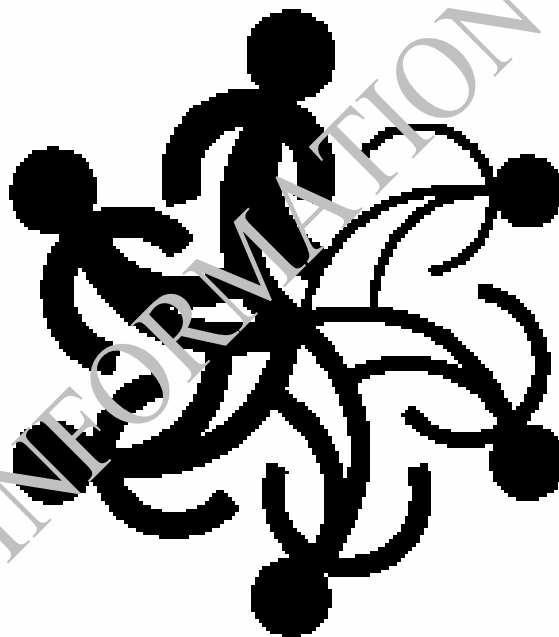




NATIONAL LONGITUDINAL SURVEY OF CHILDREN & YOUTH

Cycle 6 Survey Instruments 2004/2005
Book 2 – Youth Questionnaires



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2006



Statistics Canada
Human Resources
and Social
Development Canada

Statistique Canada
Ressources humaines et
Développement social
Canada

Canada

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Également disponible en français sous le titre : Enquête longitudinale nationale sur les enfants et les jeunes, Matériel d'enquête 2004-2005 - Cycle 6.

National Longitudinal Survey of Children and Youth – Cycle 6

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INTRODUCTION

The National Longitudinal Survey of Children and Youth (NLSCY) instruments – by which we mean the various questionnaires used to gather information from parents, children and youth, and teachers – can be divided into 3 groups:

A- **Electronic questionnaires** loaded on the interviewers' laptops and administered by interviewers to parents and youth using computer-assisted (CAPI or CATI) methods:

- Household contact information
- Parent questionnaire
- Child questionnaire
- Youth questionnaire

B- **Paper questionnaires**, self administered:

- Booklet 20 – self complete for 10- and 11-year-olds
- Booklet 21 – self complete for 12- and 13-year-olds
- Booklet 22 – self complete for 14- and 15-year-olds
- Booklet 23 – self complete for 16- and 17-year-olds

C- **Other Instruments** to be administered by interviewers.

- Peabody Picture Vocabulary Test – Revised (PPVT-R) (Direct Measure, 4- and 5-year-olds)
- Who Am I? (Direct Measure, 4- and 5-year-olds)
- Number Knowledge (Direct Measure, 4- and 5-year-olds)
- Math tests (Direct Measure, Grades 4 to 10)
- Problem Solving Exercise (Direct Measure, 16- and 17-year-olds)

For Cycle 6, there are two published documents containing survey instruments: Book 1 contains the electronic questionnaires and Book 2 contains the self-administered paper questionnaires listed in B above. The instruments listed in C above will not be published. Several of them are available from publishers. Please see list at the end of this section.

This is **Book 2**. It contains the youth paper self-complete questionnaires.

The reader may also wish to refer to the documentation from previous cycles, available upon request or on the Statistics Canada website at: [statcan.ca/Products and Services](http://statcan.ca/Products%20and%20Services)

Cycle 1

National Longitudinal Survey of Children: Survey Instruments for 1994/1995 Data Collection, Cycle 1

National Longitudinal Survey of Children: Overview of Survey Instruments for 1994/1995 Data Collection, Cycle 1

National Longitudinal Survey of Children and Youth: User's Handbook and Microdata Guide

Cycle 2

National Longitudinal Survey of Children and Youth: Survey Instruments for 1996/1997 Data Collection, Cycle 2

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 1996/1997 Data Collection, Cycle 2

Cycle 3

National Longitudinal Survey of Children and Youth: Cycle 3 Survey Instruments for 1998/1999 Book 1-Parents and Child

National Longitudinal Survey of Children and Youth: Cycle 3 Survey Instruments for 1998/1999 Book 2 – Education; 10- and 11-year-olds; 12- and 13-year-olds; 14- and 15-year-olds

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 1998/1999 Data Collection, Cycle 3

Cycle 4

National Longitudinal Survey of Children and Youth: Cycle 4 Survey Instruments for 2000/2001 Book 1- Parent, Child and Youth

National Longitudinal Survey of Children and Youth: Cycle 4 Survey Instruments for 2000/2001 Book 2- Teacher, Principal and Youth (10- to 17-year-olds)

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 2000/2001 Data Collection, Cycle 4

Cycle 5

National Longitudinal Survey of Children and Youth: Cycle 5 Survey Instruments for 2002/2003 Book 1- Parent, Child and Youth

National Longitudinal Survey of Children and Youth: Cycle 5 Survey Instruments for 2002/2003 Book 2- Teacher and Youth Questionnaires

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 2002/2003 Data Collection, Cycle 5

List of the Direct Measures publishers

PPVT-R (English)

Jessica Olivier, President
Psycon Corporation
12-120 West Beaver Creek Rd
Richmond Hill ON L4B 1L2
Tel: 905 731 8795; toll free: (800) 263-3558
Fax: 905 731 5029; toll free: (888) 263-5188
mail@psycon.com
www.psycon.com

Math Tests (Grades 4 to 10)

David Galati
Canadian Test Centre
85 Citizen Court, Unit # 7
Markham, Ontario L6G 1A8
Tel.: (905) 513-6636
Fax.: (905) 513-6639
ctdavid@on.aibn.com

Who Am I?

ACER Press
Customer Service
Private Bag 55
Camberwell, VIC 3124
AUSTRALIA
www.acerpress.com.au

Number Knowledge

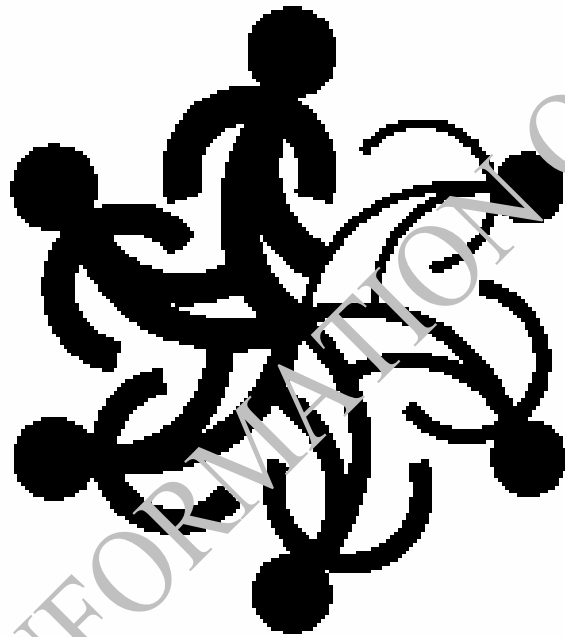
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Ages and Stages Questionnaires

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National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



**BOOKLET 20: SELF-COMPLETED QUESTIONNAIRE FOR 10- AND 11-
YEAR-OLDS**

BOOKLET 20
SELF-COMPLETED QUESTIONNAIRE FOR 10- AND 11-YEAR-OLDS11

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National Longitudinal Survey of Children and Youth

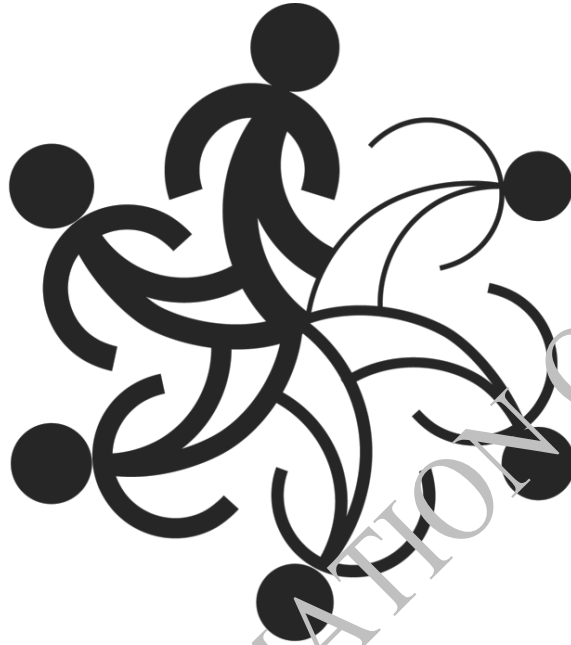
Cycle 6

Booklet 20E

Confidential when completed

Collected under the authority of
the Statistics Act, revised statutes
of Canada, 1985, Chapter S19.

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY

Person ID

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Respondent's First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assignment No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time Started

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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8-5300-464.1: 2004-05-26 STC/ENM-040-75020



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I N S T R U C T I O N S

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.

When you answer these questions, you can mark your answers like this or fill in the circle , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

Example 1

B1 How do you feel about school?

- 0 I like school very much.
 1 I like school quite a bit.
 2 I like school a bit.
 3 I don't like school very much.
 4 I hate school.

Example 2

A6 How many close friends do you have?

93 None

OR

number of close friends

KIDS HELP PHONE
JEUNESSE, ÉCOUTE



1-800-668-6868

Remember that the KIDS HELP PHONE is available to help you at any time if you feel like you would like to talk to someone about a problem.

1-(800) 668-6868

Statistics Canada will keep your answers PRIVATE.
No one from your home or your school will see what you write.

THANK YOU FOR YOUR HELP!

SECTION A Friends and Family

Please answer the following statements about your friends and others your age.

	False	Mostly false	Sometimes true / Sometimes false	Mostly true	True
A1 I have many friends.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A2 I get along easily with others my age.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
A3 Others my age want me to be their friend.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A4 Most others my age like me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>

For the rest of this questionnaire, by "close friends", we mean the people that you trust and confide in. They may be friends that you hang out with at school or outside school.

A5 About how many days a week do you do things with **close friends** outside of school hours?

