you now, or in the past six months.

I destroy things belonging to others.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q09

Please select the response that best describes you now, or in the past six months.

I damage schools or other property.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q10

Please select the response that best describes you now, or in the past six months.

I disobey at school.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q11

Please select the response that best describes you now, or in the past six months.

I get in many fights.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q12

Please select the response that best describes you now, or in the past six months.

I act without stopping to think.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q13

Please select the response that best describes you now, or in the past six months.

I lie and cheat.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q14

Please select the response that best describes you now, or in the past six months.

I am nervous or tense.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q15

Please select the response that best describes you now, or in the past six months.

I am too fearful or anxious.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q16

Please select the response that best describes you now, or in the past six months.

I physically attack people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q17

Please select the response that best describes you now, or in the past six months.

I run away from home.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q18

Please select the response that best describes you now, or in the past six months.

I set fires.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q19

Please select the response that best describes you now, or in the past six months.

I steal things at home.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q20

Please select the response that best describes you now, or in the past six months.

I steal things from places other than home.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q21

Please select the response that best describes you now, or in the past six months.

I think about killing myself.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q22

Please select the response that best describes you now, or in the past six months.

I threaten to hurt people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

INFORMATION COPY
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FBC_Q23

Please select the response that best describes you now, or in the past six months.

I cut classes or skip school.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q24

Please select the response that best describes you now, or in the past six months.

I am unhappy, sad or depressed.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q25

Please select the response that best describes you now, or in the past six months.

I worry a lot.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q26

Please select the response that best describes you now, or in the past six months.

I am not as happy as other children.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q27

Please select the response that best describes you now, or in the past six months.

I am easily distracted, have difficulty sticking to any activity.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q28

Please select the response that best describes you now, or in the past six months.

I have trouble enjoying myself.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q29

Please select the response that best describes you now, or in the past six months.

I have difficulty awaiting my turn in games or groups.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q30

Please select the response that best describes you now, or in the past six months.

I fidget.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q31

Please select the response that best describes you now, or in the past six months.

I am afraid of being alone.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q32

Please select the response that best describes you now, or in the past six months.

I have been physically cruel to others.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

INFORMATION COPY
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FBC_Q33

Please select the response that best describes you now, or in the past six months.

I am angry and resentful.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q34

Please select the response that best describes you now, or in the past six months.

I am anxious or on edge.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q35

Please select the response that best describes you now, or in the past six months.

I can't stay seated when required to do so.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q36

Please select the response that best describes you now, or in the past six months.

I feel worthless or inferior.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q37

Please select the response that best describes you now, or in the past six months.

I am moody or irritable.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

INFORMATION COPY
DO NOT USE TO REPORT

FBC_Q38

Please select the response that best describes you now, or in the past six months.

I don't like to be with people I don't know well.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q39

Please select the response that best describes you now, or in the past six months.

I get no pleasure from usual activities.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q40

Please select the response that best describes you now, or in the past six months.

I lose my temper.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q41

Please select the response that best describes you now, or in the past six months.

I fail to finish things I start.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q42

Please select the response that best describes you now, or in the past six months.

I feel sick before separating from loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q43

Please select the response that best describes you now, or in the past six months.

I use weapons when fighting.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q44

Please select the response that best describes you now, or in the past six months.

When anxious, my mind goes blank.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q45

Please select the response that best describes you now, or in the past six months.

I get anxious about meeting new people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q46

Please select the response that best describes you now, or in the past six months.

I have difficulty making decisions.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q47

Please select the response that best describes you now, or in the past six months.

I blame others for my own mistakes.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q48

Please select the response that best describes you now, or in the past six months.

I get overly upset when leaving loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q49

Please select the response that best describes you now, or in the past six months.

I feel that I have to be perfect.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q50

Please select the response that best describes you now, or in the past six months.

I repeat certain actions over and over.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q51

Please select the response that best describes you now, or in the past six months.

I worry that something bad will cause separation from loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q52

Please select the response that best describes you now, or in the past six months.

I have had a change in appetite.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q53

Please select the response that best describes you now, or in the past six months.

I am afraid of doing things in front of others.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q54

Please select the response that best describes you now, or in the past six months.

I am defiant and talk back to people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q55

Please select the response that best describes you now, or in the past six months.

I am too concerned about being neat or clean.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q56

Please select the response that best describes you now, or in the past six months.

I can't get my mind off certain thoughts.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q57

Please select the response that best describes you now, or in the past six months.

I argue a lot with adults.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q58

Please select the response that best describes you now, or in the past six months.

I avoid school because of fear of separation from loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q59

Please select the response that best describes you now, or in the past six months.

I have trouble sleeping.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q60

Please select the response that best describes you now, or in the past six months.

I worry about doing better at things.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q61

Please select the response that best describes you now, or in the past six months.

I worry that something bad will happen to loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q62

Please select the response that best describes you now, or in the past six months.

I am easily annoyed by others.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q63

Please select the response that best describes you now, or in the past six months.

I have mugged people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q64

Please select the response that best describes you now, or in the past six months.

I feel nervous with people I don't know well.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q65

Please select the response that best describes you now, or in the past six months.

I am scared to go to sleep without my parents being near.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q66

Please select the response that best describes you now, or in the past six months.

I avoid social situations.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q67

Please select the response that best describes you now, or in the past six months.

I have broken into someone else's house, building or car.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q68

Please select the response that best describes you now, or in the past six months.

When anxious, I have disturbed sleep.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q69

Please select the response that best describes you now, or in the past six months.

I get back at people.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q70

Please select the response that best describes you now, or in the past six months.

I am shy.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q71

Please select the response that best describes you now, or in the past six months.

I am afraid of making mistakes.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q72

Please select the response that best describes you now, or in the past six months.

I have nightmares about being separated from loved ones.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

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FBC_Q73

Please select the response that best describes you now, or in the past six months.

I stay out at night despite being told not to.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q74

Please select the response that best describes you now, or in the past six months.

I make careless mistakes.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q75

Please select the response that best describes you now, or in the past six months.

I find it hard to stop worrying.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_Q76

Please select the response that best describes you now, or in the past six months.

I feel overtired or lack energy.

1 Never or not true
2 Sometimes or somewhat true
3 Often or very true
(DK, RF not allowed)

FBC_END

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Effects of Behaviour Problems (EBP)

EBP_BEG

FBC_D76: From FBC Block. FBC_D76 = 0 when no problems were reported in Feelings and Behaviour block. FBC_D76 = 1 indicates problems were reported in FBC block.