⁰¹ Never

⁰² Less than once a week

⁰³ 1 day a week

⁰⁴ 2 or 3 days a week

⁰⁵ 4 or 5 days a week

⁰⁶ 6 or 7 days a week

A6 How many close friends do you have?

None ⁹³ OR Number of close friends

--	--

A7 How many of your close friends do the following:

	None	A few	Most	All
a. smoke cigarettes?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
b. drink alcohol?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
c. have tried marijuana?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
d. have tried drugs other than marijuana?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>



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No one from your home or your school will see what you write.

A8 Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

⁸ Yes → **Go to question A9**

⁹ No → **Go to question A10**

A9 What is their relationship to you?
(Mark everyone you feel you can talk to about yourself or your problems.)

- ⁰¹ Mother
- ⁰² Father
- ⁰³ Stepmother
- ⁰⁴ Stepfather
- ⁰⁵ Brother
- ⁰⁶ Sister
- ⁰⁷ Grandparent
- ⁰⁸ Other relative
- ⁰⁹ A friend of the family
- ¹⁰ Sitter or babysitter
- ¹¹ Parent's boyfriend/girlfriend
- ¹² Teacher
- ¹³ Coach or leader (e.g. Scout, Guide or church leader)
- ¹⁴ Other (e.g. family doctor)

A10 In the past 6 months, how well have you gotten along with other young people such as friends or classmates?

- ¹⁵ Very well, no problems
- ¹⁶ Quite well, hardly any problems
- ¹⁷ Pretty well, some problems
- ¹⁸ Not too well, many problems
- ¹⁹ Not well at all, constant problems

A11 In the past 6 months, how well have you gotten along with your brothers and sisters, step brothers and sisters, or foster brothers and sisters?
(Answer about the ones you spend the most time with.)

- ³⁴ Very well, no problems
- ³⁵ Quite well, hardly any problems
- ³⁶ Pretty well, some problems
- ³⁷ Not too well, many problems
- ³⁸ Not well at all, constant problems
- ³⁹ I am not in touch with my brothers and sisters
- ⁴⁰ I don't have brothers and sisters



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SECTION B **School**
B1 How do you feel about school?

- 0 I like school very much
- 1 I like school quite a bit
- 2 I like school a bit
- 3 I don't like school very much
- 4 I hate school

B2 How well do you think you are doing in your school work?

- 09 Very well
- 10 Well
- 11 Average
- 12 Poorly
- 13 Very poorly

B3 How important is it to you to do the following in school:

	Very important	Somewhat important	Not very important	Not important at all
a. make friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. get good grades?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. participate in extra-curricular activities?	<input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. learn new things?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

B4 How do you like the following subjects:

	I hate it	I don't like it very much	I like it a little	I like it a lot	I don't take it
a. Math	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b. English	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c. French	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>



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B5

Read the following statements and choose the answer that best describes how you feel.

	All the time	Most of the time	Some of the time	Rarely	Never
a. I feel safe at school.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel safe on my way to and from school.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
c. Other young people say mean things to me at school.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I am bullied in school.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
e. I am bullied on my way to and from school.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I feel like an outsider (or left out of things) at my school.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

About my teachers and homework.

B6

	All the time	Most of the time	Some of the time	Rarely	Never	
a. In general my teachers treat me fairly.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	
b. If I need extra help, my teachers give it to me.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/> Don't need help
c. I have a place at home to do homework or study.	01 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/> No homework
d. When my teachers give me homework, I do it.	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/> No homework

B7

In the next statements, parents include guardians. They are the ones who live with you at home and influence your life.

	All the time	Most of the time	Some of the time	Rarely	Never	No problems at school
a. If I have problems at school, my parents are ready to help.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b. My parents encourage me to do well at school.	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	
c. My parents expect too much of me at school.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	



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C1 Choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b. Overall I have a lot to be proud of.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
c. A lot of things about me are good.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
d. When I do something, I do it well.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
e. I like the way I look.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

C2 Now you will be asked about yourself and **how you relate to other people** at home and at school. (Choose only one answer for each sentence.)

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I like doing things for others.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. I get angry easily.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I can understand hard questions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. I think that most things I do will turn out OK.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I can talk easily about my feelings.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. I feel bad when other people have their feelings hurt.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I get upset easily.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. I can come up with many ways of answering a hard question when I want to.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I hope for the best.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. I can easily describe my feelings.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I know when people are upset, even when they say nothing.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. When I get angry, I act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. When answering hard questions, I try to think of many solutions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. I enjoy the things I do.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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SECTION D **Feelings and Behaviours**

D1 Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
a. I show sympathy to (I feel sorry for) someone who has made a mistake.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. I can't sit still, I am restless.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. I destroy my own things.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d. I try to help someone who has been hurt.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. I steal at home.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. I am unhappy or sad.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
g. I get into many fights.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. I offer to help clear up a mess someone else has made.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. I am easily distracted. I have trouble sticking to any activity.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
j. When I am mad at someone, I try to get others to dislike him/her.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. I am not as happy as other people my age.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. I destroy things belonging to my family or other young people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
m. If there is an argument, I try to stop it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. I can't concentrate, I can't pay attention.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
o. I am too fearful or nervous.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
p. When I am mad at someone, I become friends with another as revenge.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



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No one from your home or your school will see what you write.



D1 Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
q. I am impulsive, I act without thinking.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
r. I tell lies or cheat.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
s. I offer to help other young people (friend, brother or sister) who are having difficulty with a task.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
t. I worry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
u. I have difficulty waiting for my turn in games or group activities.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
v. When another young person accidentally hurts me, I assume that they meant to do it, and I react with anger and fighting.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
w. When I am mad at someone, I say bad things behind his/her back.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
x. I physically attack people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
y. I comfort another young person (friend, brother or sister) who is crying or upset.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
z. I cry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
aa. I vandalize.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
bb. I threaten people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
cc. I help to pick up things that another young person has dropped.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
dd. I bully or am mean to others.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
ee. I cannot settle to anything for more than a few moments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ff. When I am mad at someone, I say to others: let's not be with him/her.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>



Statistics Canada will keep your answers PRIVATE.
No one from your home or your school will see what you write.

D1 Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
gg. I am nervous, highstrung or tense.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
hh. I kick or hit other people my age.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ii. When I am playing with others, I invite bystanders to join in a game.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
jj. I steal outside my home.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
kk. I am inattentive, I have difficulty paying attention to someone.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ll. I have trouble enjoying myself.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
mm. I help other people my age (friends, brother or sister) who are feeling sick.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
nn. When I am mad at someone, I tell that person's secrets to a third person.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
oo. I encourage other people my age who cannot do things as well as I can.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

D2 In the past 12 months, about how many times...

	Never	Once or twice	3 or 4 times	5 times or more
a. have you stayed out later than your parents said you should?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. have you stayed out all night without permission?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. have you skipped a day of school without permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. have you been drunk?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. were you questioned by the police about anything they thought you did?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. have you run away from home?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D3 In the past 12 months were you part of a group that did bad things?

- 1 Yes
2 No



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SECTION E

My Parent(s)

My mother

E1 Think of the mother you spend the most time with. Is she ...
(Mark one only.)

- ⁰¹ your biological/birth mother?
⁰² your adoptive mother?
⁰³ your stepmother?
⁰⁴ your foster mother?
⁰⁵ another person (a mother figure)?

OR

- ⁰⁶ I am not in touch with my mother

→ Go to question E4

E2 Thinking of the mother you have identified in the previous question:

- | | A great deal | Some | Very little/Not at all |
|---|------------------------------------|------------------------------------|------------------------------------|
| a. How well do you feel that your mother understands you? | ⁰ <input type="radio"/> | ¹ <input type="radio"/> | ² <input type="radio"/> |
| b. How much fairness do you receive from your mother? | ³ <input type="radio"/> | ⁴ <input type="radio"/> | ⁵ <input type="radio"/> |
| c. How much affection do you receive from your mother? | ⁶ <input type="radio"/> | ⁷ <input type="radio"/> | ⁸ <input type="radio"/> |

E3 Overall, how would you describe your relationship with your mother?

- ¹ Very close
² Somewhat close
³ Not very close

My Father

E4 Now think of the father you spend the most time with. Is he ...
(Mark one only.)

- ⁰¹ your biological/birth father?
⁰² your adoptive father?
⁰³ your stepfather?
⁰⁴ your foster father?
⁰⁵ another person (a father figure)?

OR

- ⁰⁶ I am not in touch with my father

→ Go to question E7



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E5 Thinking of the father you have identified in the previous question:

	A great deal	Some	Very little/Not at all
a. How well do you feel that your father understands you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>
b. How much fairness do you receive from your father?	³ <input type="radio"/>	⁴ <input type="radio"/>	⁵ <input type="radio"/>
c. How much affection do you receive from your father?	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

E6 Overall, how would you describe your relationship with your father?

- ⁵ Very close
⁶ Somewhat close
⁷ Not very close

Answer the following questions thinking of the father and mother you have identified in the previous questions.

E7 How well do you think your parents get along with each other?

- ⁰ Very well
¹ Fairly well
² Not very well
³ My parents are not in touch with each other

E8 How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?

- ⁰¹ Never
⁰² Rarely
⁰³ Sometimes
⁰⁴ Often
⁰⁵ Always
⁰⁶ I don't know
⁰⁷ My parents are not in touch with each other

E9 How often do your parents get upset with one another, including times when they are mad but don't say much?

- ⁰⁸ Never
⁰⁹ Rarely
¹⁰ Sometimes
¹¹ Often
¹² Always
¹³ I don't know
¹⁴ My parents are not in touch with each other

E10 For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted toward you **in the past 6 months**.

My parent(s) ...

	Never	Rarely	Sometimes	Often	Always
a. smile at me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
b. want to know exactly where I am and what I am doing.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
c. soon forget a rule they have made.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
d. praise me (say nice things about me).	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
e. let me go out any evening I want.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>



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E10 For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted toward you **in the last 6 months**.

My parent(s) ...