EBP_C01

If FBC_D76 = 0, go to EBP_END.
Otherwise, go to EBP_Q01.

EBP_Q01

The next questions are about the problems you just identified. Please think about the problems of most concern to you.

Now or in the past six months, how much have these problems interfered with:

...how well you get along with the rest of the family?

1 Not at all
2 A little
3 Some
4 A lot
5 Extremely
(DK, RF not allowed)

EBP_Q02

Now or in the past six months, how much have these problems interfered with:

...making and keeping friends?

1 Not at all
2 A little
3 Some
4 A lot
5 Extremely
(DK, RF not allowed)

INFORMATION COPY
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EBP_Q03

Now or in the past six months, how much have these problems interfered with:

...learning or school work?

1 Not at all
2 A little
3 Some
4 A lot
5 Extremely
(DK, RF not allowed)

EBP_Q04

Now or in the past six months, how much have these problems interfered with:

...playing, hobbies, sports or other leisure activities?

1 Not at all
2 A little
3 Some
4 A lot
5 Extremely
(DK, RF not allowed)

EBP_END

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DO NOT USE TO REPORT

Emotional-Behavioural Problems - Need for Help (EBH)

EBH_BEG

EBH_Q01 **During the <u>past six months</u>, do you think that you have had any emotional or behavioural problems?**

1 Yes
2 No (Go to EBH_END)
(DK, RF not allowed)

EBH_Q02 **During that time, did you tend to have more problems than other [boys/girls] of your age?**

1 Yes
2 No
(DK, RF not allowed)

EBH_Q03 **Do you think that you need or needed any professional help with these problems?**

1 Yes
2 No
(DK, RF not allowed)

EBH_END

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Smoking (SMK)

SMK_BEG

SMK_Q01

The next few questions are about smoking. Some of the questions will apply to you even if you have not smoked. Please be as honest as you can. Your answers are private.

Have you tried or smoked cigarettes or cigars?

1 Yes, I tried or smoked cigarettes or cigars in the past six months. (Go to SMK_Q02)
2 Yes, I tried or smoked cigarettes or cigars but not in the past six months.
3 No, I have never tried or smoked any cigarettes or cigars.
(DK, RF not allowed)

Go to SMK_END

SMK_Q02

In the <u>past six months</u>, have you smoked every day for a month or longer?

1 Yes
2 No (Go to SMK_END)
(DK, RF not allowed)

SMK_Q03

On average, how many cigarettes were you smoking a day during that period?

1 1-4 cigarettes
2 5-9 cigarettes
3 10 or more cigarettes
(DK, RF not allowed)

SMK_END

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DO NOT USE TO REPORT

Drugs (DRG)

DRG_BEG

DRG_Q01

The next few questions are about drugs. Some of the questions will apply to you even if you have not used drugs. Please be as honest as you can. Your answers are private.

Have you used cannabis or marijuana (pot/grass/hashish)?

1 Yes, I used cannabis or marijuana in the past six months.
2 Yes, I used cannabis or marijuana but not in the past six months.
3 No, I have never used cannabis or marijuana. (Go to DRG_END)
(DK, RF not allowed)

Go to DRG_Q02

DRG_Q02

On average, how often do/did you use cannabis or marijuana (pot/grass/hashish)?

1 A few times
2 About once or twice a month
3 About 1 or 2 days a week
4 About 3 to 5 days a week
5 About 6 or 7 days a week
(DK, RF not allowed)

Go to DRG_Q03

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DRG_Q03

How old were you the first time you used cannabis or marijuana (pot/grass/hashish)?

|_|_|
(MIN: 0)
(MAX: 18)

(DK, RF not allowed)

DRG_END

Alcohol (ALC)

ALC_BEG

ALC_R01A

The next questions are about drinking alcohol. When we say a "drink", we mean:
- **One bottle or can of beer or a glass of draft**
- **One glass of wine or a wine cooler**
- **One drink or cocktail with one and a half ounces of liquor (rum, whisky, etc.)**

Some of the questions will apply to you even if you have not had alcohol. Please be as honest as you can. Your answers are private.

INSTRUCTION: Press <ENTER> to continue.

ALC_Q01

In the past six months, how often did you drink alcohol?

01	I had a sip of alcohol to see what it's like	(Go to ALC_END)
02	Once a month or less	(Go to ALC_END)
03	2 or 3 times a month	
04	Once a week	
05	2 or 3 times a week	
06	4 or 5 times a week	
07	Almost every day - 6 or 7 times a week	
08	Drank, but not in the past 6 months	(Go to ALC_END)
09	Never drank alcohol in lifetime	(Go to ALC_END)

(DK, RF not allowed)

Go to ALC_Q02

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ALC_Q02

How many times in the past four weeks have you had five or more drinks of alcohol on the same occasion?

1 Never
2 Once
3 2 times
4 3 times
5 4 times
6 5 or more times
(DK, RF not allowed)

Go to ALC_Q03

ALC_Q03

How many times in the <u>past four weeks</u> 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 Never
2 Once
3 2 times
4 3 times
5 4 times
6 5 or more times
(DK, RF not allowed)

ALC_END

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Risky Behaviour - Steroids (RBS)

RBS_BEG

RBS_Q01

The next few questions ask about use of different types of prescription and illicit drugs. Some questions may not apply to you, but please be as honest as you can. Your answers are private.

Have you used any of the following drugs in the past six months:

INSTRUCTION: Mark all that apply.

1 Hallucinogens (like LSD, acid, magic mushrooms, "mesc" or PCP ("Angel Dust"), etc.)
2 Glue or solvents (such as paint thinner, gasoline, etc.)
3 Drugs without a prescription or advice from a doctor: downers (seconal, Amytal, etc.); stimulants ("uppers", "Beans", "Christmas Trees", "Black Beauties", diet pills, etc.); tranquilizers (Valium, Librium, Serax, "5/10s", etc.)
4 Other drugs like ecstasy, crack, cocaine, heroin or speed
5 None
(DK, RF not allowed)

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RBS_Q02

In the past six 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 or more times
5 Used without a prescription but not in the past six months
6 Never used without a prescription in lifetime
7 Don't know what these pain relief pills are
(DK, RF not allowed)

RBS_Q03

In the past six months, how often did you use medicine that is usually used to help students who are hyperactive or have problems concentrating in school (e.g., medicine to treat a problem called attention deficit hyperactivity disorder 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 or more times
5 Used without a prescription but not in the last six months
6 Never used without a prescription in lifetime
7 Don't know what this medicine is
(DK, RF not allowed)

RBS_Q04

In the past six months, have you 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
(DK, RF not allowed)

RBS_END

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Safety (SAF)

SAF_BEG

SAF_Q01

The following questions ask about safety and taking risks.

How often do you wear a seat belt when riding in a car driven by someone else?

1 Never
2 Rarely
3 Sometimes
4 Most of the time
5 Always
(DK, RF not allowed)

SAF_Q02

During the past four weeks, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol or using drugs?

1 I did not ride in a car in the last four weeks.
2 0 times
3 1 time
4 2 or 3 times
5 4 or more times
(DK, RF not allowed)

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SAF_C03

If AGE = 16 or 17, go to SAF_Q03.
Otherwise, go to SAF_Q05.

SAF_Q03

Do you have a driver's license?

1 Yes, a level one graduated license (G1).
2 Yes, a level two graduated license (G2).
3 Yes, a full graduated license (G).
4 No, I do not have a driver's license.
(DK, RF not allowed)

SAF_Q04

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

1 No
2 Yes, I am currently taking a course.
3 Yes, I have already taken a course.
(DK, RF not allowed)

SAF_Q05

During the past four weeks, how many times did you drive a car or other vehicle when you had been drinking alcohol or using drugs?

1 I did not drive a car or other vehicle during the past 4 weeks.
2 0 times
3 1 time
4 2 or 3 times
5 4 or more times
(DK, RF not allowed)

SAF_Q06

During the past four weeks, on how many days did you text or e-mail while driving a car or other vehicle?

1 I did not drive a car or other vehicle during the past 4 weeks.
2 0 days
3 1 or 2 days
4 3 to 5 days
5 6 or more days
(DK, RF not allowed)

SAF_C07

If AGE = 16, 17, go to SAF_Q07.
Otherwise, go to SAF_Q08.

SAF_Q07

In the past 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 Never
2 Once
3 2 times
4 3 or more times
(DK, RF not allowed)

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SAF_Q08

In the past 12 months, have you ever driven a snowmobile, motor boat, Sea-doo, or all-terrain vehicle (ATV) when you had been drinking alcohol or using drugs?

1 I did not drive a snowmobile, motor boat, Sea-doo, or ATV in the last 12 months.
2 Yes
3 No
(DK, RF not allowed)

SAF_END

Sexual Behaviour & Dating Violence (SBD)

SBD_BEG

SBD_Q01 **Have you ever had consensual sexual intercourse - sexual intercourse that you agreed to, as opposed to an experience that you were forced into against your will?**

1 Yes
2 No (Go to SBD_Q07)
(DK, RF not allowed)

SBD_Q02A **How old were you when you first had consensual sexual intercourse?**

|_|_|
(MIN: 0)
(MAX: 18)

(DK, RF not allowed)

SBD_C02B If SBD_Q02A > AGE, go to SBD_Q02B.
Otherwise, go to SBD_Q03.

SBD_Q02B **Please confirm, how old were you when you first had consensual sexual intercourse?**

|_|_|
(MIN: 0)
(MAX: 18)

(DK, RF not allowed)

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SBD_Q03 **The first time you had consensual sexual intercourse, did you or your partner use a condom?**

1 Yes
2 No
DK
(RF is not allowed)

SBD_Q04 **How many different consensual sexual partners have you ever had?**

|_|_|
(MIN: 1)
(MAX: 99)

(DK, RF not allowed)

SBD_Q05 **In the past 12 months, have you had consensual sexual intercourse?**

1 Yes
2 No (Go to SBD_Q07)
(DK, RF not allowed)

SBD_Q06

What kinds of birth control or protection against sexually transmitted diseases do you and/or your partner use?

INSTRUCTION: Mark all that apply.

01 Condoms
02 Birth control pills
03 Birth control injection (e.g., Depo-Provera, 'the shot')
04 Diaphragm
05 Spermicide (e.g., foam, jelly, film)
06 Withdrawal (pull-out)
07 Emergency contraception ('the morning after pill', 'Plan B')
08 Other
09 None
(DK, RF not allowed)

SBD_Q07

Have you ever been told (by a doctor or nurse) that you have a sexually transmitted infection (STI/STD)?

1 Yes
2 No
(DK, RF not allowed)

SBD_Q08

Have you ever sent sexual pictures of yourself to someone else over the Internet or by text (e.g. "sexting")?

1 No, never
2 Yes, more than 12 months ago
3 Yes, once in the last 12 months
4 Yes, more than once in the last 12 months
(DK, RF not allowed)

SBD_Q09

Has someone ever sent you sexual pictures of themselves over the Internet or by text (e.g. "sexting")?

1 No, never
2 Yes, more than 12 months ago
3 Yes, once in the last 12 months
4 Yes, more than once in the last 12 months
(DK, RF not allowed)

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SBD_Q10

Has someone you were dating or going out with ever physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

1 No, never
2 Yes, more than 12 months ago
3 Yes, once in the last 12 months
4 Yes, more than once in the last 12 months
(DK, RF not allowed)

SBD_Q11

Has someone you were dating or going out with ever forced you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

1 No, never
2 Yes, more than 12 months ago
3 Yes, once in the last 12 months
4 Yes, more than once in the last 12 months
(DK, RF not allowed)

SBD_END

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Self-harm and Suicidal Behaviour (SHS)

SHS_BEG

SHS_R01

Some of the following questions might be hard for you to answer. If you feel like you need support, we encourage you to talk to your family doctor or nurse, or use the resource sheet that we left at your house.

INSTRUCTION: Press <ENTER> to continue.

SHS_Q01

Sometimes people deliberately harm themselves but they do not mean to take their life. In the past 12 months, did you ever deliberately harm yourself but not mean to take your life?

1 Yes (Go to SHS_Q04)
2 No
(DK, RF not allowed)

SHS_Q03

In the past 12 months, did you ever visit an Internet website which described different ways to harm yourself?

1 Yes
2 No
(DK, RF not allowed)

Go to SHS_Q09

SHS_Q04

In the past 12 months, how many times did you actually harm yourself but not mean to take your life?

1 Once
2 More than once
(DK, RF not allowed)

SHS_Q05

Which of the following behaviours best describe what you did most recently to harm yourself?