	Never	Rarely	Sometimes	Often	Always
f. tell me what time to be home when I go out.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. nag me about little things.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
h. listen to my ideas and opinions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. and I solve a problem together whenever we disagree about something.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
j. only keep rules when it suits them.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. get angry and yell at me.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
l. make sure I know I am appreciated.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. threaten punishment more often than they use it.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
n. speak of the good things I do.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. find out about my misbehaviour.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
p. enforce a rule or do not enforce a rule depending upon their mood.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. hit me or threaten to do so.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
r. seem proud of the things I do.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. seem too busy to spend as much time with me as I'd like.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
t. take an interest in where I am going and who I am with.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

E11 How often do your parents let you decide ...

	Almost never	Sometimes	Often	Always
a. the time you go to bed on weeknights?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
b. the people you hang around with?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. how much television you watch?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>



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SECTION F Puberty

We know that the following questions might be difficult, but would appreciate you answering them as well as you can. Changes in young people's bodies can affect many different aspects of their lives.

F1 Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Growth of body hair is definitely underway
- 4 Growth of body hair seems completed

Boys go to question F4
Girls go to question F2

For girls only

F2 Have your breasts begun to grow?

- 5 Have not yet started growing
- 6 Have barely started growing
- 7 Breast growth is definitely underway
- 8 Breast growth seems completed

F3 Have you begun to menstruate (your monthly periods)?

- 1 Yes
- 2 No

Girls go to section G

For boys only

F4 Have you noticed a deepening of your voice?

- 5 Has not yet started changing
- 6 Has barely started changing
- 7 Voice is definitely changing
- 8 Voice change seems completed

F5 Have you begun to grow hair on your face?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Facial hair growth is definitely underway
- 4 Facial hair growth seems completed



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SECTION G Smoking, Drinking and Drugs

In this section, we would like to ask you some questions about your experiences with smoking, drinking and drugs.

Some of the questions will apply to you even if you have not smoked, had a drink or used drugs.

Please be as honest as you can – your answers are private and Statistics Canada will make sure no one will find out who filled out each questionnaire.

G1 Which of the following best describes your experience with smoking cigarettes:

⁰¹ I have never smoked

→ **Go to question G3**

⁰² I have only had a few puffs

⁰³ I do not smoke anymore

→ **Go to question G2**

OR

I smoke ...

⁰⁴ A few times a year

⁰⁵ About once or twice a month

⁰⁶ About 1-2 days a week

⁰⁷ About 3-5 days a week

⁰⁸ About 6-7 days a week

G2 If you have smoked one or more cigarettes every day for at least 7 days in a row, how old were you when you first did so?

⁹⁸ I have never done this

OR

I was years old



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The next questions are about drinking alcohol.

A drink of alcohol is, for example:

- ✓ one bottle of beer or
- ✓ one glass of wine, or
- ✓ one shot of liquor.

G3 Have you ever had a drink of alcohol?

⁰¹ Yes, at least one drink

→ Go to question G4

⁰² I have only had a few sips

→ Go to question G5

⁰³ No

G4 How old were you when you first had a drink of alcohol?

I was years old

The next questions are about drug use. Please answer even if you do not use drugs.

G5 Have you ever tried drugs or sniffed glue or solvents?
(Drugs include marijuana, cocaine, acid, or uppers, downers, ecstasy, etc.)

¹ Yes

² No

→ Go to section H

G6 If you have used drugs, how old were you when you first did so?
(Drugs include marijuana, cocaine, acid, uppers, downers, ecstasy, etc.)

I was years old

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SECTION H Activities

H1 In the past 12 months, how often have you...

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. played sports or done physical activities without a coach or an instructor (biking, skateboarding, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. played sports with a coach or instructor, other than in gym class (swimming lessons, baseball, hockey, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. taken part in art, drama or music groups, clubs or lessons outside of class?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. done a hobby or craft (drawing, model building, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. done odd jobs (a paper route, babysitting, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

H2 Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session?

This may be an activity with or without a coach or instructor, but does not include gym class.

01 I do not do physical activities

02 1 to 15 minutes

03 16 to 30 minutes

04 31 to 59 minutes

05 1 to 2 hours

06 more than 2 hours

H3 On average, about how many hours a day do you watch TV or videos or play video games?

01 I don't watch TV or videos or play video games

02 Less than one hour a day

03 1 to 2 hours a day

04 3 to 4 hours a day

05 5 to 6 hours a day

06 7 or more hours a day



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SECTION H Activities**H4** How often do you read for fun (not for school)?

- ⁰⁷ Every day
⁰⁸ A few times a week
⁰⁹ Once a week
¹⁰ A few times a month
¹¹ Less than once a month
¹² Almost never

H5 Do you use the Internet ...

	Yes	No
a. at home?	¹ <input type="radio"/>	² <input type="radio"/>
b. at school?	³ <input type="radio"/>	⁴ <input type="radio"/>
c. somewhere else?	⁵ <input type="radio"/>	⁶ <input type="radio"/>

H6 Not including Internet use, do you use a computer ...

	Yes	No
a. at home?	¹ <input type="radio"/>	² <input type="radio"/>
b. at school?	³ <input type="radio"/>	⁴ <input type="radio"/>
c. somewhere else?	⁵ <input type="radio"/>	⁶ <input type="radio"/>

H7 On average, about how many hours a day do you spend on a computer (doing work, playing games, e-mailing, chatting, surfing the Internet, etc.)?

- ⁰⁷ I don't use a computer
⁰⁸ Less than 1 hour a day
⁰⁹ 1 or 2 hours a day
¹⁰ 3 or 4 hours a day
¹¹ 5 or 6 hours a day
¹² 7 or more hours a day

H8 Is there a computer in your home?
(Even if you don't use it.)

- ¹ Yes
² No



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J1 What time was it when you finished?

		:		
--	--	---	--	--

When you are finished, please:

put this questionnaire in the envelope.



return it to the interviewer.

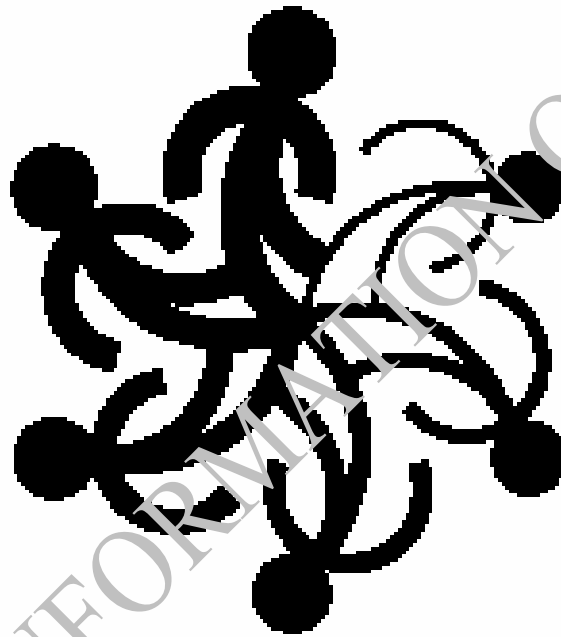
Thank you very much for helping us.

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National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



**BOOKLET 21 : SELF-COMPLETED QUESTIONNAIRE FOR 12-
AND 13-YEAR-OLDS**

BOOKLET 21
SELF-COMPLETED QUESTIONNAIRE FOR 12- AND 13-YEAR-OLDS27

FOR INFORMATION ONLY



National Longitudinal Survey of Children and Youth

Cycle 6

Booklet 21E

Confidential when completed

Collected under the authority of
the Statistics Act, revised statutes
of Canada, 1985, Chapter S19.

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY

Person ID

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Respondent's First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assignment No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time Started

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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8-5300-447.1: 2004-05-26 STC/ENM-040-75020



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I N S T R U C T I O N S

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.

When you answer these questions, you can mark your answers like this ⊗ or fill in the circle ●, or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

Example 1

B1 How do you feel about school?

- 0 I like school very much.
 1 I like school quite a bit.
 2 I like school a bit.
 3 I don't like school very much.
 4 I hate school.

Example 2

A6 How many of your close friends are girls?

93 None

OR

number of girls

KIDS HELP PHONE
JEUNESSE, ÉCOUTE



1-800-668-6868

Remember that the KIDS HELP PHONE is available to help you at any time if you feel like you would like to talk to someone about a problem.

1-(800) 668-6868

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THANK YOU FOR YOUR HELP!

SECTION A Friends and Family

Please answer the following statements about your friends and others your age.

	False	Mostly false	Sometimes true/ Sometimes false	Mostly true	True
A1 I have many friends.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A2 I get along easily with others my age.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
A3 Others my age want me to be their friend.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A4 Most others my age like me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>

For the rest of this questionnaire, by "close friends", we mean the people that you trust and confide in. They may be friends that you hang out with at school or outside school.

- A5** About how many days a week do you do things with **close friends** outside of school hours?
- ⁰¹ Never
 - ⁰² Less than once a week
 - ⁰³ 1 day a week
 - ⁰⁴ 2 - 3 days a week
 - ⁰⁴ 4 - 5 days a week
 - ⁰⁶ 6 - 7 days a week

How many of your close friends are:

- A6** ... girls?
- None Number
- ⁹³ **OR**
-
- A7** ... boys?
- ⁹⁴ **OR**

- A8** How often do you share your secrets and private feelings with your close friends?
- ⁰ All the time
 - ¹ Most of the time
 - ² Some of the time
 - ³ Rarely
 - ⁴ Never



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A9

How many of your close friends do the following:

	None	A few	Most	All
a. smoke cigarettes?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
b. drink alcohol?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
c. break the law by stealing, hurting someone or damaging property?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
d. have tried marijuana?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
e. have tried drugs other than marijuana?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>

A10

Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

⁸ Yes → **Go to question A11**⁹ No → **Go to question A12****A11**What is their relationship to you?
(Mark everyone you feel you can talk to about yourself or your problems.)

- ⁰¹ Mother
- ⁰² Father
- ⁰³ Stepmother
- ⁰⁴ Stepfather
- ⁰⁵ Brother
- ⁰⁶ Sister
- ⁰⁷ Grandparent
- ⁰⁸ Other relative
- ⁰⁹ A friend of the family
- ¹⁰ Sitter or babysitter
- ¹¹ Parent's boyfriend/girlfriend
- ¹² Teacher
- ¹³ Coach or leader (e.g. Scout, Guide or church leader)
- ¹⁴ Other (e.g. family doctor)

A12

In the past 6 months, how well have you gotten along with other young people such as friends or classmates?