INSTRUCTION: Mark all that apply.

1 Self-cutting or scratching
2 Hitting yourself
3 Burning yourself
4 Ingesting a medication in excess of the prescribed dose or generally recognized therapeutic dose
5 Ingesting a recreational or illicit drug or alcohol as a means to harm yourself
6 Ingesting a non-digestible substance or object
7 Something else
(DK, RF not allowed)

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SHS_Q06

In the past 12 months, did you tell any of the following people that you harmed yourself?

INSTRUCTION: Mark all that apply.

01 Parent or other family member
02 Friend or partner
03 Teacher or other adult at school
04 Doctor, nurse or mental health professional (e.g., psychologist, social worker or counsellor)
05 Someone on a phone helpline or crisis hotline
06 Someone on the Internet
07 A minister, priest, rabbi, imam, or other spiritual leader
08 Naturopath, herbalist or alternative practitioner
09 I told someone else
10 None
(DK, RF not allowed)

SHS_Q07

In the past 12 months, did you ever look for help on the Internet to stop harming yourself?

1 Yes
2 No
(DK, RF not allowed)

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SHS_Q08

In the past 12 months, did you ever visit an Internet website which described different ways to harm yourself?

1 Yes
2 No
(DK, RF not allowed)

SHS_Q09

In the past 12 months, did any of your friends deliberately harm themselves but not mean to take their life?

1 Yes
2 No
DK
(RF is not allowed)

SHS_Q10

In the past 12 months, did you ever seriously consider taking your own life or killing yourself?

1 Yes
2 No (Go to SHS_END)
(DK, RF not allowed)

SHS_Q11

In the <u>past 12 months</u>, did you ever <u>tell any of the following people</u> that you were seriously considering taking your own life or killing yourself?

01 Parent or other family member
02 Friend or partner
03 Teacher or other adult at school
04 Doctor, nurse or mental health professional (e.g., psychologist, social worker or counsellor)
05 Someone on a phone helpline or crisis hotline
06 Someone on the Internet
07 A minister, priest, rabbi, imam, or other spiritual leader
08 Naturopath, herbalist or alternative practitioner
09 I told someone else
10 None
(DK, RF not allowed)

SHS_Q12

In the <u>past 12 months</u>, did you ever look for help on the Internet for ways to stop thinking about taking your own life?

1 Yes
2 No
(DK, RF not allowed)

SHS_Q13

In the <u>past 12 months</u>, did you ever visit an Internet website which described different ways to take your own life or kill yourself?

1 Yes
2 No
(DK, RF not allowed)

SHS_Q14

In the <u>past 12 months</u>, did you make a plan about how you would take your own life or kill yourself?

1 Yes
2 No
(DK, RF not allowed)

SHS_Q15

How many times did you actually try to take your own life or kill yourself?

1 Never
2 Once
3 More than once
(DK, RF not allowed)

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SHS_Q16 **Has anyone that you know personally died by suicide?**

1 Yes, within the last year
2 Yes, more than a year ago
3 No, never
(DK, RF not allowed)

SHS_Q17 **Has anyone in your school died by suicide?**

1 Yes, within the last year
2 Yes, more than a year ago
3 No, never
DK
(RF is not allowed)

Go to SHS_END

SHS_END

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Rare Experiences (REX)

REX_BEG

REX_Q01A

A lot of young people have had stressful or traumatic experiences in <u>their lifetime</u>. Have you <u>ever</u> had any of the following experiences:

... a head injury with loss of consciousness?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01B

Have you <u>ever</u> had any of the following experiences:

... a head injury with symptoms of concussion such as headache, feeling dizzy, faint or disoriented?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01C

Have you <u>ever</u> had any of the following experiences:

...a burn or poisoning requiring being admitted to hospital overnight?

1 Yes
2 No
DK
(RF is not allowed)

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REX_Q01D

Have you <u>ever</u> had any of the following experiences:

...a serious accident requiring being admitted to hospital overnight?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01E

Have you <u>ever</u> had any of the following experiences:

... the death of a parent or sibling?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01F

Have you ever had any of the following experiences:

...the separation or divorce of a parent?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01G

Have you ever had any of the following experiences:

...a painful break-up with a boyfriend / girlfriend?

1 Yes
2 No
DK
(RF is not allowed)

REX_C01H

If SEX = 2, go to REX_Q01H.
Otherwise, go to REX_Q01I.

REX_Q01H

Have you ever had any of the following experiences:

...a pregnancy or abortion?

1 Yes
2 No
DK
(RF is not allowed)

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REX_Q01I

Have you ever had any of the following experiences:

...telling others you are gay, lesbian, bisexual or transgender?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01J

Have you ever had any of the following experiences:

...seeing or speaking to someone from a child protection agency about difficulties at home?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01K

Have you ever had any of the following experiences:

...being placed in care overnight at a foster home or group home by the Children's Aid Society?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01L

Have you ever had any of the following experiences:

...being in trouble with the law?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01M

Have you ever had any of the following experiences:

...been arrested by the police?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01N

Have you ever had any of the following experiences:

...gone to Juvenile Court for something you might have done?

1 Yes
2 No
DK
(RF is not allowed)

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REX_Q01O

Have you ever had any of the following experiences:

...been in a detention centre, prison or jail for something you might have done?

1 Yes
2 No
DK
(RF is not allowed)

REX_Q01P

Have you ever had any of the following experiences:

...been an overnight patient in a hospital or other setting for problems with your emotions, attention or behaviours or use of drugs or alcohol?

1 Yes
2 No
DK
(RF is not allowed)

REX_END

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Exposure to maltreatment (EMA)

EMA_BEG

EMA_R01

The next few questions are about things that may have happened to you in your school, in your neighbourhood or in your family <u>at any time while growing up</u>. Your responses are important whether or not you have had any of these experiences. Your answers are private.

<u>INSTRUCTION</u>: Press <ENTER> to continue.

EMA_Q01A

How many times did an adult:

...slap you on the face, head or ears or hit or spank you with something hard to hurt you?

1 Never
2 1-2 times
3 3-5 times
4 6-10 times
5 More than 10 times
(DK, RF not allowed)

EMA_Q01B

How many times did an adult:

...push, grab, shove or throw something at you to hurt you?

1 Never
2 1-2 times
3 3-5 times
4 6-10 times
5 More than 10 times
(DK, RF not allowed)

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EMA_Q01C

How many times did an adult:

...kick, bite, punch, choke, burn or physically attack you in some way?