- ¹⁵ Very well, no problems
- ¹⁶ Quite well, hardly any problems
- ¹⁷ Pretty well, some problems
- ¹⁸ Not too well, many problems
- ¹⁹ Not well at all, constant problems



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A13

In the past 6 months, how well have you gotten along with your brothers and sisters, step brothers and sisters, or foster brothers and sisters?

(Answer about the ones you spend the most time with.)

- 1 Very well, no problems
- 2 Quite well, hardly any problems
- 3 Pretty well, some problems
- 4 Not too well, many problems
- 5 Not well at all, constant problems
- 6 I am not in touch with my brothers and sisters
- 7 I don't have brothers and sisters

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SECTION B **School**
B1 How do you feel about school?

- 0 I like school very much
- 1 I like school quite a bit
- 2 I like school a bit
- 3 I don't like school very much
- 4 I hate school

B2 Are you in the same school that you were in two years ago?

8 Yes → **Go to question B5**

9 No → **Go to question B3**

B3 For your most recent change in schools, why did you change schools?
(Please mark all that apply.)

- 1 I changed from elementary school to high school
- 2 I changed from elementary school to middle school or junior high
- 3 I changed from middle school or junior high to high school
- 4 I moved
- 5 I was expelled
- 6 Other reason

B4 What did you find hard to get used to about your new school?
(Please mark all that apply.)

- 01 I did not find it hard to get used to my new school
- 02 Organizing homework
- 03 New teachers
- 04 Changing classes
- 05 Having to make new friends
- 06 Finding my way around
- 07 Taking the bus to a new school
- 08 Other

B5 How well do you think you are doing in your school work?

- 09 Very well
- 10 Well
- 11 Average
- 12 Poorly
- 13 Very poorly



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B6

How important is it to you to do the following in school:

	Very important	Somewhat important	Not very important	Not important at all
a. make friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. get good grades?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. participate in extra-curricular activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. learn new things?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. always show up for class on time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. express your opinion in class?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. take part in student council or other similar groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

B7

How do you like the following subjects:

	I hate it	I don't like it very much	I like it a little	I like it a lot	I don't take it
a. Math	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b. English	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c. French	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
d. Science	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
e. Gym/Phys. Ed.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
f. Arts (art, music, drama)	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>

B8

How often do you feel like an outsider (or left out of things) at school?

- 0 All the time
- 1 Most of the time
- 2 Some of the time
- 3 Rarely
- 4 Never

B9

Since the beginning of this school year, how many times have you ...

	Never	Once or twice	3 or 4 times	5 times or more
a. skipped a day of school without permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. been suspended from school?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>



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B10

The next statements are about teachers and homework.

All the time**Most of the time****Some of the time****Rarely****Never**

a. In general, my teachers treat me fairly.

00 01 02 03 04 **Don't need help**

b. If I need extra help, my teachers give it to me.

05 06 07 08 09 10 **No homework**

c. I have a place at home to do homework or study.

00 01 02 03 04 05 **No homework**

d. When my teachers give me homework, I do it.

06 07 08 09 10 11 **B11**

How often do you talk to a teacher outside of class?

0 Every day1 A few times a week2 Once a week3 A few times a month4 Less than once a month5 Almost never**B12**

In the next statements, parents include guardians. They are the ones who live with you at home and influence your life.

All the time**Most of the time****Some of the time****Rarely****Never****No problems at school**

a. If I have problems at school, my parents are ready to help.

00 01 02 03 04 05

b. My parents encourage me to do well at school.

06 07 08 09 10

c. My parents expect too much of me at school.

00 01 02 03 04 **B13**

How far do you hope to go in school? I hope to complete ...

0 middle school/junior high1 high school2 college or CEGEP3 a university degree4 more than one university degree5 I don't know6 other

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SECTION C

About me

C1 Choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b. Overall I have a lot to be proud of.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
c. A lot of things about me are good.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
d. When I do something, I do it well.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
e. I like the way I look.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

C2 Now you will be asked about yourself and **how you relate to other people** at home and at school. (Choose only one answer for each sentence.)

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I like doing things for others.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. I get angry easily.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I can understand hard questions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. I think that most things I do will turn out OK.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I can talk easily about my feelings.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. I feel bad when other people have their feelings hurt.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I get upset easily.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. I can come up with many ways of answering a hard question when I want to.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I hope for the best.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. I can easily describe my feelings.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I know when people are upset, even when they say nothing.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. When I get angry, I act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. When answering hard questions, I try to think of many solutions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. I enjoy the things I do.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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C3 In general, I am happy with how things are for me in my life now.

- 1 Strongly disagree
 2 Disagree
 3 Agree
 4 Strongly agree

C4 The next five years look good to me.

- 5 Strongly disagree
 6 Disagree
 7 Agree
 8 Strongly agree

In the past 12 months, how many times did someone ...

C5 say something personal about you that made you feel extremely uncomfortable?

	Never	Once or twice	3 or 4 times	5 times or more
a. While at school or on a school bus.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b. Elsewhere (including at home).	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>

C6 threaten to hurt you but not actually hurt you?

a. While at school or on a school bus.	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
b. Elsewhere (including at home).	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>

C7 physically attack or assault you?

a. While at school or on a school bus.	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
b. Elsewhere (including at home).	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>



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SECTION D Feelings and Behaviours

D1 Read the following statements and choose the answer that best describes you.

**Never
or
not true**

**Sometimes
or
somewhat true**

**Often or
very true**

a. I show sympathy to (I feel sorry for) someone who has made a mistake.

1

2

3

b. I can't sit still, I am restless.

4

5

6

c. I destroy my own things.

7

8

9

d. I try to help someone who has been hurt.

1

2

3

e. I steal at home.

4

5

6

f. I am unhappy or sad.

7

8

9

g. I get into many fights.

1

2

3

h. I offer to help clear up a mess someone else has made.

4

5

6

i. I am easily distracted. I have trouble sticking to any activity.

7

8

9

j. When I am mad at someone, I try to get others to dislike him/her.

1

2

3

k. I am not as happy as other people my age.

4

5

6

l. I destroy things belonging to my family or other young people.

7

8

9

m. If there is an argument, I try to stop it.

1

2

3

n. I can't concentrate, I can't pay attention.

4

5

6

o. I am too fearful or nervous.

7

8

9

p. When I am mad at someone, I become friends with another as revenge.

1

2

3

q. I am impulsive, I act without thinking.

4

5

6



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D1

Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
r. I tell lies or cheat.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
s. I offer to help other young people (friend, brother or sister) who are having difficulty with a task.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
t. I worry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
u. I have difficulty waiting for my turn in games or group activities.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
v. When another young person accidentally hurts me, I assume that he/she meant to do it, and I react with anger and fighting.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
w. When I am mad at someone, I say bad things behind his/her back.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
x. I physically attack people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
y. I comfort another young person (friend, brother or sister) who is crying or upset.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
z. I cry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
aa. I vandalize.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
bb. I threaten people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
cc. I help to pick up things that another young person has dropped.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
dd. I bully or am mean to others.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
ee. I cannot settle to anything for more than a few moments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ff. When I am mad at someone, I say to others: let's not be with him/her.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
gg. I am nervous, highstrung or tense.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
hh. I kick or hit other people my age.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



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D1 Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
ii. When I am playing with others, I invite bystanders to join in a game.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
jj. I steal outside my home.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
kk. I am inattentive, I have difficulty paying attention to someone.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ll. I have trouble enjoying myself.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
mm. I help other people my age (friends, brother or sister) who are feeling sick.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
nn. When I am mad at someone, I tell that person's secrets to a third person.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
oo. I encourage other people my age who cannot do things as well as I can.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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 resources provided to you by the interviewer.

D2 Has anyone in your school committed suicide?

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

D3 Has anyone that you have personally known committed suicide?

- 4 Yes, within the last year
 5 Yes, more than a year ago
 6 No, never
 7 I don't know

D4 In the past 12 months, did you **seriously** consider attempting suicide?

- 1 Yes
 2 No → **Go to question D7**



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D5 In the past 12 months, how many times did you attempt suicide?

³ Never/none → **Go to question D7**

⁴ Once

⁵ More than once

D6 If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse or other health professional (for a physical injury or counselling)?

⁶ Yes

⁷ No

D7 During the past 12 months, about how many times ...

	Never	Once or twice	3 or 4 times	5 times or more
a. have you stayed out all night without permission?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
b. were you questioned by the police about anything that they thought you did?	<input type="radio"/> ⁵	<input type="radio"/> ⁶	<input type="radio"/> ⁷	<input type="radio"/> ⁸
c. have you run away from home?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
d. have you intentionally damaged or destroyed anything that didn't belong to you?	<input type="radio"/> ⁵	<input type="radio"/> ⁶	<input type="radio"/> ⁷	<input type="radio"/> ⁸
e. have you fought with someone to the point where they needed care for their injuries?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
f. have you carried a weapon for the purpose of defending yourself or using it in a fight?	<input type="radio"/> ⁵	<input type="radio"/> ⁶	<input type="radio"/> ⁷	<input type="radio"/> ⁸
g. have you sold any drugs?	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³	<input type="radio"/> ⁴
h. have you attempted to touch anyone in a sexual way while knowing that they would probably object to this?	<input type="radio"/> ⁵	<input type="radio"/> ⁶	<input type="radio"/> ⁷	<input type="radio"/> ⁸

D8 In the past 12 months, were you part of a gang that broke the law by stealing, hurting someone, damaging property, etc.?

¹ Yes

² No



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SECTION E Activities

E1 In the past 12 months, how often have you ...

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. played sports or done physical activities without a coach or an instructor (e.g. biking, skateboarding, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. played sports with a coach or instructor, other than in gym class? (swimming lessons, baseball, hockey, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. taken part in art, drama or music groups, clubs or lessons, outside of class?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. done a hobby or craft (drawing, model building, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E2 Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session?

This may be an activity with or without a coach or instructor, but does not include gym class.

⁰¹ I do not do physical activities

⁰² 1 to 15 minutes

⁰³ 16 to 30 minutes

⁰⁴ 31 to 59 minutes

⁰⁵ 1 to 2 hours

⁰⁶ More than 2 hours

E3 In any of your activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?

¹ Yes

² No

E4 How often do you read for fun (not for school)?

⁰⁷ Every day

⁰⁸ A few times a week

⁰⁹ Once a week

¹⁰ A few times a month

¹¹ Less than once a month

¹² Almost never



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E5 During the past 12 months, have you volunteered or helped **without pay** by ... (Include volunteer work done for credit at school)
(Please mark all that apply.)

- 1 doing activities at school (yearbook committee, school patrol, student council, etc.)
- 2 supporting a cause (food bank, environmental group, etc.)
- 3 fund raising (a charity, school trips, etc.)
- 4 helping in your community (hospital volunteering, work in a community organization, etc.)
- 5 helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)
- 6 doing another volunteer activity (without pay)
- 7 I have not done any of these activities without pay. → **Go to question E7**

E6 During the past 12 months, how often have you volunteered or helped **without pay**?

- 01 Everyday
- 02 A few times a week
- 03 Once a week
- 04 A few times a month
- 05 Less than once a month

E7 On average, about how many hours a day do you watch TV or videos, or play video games?

- 01 I don't watch TV or videos or play video games
- 02 Less than 1 hour a day
- 03 1 to 2 hours a day
- 04 3 to 4 hours a day
- 05 5 to 6 hours a day
- 06 7 or more hours a day

E8 Do you use the Internet ...

	Yes	No
a. at home?	1 <input type="radio"/>	2 <input type="radio"/>
b. at school?	3 <input type="radio"/>	4 <input type="radio"/>
c. somewhere else?	5 <input type="radio"/>	6 <input type="radio"/>

E9 Not including Internet use, do you use a computer ...

	Yes	No
a. at home?	1 <input type="radio"/>	2 <input type="radio"/>
b. at school?	3 <input type="radio"/>	4 <input type="radio"/>
c. somewhere else?	5 <input type="radio"/>	6 <input type="radio"/>



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E10 On average, about how many hours a day do you spend on a computer (doing work, playing games, e-mailing, chatting, surfing the Internet, etc.)?

- ⁰⁷ I don't use a computer
⁰⁸ Less than 1 hour a day
⁰⁹ 1 or 2 hours a day
¹⁰ 3 or 4 hours a day
¹¹ 5 or 6 hours a day
¹² 7 or more hours a day

E11 Is there a computer in your home?
(Even if you don't use it.)

- ¹ Yes
² No

E12 On average, how much time in a day do you spend at home looking after a younger brother or sister while your parents are not home?

- ⁰¹ I don't have a younger brother or sister
⁰² I don't spend any time at home looking after a younger brother or sister while my parents are not home
⁰³ Less than 1 hour a day
⁰⁴ 1 to 2 hours a day
⁰⁵ 3 to 4 hours a day
⁰⁶ 5 to 6 hours a day
⁰⁷ 7 or more hours a day

E13 On average, how much time in a day do you spend alone at home while nobody else is home?

- ⁰⁸ I don't spend time alone while nobody else is home
⁰⁹ Less than 1 hour a day
¹⁰ 1 to 2 hours a day
¹¹ 3 to 4 hours a day
¹² 5 to 6 hours a day
¹³ 7 or more hours a day



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SECTION F Smoking, Drinking and Drugs

In this section, we would like to ask you some questions about your experiences with smoking, drinking and drugs.

Some of the questions will apply to you even if you have not smoked, had a drink or used drugs.

Please be as honest as you can – your answers are private and Statistics Canada will make sure no one will find out who filled out each questionnaire.

F1 Which of the following best describes your experience with smoking cigarettes:

⁰¹ I have never smoked

→ **Go to question F4**

⁰² I have only had a few puffs

⁰³ I do not smoke anymore

→ **Go to question F3**

OR

I smoke ...

⁰⁴ A few times a year

⁰⁵ About once or twice a month

⁰⁶ About 1-2 days a week

⁰⁷ About 3-5 days a week

⁰⁸ About 6-7 days a week

F2 On the days that you smoke, about how many cigarettes do you usually smoke?

--	--

number of cigarettes

F3 If you have smoked one or more cigarettes every day for at least 7 days in a row, how old were you when you first did so?

⁹⁸ I have never done this

OR

I was

--	--

 years old



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The next questions are about drinking alcohol.
A drink of alcohol is, for example:

- ✓ one bottle of beer or
- ✓ one glass of wine or
- ✓ one shot of liquor.

F4 Which of the following best describes your experience with drinking alcohol:

- ⁰¹ I have never had a drink of alcohol
- ⁰² I have only had a few sips
- ⁰³ I only tried once or twice (at least one drink)
- ⁰⁴ I do not drink alcohol anymore

→ **Go to question F9**

OR

I drink (at least one drink) ...

- ⁰⁵ A few times a year
- ⁰⁶ About once or twice a month
- ⁰⁷ About 1-2 days a week
- ⁰⁸ About 3-5 days a week
- ⁰⁹ About 6-7 days a week

F5 How old were you when you first had a drink of alcohol?

I was years old.

F6 Have you ever been drunk?

¹ Yes

² No → **Go to question F9**

F7 How old were you when you were drunk for the first time?

I was years old.

F8 In the past 12 months, how often have you been drunk?

- ⁰¹ Never
- ⁰² A few times
- ⁰³ About once or twice a month
- ⁰⁴ About 1-2 days a week
- ⁰⁵ About 3-5 days a week
- ⁰⁶ About 6-7 days a week



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The next questions are about drug use. Please answer even if you do not use drugs.

F9 Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) in the past 12 months?

- ⁰¹ I have never done it
- ⁰² I have done it, but not during the past 12 months

OR

In the past 12 months, I have used marijuana ...

- ⁰³ A few times
- ⁰⁴ About once or twice a month
- ⁰⁵ About 1-2 days a week
- ⁰⁶ About 3-5 days a week
- ⁰⁷ About 6-7 days a week

F10 Which best describes your experience with the following drugs in the past 12 months:

	I have never done it	I have done it, but not in the past 12 months	In the past 12 months I have used it ...			
			1 to 2 times	3 to 5 times	6 to 9 times	10 times or more
a. Hallucinogens like LSD/acid, magic mushrooms	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
b. Glue or solvents	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>
d. Other drugs like ecstasy, crack, cocaine, heroin, speed etc.	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>

If you have never tried any of the above drugs, GO TO SECTION G.



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F11

How old were you when you did the following drugs **for the first time**?

I have never done it

I first did it when I was ...

a. Marijuana and cannabis products

⁹⁹

OR

years old

b. Hallucinogens like LSD/acid, magic mushrooms

⁹⁹

OR

years old

c. Glue or solvents

⁹⁹

OR

years old

d. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.

⁹⁹

OR

years old

e. Other drugs like ecstasy, crack, cocaine, heroin, or speed etc.

⁹⁹

OR

years old

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SECTION G My Parent(s)

My mother

G1 Think of the mother you spend the most time with. Is she ...
(Mark only one.)

- ⁰¹ your biological/birth mother?
- ⁰² your adoptive mother?
- ⁰³ your stepmother?
- ⁰⁴ your foster mother?
- ⁰⁵ another person (a mother figure)?

OR

⁰⁶ I am not in touch with my mother → **Go to question G4**

G2 Thinking of the mother you have identified in the previous question:

	A great deal	Some	Very little/ Not at all
a. How well do you feel that your mother understands you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>
b. How much fairness do you receive from your mother?	³ <input type="radio"/>	⁴ <input type="radio"/>	⁵ <input type="radio"/>
c. How much affection do you receive from your mother?	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

G3 Overall, how would you describe your relationship with your mother?

- ¹ Very close
- ² Somewhat close
- ³ Not very close

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My Father

G4 Now think of the father you spend the most time with. Is he ...
(Mark only one.)

- ⁰¹ your biological/birth father?
⁰² your adoptive father?
⁰³ your stepfather?
⁰⁴ your foster father?
⁰⁵ another person (a father figure)?

OR

- ⁰⁶ I am not in touch with my father → **Go to question G7**

G5 Thinking about the father you have identified in the previous question:

	A great deal	Some	Very little/ Not at all
a. How well do you feel that your father understands you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>
b. How much fairness do you receive from your father?	³ <input type="radio"/>	⁴ <input type="radio"/>	⁵ <input type="radio"/>
c. How much affection do you receive from your father?	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

G6 Overall, how would you describe your relationship with your father?

- ¹ Very close
² Somewhat close
³ Not very close

Answer the following questions thinking of the father and mother you have identified in the previous questions.

G7 How well do you think your parents get along with each other?

- ⁰ Very well
¹ Fairly well
² Not very well
³ My parents are not in touch with each other

G8 How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?

- ⁰¹ Never
⁰² Rarely
⁰³ Sometimes
⁰⁴ Often
⁰⁵ Always
⁰⁶ I don't know
⁰⁷ My parents are not in touch with each other



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G9 How often do your parents get upset with one another, including times when they are mad but don't say much?

- ⁰⁸ Never
⁰⁹ Rarely
¹⁰ Sometimes
¹¹ Often
¹² Always
¹³ I don't know
¹⁴ My parents are not in touch with each other

G10 For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s) in general have acted towards you **in the past 6 months**.

My parent(s) ...

	Never	Rarely	Sometimes	Often	Always
a. smile at me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
b. want to know exactly where I am and what I am doing.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
c. soon forget a rule they have made.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
d. praise me (say nice things about me).	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
e. let me go out any evening I want.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
f. tell me what time to be home when I go out.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
g. nag me about little things.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
h. listen to my ideas and opinions.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
i. and I solve a problem together whenever we disagree about something.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
j. only keep rules when it suits them.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
k. get angry and yell at me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
l. make sure I know I am appreciated.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
m. threaten punishment more often than they use it.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
n. speak of the good things I do.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
o. find out about my misbehaviour.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
p. enforce a rule or do not enforce a rule depending upon their mood.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
q. hit me or threaten to do so.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
r. seem proud of the things I do.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
s. seem too busy to spend as much time with me as I'd like.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
t. take an interest in where I am going and who I am with.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>



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G11 Your parents let you decide...