1 Never
2 1-2 times
3 3-5 times
4 6-10 times
5 More than 10 times
(DK, RF not allowed)

EMA_Q01D

How many times did an adult:

...force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?

1 Never
2 1-2 times
3 3-5 times
4 6-10 times
5 More than 10 times
(DK, RF not allowed)

EMA_Q01E

How many times did an adult:

...touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.

1 Never
2 1-2 times
3 3-5 times
4 6-10 times
5 More than 10 times
(DK, RF not allowed)

EMA_END

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Service Use - General Health Care Setting (GHS)

GHS_BEG

GHS_Q01A

In the past six months, did you see or talk to anyone from the following places about any concerns you may have had about your mental health:

...a family doctor or pediatrician's office?

1 Yes
2 No
DK
(RF is not allowed)

GHS_Q01B

In the past six months, did you see or talk to anyone from the following places about any concerns you may have had about your mental health:

...a walk-in clinic?

1 Yes
2 No
DK
(RF is not allowed)

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GHS_Q01C

In the past six months, did you see or talk to anyone from the following places about any concerns you may have had about your mental health:

...an urgent care clinic or emergency room?

1 Yes
2 No
DK
(RF is not allowed)

GHS_Q01D

In the past six months, did you see or talk to anyone from the following places about any concerns you may have had about your mental health:

...a regular or general hospital?

1 Yes
2 No
DK
(RF is not allowed)

GHS_C02

If any in GHS_Q01A, GHS_Q01B, GHS_Q01C, or GHS_Q01D = yes (1), go to GHS_D02.
Otherwise, go to GHS_END.

GHS_Q02

To what extent do you feel that the [responses/response] of the people at [these places/this place] to your mental health concerns [were/was] helpful?

1 Extremely helpful
2 Very helpful
3 Somewhat helpful
4 A little bit helpful
5 Not helpful
(DK, RF not allowed)

GHS_END

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Specialized mental health and addiction services (SMA)

SMA_BEG

SMA_Q01

The next questions ask about professional sources of help and information.

In the <u>past six months</u>, did you see or talk to anyone from any agency that provides mental health or addiction services for children or adolescents?

1 Yes (Go to SMA_Q02)
2 No
DK
(RF is not allowed)

Go to SMA_Q03

SMA_Q02

To what extent do you feel that the responses of the people at this place or these places to your mental health concerns were helpful?

1 Extremely helpful
2 Very helpful
3 Somewhat helpful
4 A little bit helpful
5 Not helpful
(DK, RF not allowed)

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SMA_Q03

In the <u>past six months</u>, have you seen a psychiatrist, a psychologist, a social worker or some other type of counsellor because of concerns about your mental health? Please include any providers you would have seen inside or outside the places mentioned before.

1 Yes (Go to SMA_Q04)
2 No
DK
(RF is not allowed)

Go to SMA_Q05

SMA_Q04

To what extent do you feel that the responses of these people to your mental health concerns were helpful?

1 Extremely helpful
2 Very helpful
3 Somewhat helpful
4 A little bit helpful
5 Not helpful
(DK, RF not allowed)

SMA_Q05

The next questions ask about sources of help and information adolescents may turn to, other than seeking professional help.

In the <u>past six months</u>, have you ever obtained help or advice from the following people or places due to concerns regarding your mental health? Remember, mental health concerns refer to problems you might have with emotions, attention or behaviour, or with alcohol or drugs.

<u>INSTRUCTION</u>: Mark all that apply.

01 Parent or other family member
02 Friend or partner
03 Teacher or other adult at school
04 Someone on a phone helpline or crisis hotline
05 Someone on the Internet
06 A minister, priest, rabbi, imam, or other spiritual leader
07 Naturopath, herbalist or alternative practitioner
08 Someone else
09 None
(DK, RF not allowed)

SMA_Q06

In the <u>past six months,</u> was there ever a time when you felt you might need professional help for mental health concerns (i.e., problems with emotions, attention, behaviours, or use of drugs or alcohol) but you did <u>not</u> seek help?

1 Yes
2 No (Go to SMA_END)
(DK, RF not allowed)

Go to SMA_Q07

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SMA_Q07

What are the reasons you did not seek help?

INSTRUCTION: Mark all that apply.

01 I thought I could manage it myself
02 I didn't know where to get help
03 I never got around to it (e.g., too busy)
04 It would have been too hard to schedule
05 I tried but the wait was too long
06 I didn't think professional help would do any good
07 It was going to cost too much
08 Getting there was a problem
09 I was afraid of what others would think of me
10 My parent refused to go
11 Other - Specify (Go to SMA_S07)

(DK, RF not allowed)

SMA_S07

(What are the reasons you did not seek help?)

INSTRUCTION: Specify.

_____

(80 spaces)

(DK, RF not allowed)

SMA_C07

If SMA_Q07 = more than one answer, go to SMA_Q08.
Otherwise, go to SMA_END.

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SMA_Q08

What was the main reason you did not seek help?

01 I thought I could manage it myself
02 I didn't know where to get help
03 I never got around to it (e.g., too busy)
04 It would have been too hard to schedule
05 I tried but the wait was too long
06 I didn't think professional help would do any good
07 It was going to cost too much
08 Getting there was a problem
09 I was afraid of what others would think of me
10 My parent refused to go
11 Other - Specify (Go to SMA_S08)
(DK, RF not allowed)

SMA_S08

(What was the main reason you did not seek help?)

INSTRUCTION: Specify.

(80 spaces)

(DK, RF not allowed)

SMA_END

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About Your Family (AYF)

AYF_BEG

AYF_Q01

These next questions are about your family.

During the <u>past six months</u>, how well have you gotten along with your [parent/parents]?

1 Very well, no problems
2 Quite well, hardly any problems
3 Pretty well, occasional problems
4 Not too well, frequent problems
5 Not well at all, constant problems
(DK, RF not allowed)

AYF_C02

If ISY_N09 = 0 and ISY_N10 = 0, go to AYF_R03.
Otherwise, go to AYF_Q02.

AYF_Q02

During the <u>past six months</u>, how well have you gotten along with your [brother/brothers/brother and sister/brothers and sister/brothers and sisters/brother and sisters/sisters/sister]?

1 Very well, no problems
2 Quite well, hardly any problems
3 Pretty well, occational problems
4 Not too well, frequent problems
5 Not well at all, constant problems
(DK, RF not allowed)

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AYF_R03

For the next questions, think about PMK_NAME. How closely do each of the following statements describe the way PMK has acted toward you during the <u>past six months</u>.

<u>INSTRUCTION</u>: Press <Enter> to continue.

AYF_Q03A

How closely does the following statement describe the way PMK has acted towards you during the <u>past six months</u>?

PMK enjoys doing things with me.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03B

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK cheers me up when I am sad.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03C

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK gives me a lot of care and attention.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03D

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK listens to my ideas and opinions.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

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AYF_Q03E

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK speaks of the good things I do.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03F

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK nags me about little things.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03G

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK gets angry and yells at me.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03H

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK threatens punishment more often than [he/she] uses it.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

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AYF_Q03I

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK keeps a rule or does not keep a rule depending upon [his/her] mood.

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_Q03J

How closely does the following statement describe the way PMK has acted towards you during the past six months?

PMK says mean things to make me feel bad (e.g. sad, mad, guilty).

1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
(DK, RF not allowed)

AYF_END

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About Your Family - Harsh Parenting (AYH)

AYH_BEG

AYH_R01

The next few questions are about things that may have happened to you at any time while growing up. Your responses are important whether or not you have had any of these experiences. Your answers are private.

INSTRUCTION: Press <Enter> to continue.

AYH_Q01A

Think about your parents and other caregivers. How many times:

...did they spank you with their hand on your bottom (bum), or slap you on your hand?

1 Never
2 1 or 2 times
3 3 to 5 times
4 6 to 10 times
5 More than 10 times
(DK, RF not allowed)

AYH_Q01B

Think about your parents and other caregivers. How many times:

...did they say things that really hurt your feelings or made you feel like you were not wanted or loved?

1 Never
2 1 or 2 times
3 3 to 5 times
4 6 to 10 times
5 More than 10 times
(DK, RF not allowed)

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AYH_Q01C

Think about your parents and other caregivers. How many times:

...did they not take care of your basic needs, such as keeping you clean or providing food or clothing?

1 Never
2 1 or 2 times
3 3 to 5 times
4 6 to 10 times
5 More than 10 times
(DK, RF not allowed)

AYH_Q01D

Think about your parents and other caregivers. How many times:

...did you see or hear any of them say hurtful or mean things to each other or to another adult in your home?

1 Never
2 1 or 2 times
3 3 to 5 times
4 6 to 10 times
5 More than 10 times
(DK, RF not allowed)

AYH_Q01E

Think about your parents and other caregivers. How many times:

...did you see or hear any of them hit each other or another adult in your home?

1 Never
2 1 or 2 times
3 3 to 5 times
4 6 to 10 times
5 More than 10 times
(DK, RF not allowed)

AYH_END

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About School (ASC)

ASC_BEG

ASC_Q01

The next few questions are about your experiences at school.

Since September 2014, have you attended school for at least one month?

1 Yes
2 No (Go to ASC_Q05)
(DK, RF not allowed)

ASC_Q02A

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

I feel close to people at my school.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
(DK, RF not allowed)

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ASC_Q02B

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

I feel like I belong at my school.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
(DK, RF not allowed)

ASC_Q02C

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

I am happy to be at my school.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
(DK, RF not allowed)

ASC_Q02D

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

The teachers at my school treat students fairly.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
(DK, RF not allowed)

ASC_Q02E

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

I feel safe in my school.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
(DK, RF not allowed)

ASC_Q03

How well have you gotten along with your teachers at school during the past six months?

1 Very well, no problems
2 Quite well, hardly any problems
3 Pretty well, occasional problems
4 Not too well, frequent problems
5 Not well at all, constant problems
6 I have not attended school in the past six months
(DK, RF not allowed)

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ASC_Q04A

Based on your school work and your most recent report cards, how are you doing in the following subjects:

Language (reading, writing and oral communication)?

1 A (80 - 100)
2 B (70 - 79)
3 C (60 - 69)
4 D or lower (<60)
5 Not applicable
(DK, RF not allowed)

ASC_Q04B

Based on your school work and your most recent report cards, how are you doing in the following subjects:

Mathematics?

1 A (80 - 100)
2 B (70 - 79)
3 C (60 - 69)
4 D or lower (<60)
5 Not applicable
(DK, RF not allowed)

ASC_Q04C

How are you doing overall?

1 A (80 - 100)
2 B (70 - 79)
3 C (60 - 69)
4 D or lower (<60)
(DK, RF not allowed)

ASC_Q05

How far in school do you think you will get?

1 Complete primary/elementary school (e.g. grade 8)
2 Go to high school, but not graduate
3 Graduate from high school
4 Get a diploma or certificate from trade, technical or vocational school or business college
5 Graduate from a community college or other non-university certificate
6 Graduate from university
7 Graduate from law, medical or graduate school
DK
(RF is not allowed)

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ASC_END

School-based Activities (SBA)

SBA_BEG — ASC_Q01 (attended school for at least one month since Sept.)

SBA_C01 — If ASC_Q01 = 1, go to SBA_Q01.
Otherwise, go to SBA_END.

SBA_Q01 — **The next few questions are about school-based activities (activities other than those in class).**

Since the beginning of the school year, how often have you:

...played sports or done physical activities without a coach or an instructor (e.g., softball at lunch)?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

SBA_Q02 — Since the beginning of the school year, how often have you:

...played sports with a coach or instructor, other than for gym class (e.g., school teams)?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

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SBA_Q03 — Since the beginning of the school year, how often have you:

...taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

SBA_Q04

Since the beginning of the school year, how often have you:

...taken part in art, drama or music groups, clubs or lessons, outside of class?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

SBA_Q05

Since the beginning of the school year, how often have you:

...taken part in a school club or group such as yearbook club, photography club or student council?

1 Most days
2 A few times a week
3 About once a week
4 About once a month
5 Almost never
(DK, RF not allowed)

SBA_END

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Missed School (MSC)

MSC_BEG

ASC_Q01 (attended school for at least one month since Sept.)

MSC_C01

If ASC_Q01 = 1, go to MSC_Q01.
Otherwise, go to MSC_END.

MSC_Q01

Since the beginning of <u>this school year</u>, about how many times have you skipped a day of school without permission?

1 Never
2 1 or 2 times
3 3 or 4 times
4 5 or more times
DK
(RF is not allowed)

MSC_Q02

Since the beginning of <u>this school year</u>, how many times have you been suspended from school?