	Almost never	Sometimes	Often	Always
a. the time you go to bed on weeknights.	⁵ ○	⁶ ○	⁷ ○	⁸ ○
b. the people you hang around with.	¹ ○	² ○	³ ○	⁴ ○
c. how much television you watch.	⁵ ○	⁶ ○	⁷ ○	⁸ ○

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SECTION H Health

H1 In general, would you say your health is ...

- 1 excellent?
 2 very good?
 3 good?
 4 fair?
 5 poor?

H2 How tall are you?
 (Please estimate if you are not sure)

<input type="text"/>	Feet	<input type="text"/>	<input type="text"/>	Inches
----------------------	------	----------------------	----------------------	--------

OR

<input type="text"/>	Metre	<input type="text"/>	<input type="text"/>	Centimetres
----------------------	-------	----------------------	----------------------	-------------

H3 How much do you weigh?
 (Please estimate if you are not sure)

<input type="text"/>	<input type="text"/>	<input type="text"/>	Pounds
----------------------	----------------------	----------------------	--------

OR

<input type="text"/>	<input type="text"/>	<input type="text"/>	Kilograms
----------------------	----------------------	----------------------	-----------

H4 During the past 6 months, how often have you had the following?

	Seldom or never	About once a month	About once a week	More than once a week	Most days
a. Headache	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
b. Stomach ache	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Backache	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d. Difficulties in getting to sleep	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

H5 How often do you use a seat belt when you ride in a car?

- 5 Always
 6 Often
 7 Sometimes
 8 Seldom or never
 9 Usually there is no seat belt where I sit

H6 How often do you wear a helmet when you ride your bicycle?

- 0 Always
 1 Often
 2 Sometimes
 3 Seldom or never
 4 I do not ride a bicycle



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H7 During a school week (Monday to Friday), how many days do you normally eat breakfast?

- 5 Never
- 6 1 or 2 days
- 7 3 or 4 days
- 8 Every school day

H8 Would you say you are ...

- 1 Trying to lose weight?
- 2 Trying to gain weight?
- 3 Trying to stay the same weight?
- 4 Not trying to do anything about your weight?

Puberty

We know that the following questions might be difficult, but would appreciate you answering them as well as you can. Changes in young people's bodies can affect many different aspects of their lives.

H9 Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Growth of body hair is definitely underway
- 4 Growth of body hair seems completed

**Boys go to question H12
Girls go to question H10**

For girls only

H10 Have your breasts begun to grow?

- 5 Have not yet started growing
- 6 Have barely started growing
- 7 Breast growth is definitely underway
- 8 Breast growth seems completed

H11 Have you begun to menstruate (your monthly periods)?

- 1 Yes
- 2 No

Girls go to question H14



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For boys only

H12 Have you noticed a deepening of your voice?

- 5 Has not yet started changing
- 6 Has barely started changing
- 7 Voice is definitely changing
- 8 Voice change seems completed

H13 Have you begun to grow hair on your face?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Facial hair growth is definitely underway
- 4 Facial hair growth seems completed

Dating (for boys and girls)

H14 How old were you when you had your first boyfriend/girlfriend?

- 93 I've never had a boyfriend/girlfriend → **Go to section I**

OR

I was years old

H15 Do you have a boyfriend/girlfriend right now?

- 1 Yes → **Go to question H16**

- 2 No → **Go to question H17**

H16 Outside of school hours, about how many days a week do you see your boyfriend/girlfriend?

- 05 Never
- 06 Less than once a week
- 07 One day a week
- 08 2 or 3 days a week
- 09 4 or 5 days a week
- 10 6 or 7 days a week



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H17

How often have you had the following experiences with a boyfriend/girlfriend?

	Never	Once	A few times	Often
a. Kissing.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
b. Petting above the waist.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
c. Petting below the waist.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
d. Sexual intercourse (going all the way).	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

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SECTION I

Work

11

Since September, on average, how many hours per week have you worked **for pay**?

- 1 I have not worked since September
- 2 1 to 4 hours a week
- 3 5 to 9 hours a week
- 4 10 to 14 hours a week
- 5 15 or more hours a week

→ Go to section J

12

Does this work cause you to study less or do less school work than you would like?

- 1 Yes, a great deal
- 2 Yes, somewhat
- 3 No, not at all less

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SECTION J**Thank you.**

J1 What time was it when you finished this questionnaire.

		:		
--	--	---	--	--

When you are finished, please:



put this questionnaire in the envelope.



return it to the Interviewer.

Thank you very much for helping us.

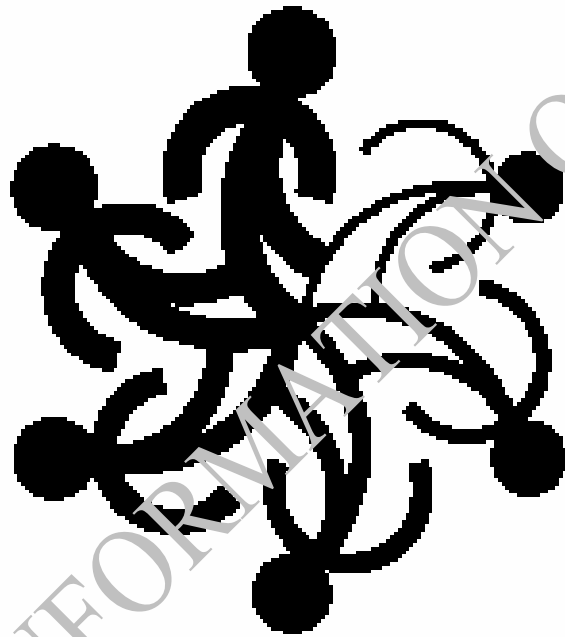
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National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004-2005



**BOOKLET 22: SELF-COMPLETED QUESTIONNAIRE FOR 14-
AND 15-YEAR-OLDS**

BOOKLET 22
SELF-COMPLETED QUESTIONNAIRE FOR 14- AND 15-YEAR-OLDS61

FOR INFORMATION ONLY



National Longitudinal Survey of Children and Youth

Cycle 6

Booklet 22E

Confidential when completed

Collected under the authority of
the Statistics Act, revised statutes
of Canada, 1985, Chapter S19.

Aussi disponible en français



Please read instructions on next page before beginning.

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Person ID

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Respondent's First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assignment No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time Started

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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8-5300-448.1: 2004-05-26 STC/ENM-040-75020



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I N S T R U C T I O N S

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.

When you answer these questions, you can mark your answers like this or fill in the circle , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

Example 1

B1 How do you feel about school?

- 0 I like school very much.
 1 I like school quite a bit.
 2 I like school a bit.
 3 I don't like school very much.
 4 I hate school.

Example 2

A6 How many of your close friends are girls?

93 None

OR

number of girls

KIDS HELP PHONE
JEUNESSE, J'ECOUTE



1-800-668-6868

Remember that the KIDS HELP PHONE is available to help you at any time if you feel like you would like to talk to someone about a problem.

1-(800) 668-6868

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THANK YOU FOR YOUR HELP!

SECTION A Friends and Family

Please answer the following statements about your friends and others your age.

	False	Mostly false	Sometimes true/ Sometimes false	Mostly true	True
A1 I have many friends.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
A2 I get along easily with others my age.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
A3 Others my age want me to be their friend.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
A4 Most others my age like me.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

For the rest of this questionnaire, by "close friends", we mean the people that you trust and confide in. They may be friends that you hang out with at school or outside school.

A5 I feel that my **close friends** really know who I am.

0 False
 1 Mostly false
 2 Sometimes false/Sometimes true
 3 Mostly true
 4 True

A6 About how many days a week do you do things with close friends outside of school hours?

01 Never
 02 Less than once a week
 03 1 day a week
 04 2-3 days a week
 05 4-5 days a week
 06 6-7 days a week

How many of your close friends are:

	None		Number
A7 ... girls?	93 <input type="radio"/>	OR	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
A8 ... boys?	94 <input type="radio"/>	OR	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>



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A9 How often do you share your secrets and private feelings with your close friends?

- ⁰ All the time
- ¹ Most of the time
- ² Some of the time
- ³ Rarely
- ⁴ Never

A10 How many of your close friends do the following:

	None	A few	Most	All
a. smoke cigarettes?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
b. drink alcohol?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
c. break the law by stealing, hurting someone or damaging property?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
d. have tried marijuana?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
e. have tried drugs other than marijuana?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>

A11 Since the beginning of this school year, how many of your close friends have done the following:

	None	A few	Most	All
a. worked for an employer or at odd jobs?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
b. cut or skipped a day at school without permission?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
c. been suspended from school?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
d. dropped out of school for more than one week?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>

A12 For each of the following statements, mark the circle that best corresponds to your situation with your close friends.

	Rarely or Never	Some of the Time	Most of the Time	All the Time
a. My close friends push me to succeed and to do interesting things that I would not do by myself.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
b. When I make a decision, I take my close friends' opinion into account.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
c. My close friends push me to do foolish or stupid things.	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>



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A13 Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

Yes → **Go to question A14**

No → **Go to question A15**

A14 What is their relationship to you?
(Mark everyone you feel you can talk to about yourself or your problems.)

- ⁰¹ Mother
- ⁰² Father
- ⁰³ Stepmother
- ⁰⁴ Stepfather
- ⁰⁵ Brother
- ⁰⁶ Sister
- ⁰⁷ Grandparent
- ⁰⁸ Other relative
- ⁰⁹ A friend of the family
- ¹⁰ Parent's boyfriend/girlfriend
- ¹¹ Teacher/Counselor at school
- ¹² Coach or leader (e.g. Scout, Guide or church leader)
- ¹³ Other (e.g. family doctor)

A15 Overall, how would you describe your relationship with your brother(s) and sister(s)?
(Include step or foster siblings).

- ¹⁴ Very close
- ¹⁵ Somewhat close
- ¹⁶ Not very close
- ¹⁷ I am not in touch with my brother(s) and sister(s)
- ¹⁸ I don't have brothers and sisters



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SECTION B **School**
B1 How do you feel about school?