1 Never
2 1 or 2 times
3 3 or 4 times
4 5 or more times
DK
(RF is not allowed)

MSC_END

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Bullying (BUL)

BUL_BEG — ASC_Q01 (attended school for at least one month since Sept.)

BUL_C01 — If ASC_Q01 = 1 (yes), go to BUL_Q01A.
Otherwise, go to BUL_END.

BUL_Q01A — **During this school year, how many times has any other student:**

...made fun of you, called you names or insulted you?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01B — During this school year, how many times has any other student:

...spread rumours about you?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

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BUL_Q01C — During this school year, how many times has any other student:

...threatened you with harm?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01D — During this school year, how many times has any other student:

...pushed you, shoved you, tripped you, or spit on you?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01E

During this school year, how many times has any other student:

...tried to make you do things you did not want to do, for example, give them money or other things?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01F

During this school year, how many times has any other student:

...excluded you from activities on purpose?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01G

During this school year, how many times has any other student:

...destroyed your property on purpose?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

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BUL_Q01H

During this school year, how many times has any other student:

...posted hurtful information about you on the Internet, for example, on social networking sites like Twitter or Facebook?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01I

During this school year, how many times has any other student:

...threatened or insulted you through email, instant messaging, text messaging, or an online game (e.g., Second Life)?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q01J

During this school year, how many times has any other student:

...purposefully excluded you from an online community (e.g., a buddy list or friends list)?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_Q02A

During this school year, how many times has anyone called you an insulting or bad name at school having to do with:

...your race, religion, ethnic background or national origin?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

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BUL_Q02B

During this school year, how many times has anyone called you an insulting or bad name at school having to do with:

...any disability you may have (e.g., physical, mental or developmental disabilities)?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_C02C

If AGE = 14, 15, 16 or 17, go to BUL_Q02C.
Otherwise, go to BUL_END.

BUL_Q02C

During this school year, how many times has anyone called you an insulting or bad name at school having to do with:

...your sexual orientation (e.g., homosexual, bisexual, heterosexual or asexual)?

1 Never
2 Once or twice this school year
3 Once or twice this month
4 Once or twice this week
5 Almost every day
(DK, RF not allowed)

BUL_END

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School Mental Health - Help (SMH)

SMH_BEG

ASC_Q01 (attended school for at least one month since Sept.)

SMH_C01

If ASC_Q01 = 1 (yes), go to SMH_Q01.
Otherwise, go to SMH_END.

SMH_Q01

<u>Since the beginning of the school year</u>, did you receive any individual or group counselling or any other help at school for concerns regarding your mental health? Remember, mental health concerns refer to problems you might have with emotions, attention or behaviour, or with alcohol or drugs.

1 Yes (Go to SMH_Q02)
2 No
DK
(RF is not allowed)

Go to SMH_END

SMH_Q02

Overall, how would you rate the help you received?

1 Extremely helpful
2 Very helpful
3 Somewhat helpful
4 A little bit helpful
5 Not helpful
DK
(RF is not allowed)

SMH_END

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School mental health - hypothetical (SMT)

SMT_BEG

ASC_Q01 (attended school for at least one month since Sept.)

SMT_C01

If ASC_Q01 = 1 (yes), go to SMT_Q01.
Otherwise, go to SMT_END.

SMT_Q01

If you felt that you needed help for concerns regarding your mental health, would you see or speak to a school social worker, psychologist, nurse, teacher or other staff person at the school about these problems?

1	Yes	(Go to SMT_END)
2	No	
DK		(Go to SMT_END)

(RF is not allowed)

SMT_Q02

Why would you not see or speak to someone from school if you needed help for concerns with your mental health?

INSTRUCTION: Mark all that apply.

1 Concern about what others would think of me
2 Lack of trust in these people - word would get out
3 Prefer to handle the problem myself
4 Don't think these people would be able to help
5 Wouldn't know who to approach
6 It would be too embarrassing
7 Other
DK
(RF is not allowed)

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SMT_END

Social Relationships (SRL)

SRL_BEG

SRL_Q01

The following questions ask about friendships.

About how many days a week do you do things with friends?

1 1 day a week
2 2-3 days a week
3 4-5 days a week
4 6-7 days a week
(DK, RF not allowed)

SRL_Q02

About how many close friends do you have? By "close friends", we mean people that you trust and confide in. They may be friends that you hang out with at school or outside school.

1 None
2 1
3 2 or 3
4 4 or 5
5 6 or more
(DK, RF not allowed)

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SRL_Q03

During the past six months, how well have you gotten along with young people such as friends or classmates?

INSTRUCTION: Mark all that apply.

1 Very well, no problems
2 Quite well, hardly any problems
3 Pretty well, occasional problems
4 Not too well, frequent problems
5 Not well at all, constant problems
(DK, RF not allowed)

SRL_END

Social Relationships - Cultural Groups (SRC)

SRC_BEG

SRC_Q01 **Which group or groups best describe the racial or cultural background of your friends?**

INSTRUCTION: Mark all that apply.

01 White
02 East Asian (e.g., Chinese, Japanese, Korean)
03 Southeast Asian (e.g., Burmese, Filipino, Vietnamese, Thai)
04 South Asian (e.g., Afghan, Bangladeshi, Indian, Pakistani, Sri Lankan)
05 West Asian (e.g., Iraqi, Syrian, Lebanese)
06 Arabic
07 Black
08 Latin American
09 Aboriginal / Native (e.g., North American Indian, Métis, or Inuit / Eskimo)
10 Other - Specify (Go to SRC_S01)
DK
(RF is not allowed)

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SRC_S01 **(Which group or groups best describe the racial or cultural background of your friends?)**

INSTRUCTION: Specify.

(80 spaces)

(DK, RF not allowed)

SRC_Q02

Which racial or cultural groups describe you the best?

INSTRUCTION: Mark all that apply.

01 White
02 East Asian (e.g., Chinese, Japanese, Korean)
03 Southeast Asian (e.g., Burmese, Filipino, Vietnamese, Thai)
04 South Asian (e.g., Afghan, Bangladeshi, Indian, Pakistani, Sri Lankan)
05 West Asian (e.g., Iraqi, Syrian, Lebanese)
06 Arabic
07 Black
08 Latin American
09 Aboriginal / Native (e.g., North American Indian, Métis, or Inuit / Eskimo)
10 Other - Specify (Go to SRC_S02)
DK
(RF is not allowed)

SRC_S02

(Which racial or cultural groups describe you the best?)