- 0 I like school very much
- 1 I like school quite a bit
- 2 I like school a bit
- 3 I don't like school very much
- 4 I hate school

B2 Are you in the same school that you were in two years ago?

8 Yes → **Go to question B5**

9 No → **Go to question B3**

B3 For your most recent change in schools, why did you change schools?
(Please mark all that apply.)

- 1 I changed from elementary school to high school
- 2 I changed from elementary school to middle school or junior high
- 3 I changed from middle school or junior high to high school
- 4 I moved
- 5 I was expelled
- 6 Other reason

B4 What did you find hard to get used to about your new school?
(Please mark all that apply.)

- 01 I did not find it hard to get used to my new school
- 02 Organizing homework
- 03 New teachers
- 04 Changing classes
- 05 Having to make new friends
- 06 Finding my way around
- 07 Taking the bus to a new school
- 08 Other

B5 How well do you think you are doing in your school work?

- 09 Very well
- 10 Well
- 11 Average
- 12 Poorly
- 13 Very poorly



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B6

How important is it to you to do the following in school:

	Very important	Somewhat important	Not very important	Not important at all
a. make friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. get good grades?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. participate in extra-curricular activities?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. learn new things?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. always show up for class on time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. express your opinion in class?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. take part in student council or other similar groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. hand in assignments on time?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

B7

How do you like the following subjects:

	I hate it	I don't like it very much	I like it a little	I like it a lot	I don't take it
a. Math	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b. English	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c. French	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
d. Science	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
e. Gym/Phys. Ed.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
f. Arts (art, music, drama)	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>

B8How much school spirit does **your school** have?

- 0 Almost all students have a lot of school spirit
- 1 Most students have a lot of school spirit
- 2 Some students have a lot of school spirit
- 3 Very few students have a lot of school spirit

B9How much school spirit do **you** have?

- 01 A great deal
- 02 Some
- 03 Very little
- 04 None



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B10

How often do you feel like an outsider (or left out of things) at school?

- 0 All the time
 1 Most of the time
 2 Some of the time
 3 Rarely
 4 Never

B11

Since the beginning of the school year, how often have you taken part in the following **school-based** activities (other than in class)?

Never **Less than once a week** **1 to 3 times a week** **4 or more times a week**

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

01 02 03 04

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

05 06 07 08

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

09 10 11 12

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

01 02 03 04

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

05 06 07 08

B12

Since the beginning of this school year, how many times have you ...

Never **Once or twice** **3 or 4 times** **5 times or more**

a. skipped a day of school **without** permission?

1 2 3 4

b. been suspended from school?

5 6 7 8

B13

Have you ever dropped out of school for more than a week?

01 Yes → **Go to question B14**

02 No → **Go to question B15**



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B14 The last time you dropped out of school, how long was it for?

- 1 Less than a month
- 2 1-3 months
- 3 4-6 months
- 4 More than 6 months

B15 The next statements are about teachers and homework.

	All the time	Most of the time	Some of the time	Rarely	Never	
a. In general my teachers treat me fairly.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	
b. If I need extra help, my teachers give it to me.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/> Don't need help
c. I have a place at home to do homework or study.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/> No homework
d. When my teachers give me homework, I do it.	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/> No homework

B16 How often do you talk to a teacher outside of class?

- 0 Everyday
- 1 A few times a week
- 2 Once a week
- 3 A few times a month
- 4 Less than once a month
- 5 Almost never

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B17

In the next statements, parents include guardians. They are the ones who live with you at home and influence your life.

	All the time	Most of the time	Some of the time	Rarely	Never	No problems at school
a. If I have problems at school, my parents are ready to help.	⁰⁰ <input type="radio"/>	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b. My parents encourage me to do well at school.	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	
c. My parents expect too much of me at school.	⁰⁰ <input type="radio"/>	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	

B18

How far do you hope to go in school? I hope to complete ...

- ⁰ middle school/junior high
- ¹ high school
- ² college or CEGEP
- ³ a university degree
- ⁴ more than one university degree
- ⁵ I don't know
- ⁶ Other



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SECTION C **About me**

C1 Choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	⁰⁰ <input type="radio"/>	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
b. Overall I have a lot to be proud of.	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>
c. A lot of things about me are good.	⁰⁰ <input type="radio"/>	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
d. When I do something, I do it well.	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>
e. I like the way I look.	⁰⁰ <input type="radio"/>	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

C2 Now you will be asked about yourself and **how you relate to other people** at home and at school. (Choose only one answer for each sentence.)

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
b. I like doing things for others.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
c. I get angry easily.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
d. I can understand hard questions.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
e. I think that most things I do will turn out OK.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
f. I can talk easily about my feelings.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
g. I feel bad when other people have their feelings hurt.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
h. I get upset easily.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
i. I can come up with many ways of answering a hard question when I want to.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
j. I hope for the best.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
k. I can easily describe my feelings.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
l. I know when people are upset, even when they say nothing.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
m. When I get angry, I act without thinking.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
n. When answering hard questions, I try to think of many solutions.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>
o. I enjoy the things I do.	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>



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C3 In general, I am happy with how things are for me in my life now.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

C4 The next five years look good to me.

- 5 Strongly disagree
- 6 Disagree
- 7 Agree
- 8 Strongly agree

C5 The following is a series of events that may directly affect youths. Have you personally ever been through any of these events?

	Yes	No
a. A painful break-up with your boyfriend/girlfriend.	1 <input type="radio"/>	2 <input type="radio"/>
b. A serious problem in school.	3 <input type="radio"/>	4 <input type="radio"/>
c. A pregnancy or an abortion.	1 <input type="radio"/>	2 <input type="radio"/>
d. The death of someone close to you.	3 <input type="radio"/>	4 <input type="radio"/>
e. Another difficult event; specify: _____ _____	1 <input type="radio"/>	2 <input type="radio"/>

C6 In the past 12 months, have you personally been treated unfairly because of ...

	Yes	No	I don't know
a. your sex/gender?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. your race, skin colour, or ethnic group?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. your religion?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
d. another reason?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>



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In the past 12 months, how many times did someone ...

C7 say something personal about you that made you feel extremely uncomfortable?	Never	Once or twice	3 or 4 times	5 times or more
a. While at school or on a school bus.	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b. Elsewhere (including at home).	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>

C8 threaten to hurt you but not actually hurt you?	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
a. While at school or on a school bus.	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
b. Elsewhere (including at home).	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>

C9 physically attack or assault you?	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
a. While at school or on a school bus.	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
b. Elsewhere (including at home).	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

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SECTION D Feelings and Behaviours

D1 Read the following statements and choose the answer that best describes you.

	Never or not true	Sometimes or somewhat true	Often or very true
a. I show sympathy to (I feel sorry for) someone who has made a mistake.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. I can't sit still, I am restless.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. I destroy my own things.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d. I try to help someone who has been hurt.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. I steal at home.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. I am unhappy or sad.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
g. I get into many fights.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. I offer to help clear up a mess someone else has made.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. I am easily distracted. I have trouble sticking to any activity.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
j. When I am mad at someone, I try to get others to dislike him/her.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. I am not as happy as other people my age.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. I destroy things belonging to my family or other young people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
m. If there is an argument, I try to stop it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. I can't concentrate, I can't pay attention.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
o. I am too fearful or nervous.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
p. When I am mad at someone, I become friends with another as revenge.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. I am impulsive, I act without thinking.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
r. I tell lies or cheat.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
s. I offer to help other young people (friend, brother or sister) who are having difficulty with a task.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



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D1

Read the following statements and choose the answer that best describes you.

Never
or
not true

Sometimes
or
somewhat true

Often or
very true

t. I worry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
u. I have difficulty waiting for my turn in games or group activities.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
v. When another young person accidentally hurts me, I assume that he/she meant to do it, and I react with anger and fighting.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
w. When I am mad at someone, I say bad things behind his/her back.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
x. I physically attack people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
y. I comfort another young person (friend, brother or sister) who is crying or upset.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
z. I cry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
aa. I vandalize.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
bb. I threaten people.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
cc. I help to pick up things which another young person has dropped.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
dd. I bully or am mean to others.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
ee. I cannot settle to anything for more than a few moments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ff. When I am mad at someone, I say to others: let's not be with him/her.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
gg. I am nervous, highstrung or tense.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
hh. I kick or hit other people my age.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ii. When I am playing with others, I invite bystanders to join in a game.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
jj. I steal outside my home.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
kk. I am inattentive, I have difficulty paying attention to someone.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ll. I have trouble enjoying myself.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
mm. I help other people my age (friends, brother or sister) who are feeling sick.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
nn. When I am mad at someone, I tell that person's secrets to a third person.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
oo. I encourage other people my age who cannot do things as well as I can.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>



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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 resources provided to you by the interviewer.

- D2** Has anyone in your school committed suicide?
- ⁰ Yes, within the last year
- ¹ Yes, more than a year ago
- ² No, never
- ³ I don't know

- D3** Has anyone that you have personally known committed suicide?
- ⁴ Yes, within the last year
- ⁵ Yes, more than a year ago
- ⁶ No, never
- ⁷ I don't know

- D4** In the past 12 months, did you **seriously** consider attempting suicide?
- ¹ Yes
- ² No → **Go to question D7**

- D5** In the past 12 months, how many times did you attempt suicide?
- ³ Never/None → **Go to question D7**
- ⁴ Once
- ⁵ More than once

- D6** If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse or other health professional (for a physical injury or counselling)?
- ⁶ Yes
- ⁷ No

- D7** In the past 12 months, about how many times ...
- | | Never | Once or twice | 3 or 4 times | 5 times or more |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| a. have you stayed out all night without permission? | ¹ <input type="radio"/> | ² <input type="radio"/> | ³ <input type="radio"/> | ⁴ <input type="radio"/> |
| b. were you questioned by the police about anything that they thought you did? | ⁵ <input type="radio"/> | ⁶ <input type="radio"/> | ⁷ <input type="radio"/> | ⁸ <input type="radio"/> |
| c. have you run away from home? | ¹ <input type="radio"/> | ² <input type="radio"/> | ³ <input type="radio"/> | ⁴ <input type="radio"/> |
| d. have you intentionally damaged or destroyed anything that didn't belong to you? | ⁵ <input type="radio"/> | ⁶ <input type="radio"/> | ⁷ <input type="radio"/> | ⁸ <input type="radio"/> |



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D7

In the past 12 months, about how many times ...