INSTRUCTION: Specify.

(80 spaces)

(DK, RF not allowed)

SRC_END

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Friendship Quality (FQU)

FQU_BEG

FQU_Q01 **Think about your best friend. Is this person male or female?**

1 Male
2 Female
3 I don't have a best friend. (Go to FQU_Q05B)
(DK, RF not allowed)

FQU_C01 If FQU_Q01 = null, go to FQU_Q05B.
Otherwise, go to FQU_Q02.

FQU_Q02 **How long has this person been your best friend?**

1 Less than 1 month
2 1 to 3 months
3 4 to 12 months
4 More than 12 months
(DK, RF not allowed)

FQU_Q03 **About how many days a week do you hang out with this person outside of school, extracurricular activities or a job?**

1 0
2 1 to 2
3 3 to 4
4 More than 4
(DK, RF not allowed)

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FQU_R04 **The following statements describe friendships. Please mark how much each statement describes your friendship with your best friend.**

INSTRUCTION: Press <Enter> to continue.

FQU_Q04A **I can trust and rely upon my friend.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04B **If other kids were bothering me, my friend would help me.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04C **If I have a problem at home or at school, I can talk to my friend about it.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04D **I very often count on my friend for help and comfort.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04E **If somebody tried to say or do mean things to me, my friend would help me.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

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FQU_Q04F **If there is something bothering me, I can tell my friend about it even if it is something I cannot tell other people.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04G **Even if other people stopped liking me, my friend would still be my friend.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q04H **My friend would stick up for me if another kid was causing trouble.**

1 False
2 Mostly false
3 Sometimes false / Sometimes true
4 Mostly true
5 True
(DK, RF not allowed)

FQU_Q05A **Other than your best friend do you have anyone else in particular you can talk to about yourself or your problems?**

1 Yes
2 No (Go to FQU_END)
(DK, RF not allowed)

Go to FQU_Q06

FQU_Q05B **Do you have anyone you can talk to about yourself or your problems?**

1 Yes
2 No (Go to FQU_END)
(DK, RF not allowed)

FQU_Q06 **What is their relationship to you?**

INSTRUCTION: Mark all that apply.

01 Mother
02 Father
03 Stepmother
04 Stepfather
05 Brother
06 Sister
07 Grandparents
08 Other relative
09 A friend of the family
10 Parent's boyfriend / girlfriend
11 Teacher / Counsellor at school
12 Coach or leader (e.g., Scout, Guide or church leader)
13 Other (e.g., family doctor)
DK
(RF is not allowed)

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FQU_END

Civic Activities (CIV)

CIV_BEG

CIV_Q01A

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house and 40 hours community service required at school) by:

...supporting a cause (e.g., a food bank, environmental group, political group)?

1 Yes
2 No
(DK, RF not allowed)

CIV_Q01B

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house and 40 hours community service required at school) by:

...fund raising (e.g., for a charity)?

1 Yes
2 No
(DK, RF not allowed)

CIV_Q01C

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house and 40 hours community service required at school) by:

...helping in your community (e.g., hospital volunteering, work in a community organization or coaching)?

1 Yes
2 No
(DK, RF not allowed)

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CIV_Q01D

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house and 40 hours community service required at school) by:

...helping neighbours or relatives (e.g., cutting grass, babysitting or shovelling snow)?

1 Yes
2 No
(DK, RF not allowed)

CIV_Q01E

In the past 12 months, have you volunteered or helped without pay (excluding chores around the house and 40 hours community service required at school) by:

...doing another volunteer activity?

1 Yes
2 No
(DK, RF not allowed)

CIV_C02

If all (CIV_Q01A, CIV_Q01B, CIV_Q01C, CIV_Q01D, CIV_Q01E) = 2 (NO), go to CIV_Q03.
Otherwise, go to CIV_Q02.

CIV_Q02

During the <u>past 12 months</u>, how often have you volunteered or helped without pay?

1 Everyday
2 A few times a week
3 Once a week
4 A few times a month
5 Once a month
6 Less than once a month
(DK, RF not allowed)

CIV_Q03

Are you currently doing any paid or unpaid work (e.g., work in your family's business or farm, a co-op program or work placement organized by your school, odd jobs, or at a job or business for pay (or profit), like working at a store or restaurant or running your own business)?

1 Yes
2 No
(DK, RF not allowed)

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CIV_Q04A

Now, think of all the jobs you do in an average school week. How many hours in total do you usually work:

...Monday to Friday?

(MIN: 0)
(MAX: 120)

(DK, RF not allowed)

CIV_Q04B

Now, think of all the jobs you do in an average school week. How many hours in total do you usually work:

...Saturday and Sunday?

(MIN: 0)
(MAX: 48)

(DK, RF not allowed)

CIV_END

Thank You - Youth (THY)

THY_BEG

ISY_N13B: FLAG18 - flag that indicates if actual age of respondent the day of the interview is 18 or not (from ISY block)

THY_C01

If ISY_N13B=Yes, go to THY_Q01.
Otherwise, go to THY_R04.

THY_Q01

Your responses from this study will be combined with information from other surveys and from administrative data sources.

This includes information from the Ontario Ministry of Education about your education and information from the Ontario Ministry of Health and Long-Term Care about your use of health services.

Sharing your personal information, such as name, address, birth date and school name with the Ontario Ministries of Education and Health and Long-term Care will allow us to link your records. The ministries have agreed to keep this information strictly confidential and use it only for statistical purposes.

Do you agree to share your information with the Ontario Ministries of Education and Health and Long-term Care?

1 Yes
2 No
(DK, RF not allowed)

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THY_Q02

To avoid duplication of surveys, Statistics Canada has signed an agreement with the Ontario Ministry of Health and Long-Term Care to share the information that you provided in this questionnaire. It has agreed to keep your information confidential and use it only for statistical purposes. Do you agree to share your information with the Ontario Ministry of Health and Long-Term Care?

1 Yes
2 No
(DK, RF not allowed)

THY_Q03

To avoid duplication of surveys, Statistics Canada has signed an agreement with McMaster University to share the information that you provided in this questionnaire. It has agreed to keep your information confidential and use it only for statistical purposes. Do you agree to share your information with McMaster University?

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to McMaster University.

1 Yes
2 No
(DK, RF not allowed)

THY_R04

Thank you for completing this questionnaire. Please let the interviewer know that you have finished this part of the interview.

THY_END

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