Never

Once or
twice3 or
4 times5 times or
more

e. have you fought with someone to the point where they needed care for their injuries?

1 2 3 4

f. have you carried a weapon for the purpose of defending yourself or using it in a fight?

5 6 7 8

g. have you sold any drugs?

1 2 3 4

h. have you attempted to touch anyone in a sexual way while knowing that they would probably object to this?

5 6 7 8 **D8**

In the past 12 months, were you part of a gang that broke the law by stealing, hurting someone, damaging property, etc.?

1 Yes2 No

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SECTION E Activities

E1 Outside of school, **during the past 12 months**, how often have you ...

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. played sports or done physical activities without a coach or an instructor (e.g. biking, skateboarding, etc.)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. played sports with a coach or instructor (swimming lessons, baseball, hockey, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. taken part in dance, gymnastics, karate or other groups or lessons (always organized outside of school)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. taken part in art, drama or music groups, clubs or lessons (again outside of school)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. done a hobby or craft (drawing, model building, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

E2 Thinking of the one sport or physical activity that you do the most often, how long do you usually spend being active in one session?

This may be an activity with or without a coach or instructor, but does not include gym class.

⁰¹ <input type="radio"/> I do not do physical activities
⁰² <input type="radio"/> 1 to 15 minutes
⁰³ <input type="radio"/> 16 to 30 minutes
⁰⁴ <input type="radio"/> 31 to 59 minutes
⁰⁵ <input type="radio"/> 1 to 2 hours
⁰⁶ <input type="radio"/> More than 2 hours

E3 In any of your activities, at school or outside school, do you have special responsibilities such as team leader, captain, secretary, etc.?

¹ <input type="radio"/> Yes
² <input type="radio"/> No

E4 Excluding for school or for work, how often do you ...

	Daily	Weekly	Monthly	Several times a year	Never
a. use a public library?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b. write letters, poetry, stories, journals, etc.?	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c. read newspapers or magazines?	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d. read books?	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>



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E5 In the past 12 months, have you volunteered or helped **without pay** by ...
(Include volunteer work done for credit at school)
(Mark all that apply.)

- ¹ doing activities at school (yearbook committee, student council, etc.)
- ² supporting a cause (food bank, environmental group, etc.)
- ³ fund raising (a charity, school trips, etc.)
- ⁴ helping in your community (hospital volunteering, work in a community organization, etc.)
- ⁵ helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)
- ⁶ doing another volunteer activity (without pay)
- ⁷ I have not done any of these activities without pay → **Go to E7**

E6 In the past 12 months, how often have you volunteered or helped without pay?

- ⁰¹ Everyday
- ⁰² A few times a week
- ⁰³ Once a week
- ⁰⁴ A few times a month
- ⁰⁵ Less than once a month

E7 On average, about how many hours a day do you watch TV or videos, or play video games?

- ⁰¹ I don't watch TV or videos or play video games
- ⁰² Less than 1 hour a day
- ⁰³ 1 or 2 hours a day
- ⁰⁴ 3 or 4 hours a day
- ⁰⁵ 5 or 6 hours a day
- ⁰⁶ 7 or more hours a day

E8 Do you use the Internet ...

	Yes	No
a. at home?	¹ <input type="radio"/>	² <input type="radio"/>
b. at school?	³ <input type="radio"/>	⁴ <input type="radio"/>
c. somewhere else?	⁵ <input type="radio"/>	⁶ <input type="radio"/>

E9 Not including Internet use, do you use a computer ...

	Yes	No
a. at home?	¹ <input type="radio"/>	² <input type="radio"/>
b. at school?	³ <input type="radio"/>	⁴ <input type="radio"/>
c. somewhere else?	⁵ <input type="radio"/>	⁶ <input type="radio"/>



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E10 On average, about how many hours a day do you spend on a computer (doing work, playing games, e-mailing, chatting, surfing the Internet, etc.)?

- ⁰⁷ I don't use a computer
⁰⁸ Less than 1 hour a day
⁰⁹ 1 or 2 hours a day
¹⁰ 3 or 4 hours a day
¹¹ 5 or 6 hours a day
¹² 7 or more hours a day

E11 Is there a computer in your home?
(Even if you don't use it.)

- ¹ Yes
² No

E12 On average, how much time in a day do you spend at home looking after a younger brother or sister while your parents are not home?

- ⁰¹ I don't have a younger brother or sister
⁰² I don't spend any time at home looking after a younger brother or sister while my parents are not home
⁰³ Less than 1 hour a day
⁰⁴ 1 to 2 hours a day
⁰⁵ 3 to 4 hours a day
⁰⁶ 5 to 6 hours a day
⁰⁷ 7 or more hours a day

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SECTION F Smoking, Drinking and Drugs

In this section, we would like to ask you some questions about your experiences with smoking, drinking and drugs.

Some of the questions will apply to you even if you have not smoked, had a drink or used drugs.

Please be as honest as you can – your answers are private and Statistics Canada will make sure no one will find out who filled out each questionnaire.

F1 Which of the following best describes your experience with smoking cigarettes:

⁰¹ I have never smoked

→ Go to question F4

⁰² I have only had a few puffs

⁰³ I do not smoke anymore

→ Go to question F3

OR

I smoke...

⁰⁴ A few times a year

⁰⁵ About once or twice a month

⁰⁶ About 1-2 days a week

⁰⁷ About 3-5 days a week

⁰⁸ About 6-7 days a week

F2 On the days that you smoke, about how many cigarettes do you usually smoke?

--	--

number of cigarettes

F3 If you have smoked one or more cigarettes every day for at least 7 days in a row, how old were you when you did so?

⁹⁸ I have never done this

OR

I was

--	--

 years old



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The next questions are about drinking alcohol.

A drink of alcohol is, for example:

- ✓ one bottle of beer or
- ✓ one glass of wine, or
- ✓ one shot of liquor.

F4 Which of the following best describes your experience with drinking alcohol:

- ⁰¹ I have never had a drink of alcohol
- ⁰² I have only had a few sips

→ **Go to question F9**

- ⁰³ I only tried once or twice (at least one drink)
- ⁰⁴ I do not drink alcohol anymore

OR

I drink (at least one drink)...

- ⁰⁵ A few times a year
- ⁰⁶ About once or twice a month
- ⁰⁷ About 1-2 days a week
- ⁰⁸ About 3-5 days a week
- ⁰⁹ About 6-7 days a week

F5 How old were you when you first had a drink of alcohol?

I was years old.

F6 Have you ever been drunk?

¹ Yes

² No → **Go to question F9**

F7 How old were you when you were drunk for the first time?

I was years old.

F8 In the past 12 months, how often have you been drunk?

- ⁰¹ Never
- ⁰² A few times
- ⁰³ About once or twice a month
- ⁰⁴ About 1-2 days a week
- ⁰⁵ About 3-5 days a week
- ⁰⁶ About 6-7 days a week



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The next questions are about drug use. Please answer even if you do not use drugs

F9 Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) **in the past 12 months?**

- ⁰¹ I have never done it
- ⁰² I have done it, but not during the past 12 months

OR

In the past 12 months, I have used marijuana ...

- ⁰³ A few times
- ⁰⁴ About once or twice a month
- ⁰⁵ About 1-2 days a week
- ⁰⁶ About 3-5 days a week
- ⁰⁷ About 6-7 days a week

F10 Which best describes your experience with the following drugs **in the past 12 months:**

	I have never done it	I have done it, but not in the past 12 months	In the past 12 months I have used it...			
			1 or 2 times	3 to 5 times	6 to 9 times	10 times or more
a. Hallucinogens like LSD/acid, magic mushrooms	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
b. Glue or solvents	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>
d. Other drugs like ecstasy, crack, cocaine, heroin, speed, etc.	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>

If you have never tried any of the above drugs, go to section G.

F11 How old were you when you did the following drugs **for the first time?**

	I have never done it		I first did it when I was...
a. Marijuana and cannabis products	⁹⁹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
b. Hallucinogens like LSD/acid, magic mushrooms	⁹⁹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
c. Glue or solvents	⁹⁹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
d. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	⁹⁹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
e. Other drugs like ecstasy, crack, cocaine, heroin, speed, etc.	⁹⁹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old



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SECTION G My Parent(s)
My mother

G1 Think of the mother you spend the most time with. Is she ...
(Mark one only.)

- ⁰¹ your biological/birth mother?
⁰² your adoptive mother?
⁰³ your stepmother?
⁰⁴ your foster mother?
⁰⁵ another person (a mother figure)?

OR

- ⁰⁶ I am not in touch with my mother → **Go to question G4**

G2 Thinking of the mother you have identified in the previous question:

	A great deal	Some	Very little/ Not at all
a. How well do you feel that your mother understands you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>
b. How much fairness do you receive from your mother?	³ <input type="radio"/>	⁴ <input type="radio"/>	⁵ <input type="radio"/>
c. How much affection do you receive from your mother?	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

G3 Overall, how would you describe your relationship with your mother?

- ¹ Very close
² Somewhat close
³ Not very close



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My Father

G4 Now think of the father you spend the most time with. Is he ...
(Mark one only.)

- ⁰¹ your biological/birth father?
⁰² your adoptive father?
⁰³ your stepfather?
⁰⁴ your foster father?
⁰⁵ another person (a father figure)?

OR

- ⁰⁶ I am not in touch with my father → **Go to question G7**

G5 Thinking about the father you have identified in the previous question:

	A great deal	Some	Very little/ Not at all
a. How well do you feel that your father understands you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>
b. How much fairness do you receive from your father?	³ <input type="radio"/>	⁴ <input type="radio"/>	⁵ <input type="radio"/>
c. How much affection do you receive from your father?	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>

G6 Overall, how would you describe your relationship with your father?

- Very close
² Somewhat close
³ Not very close

Answer the following questions thinking of the father and mother you have identified in the previous questions.

G7 How well do you think your parents get along with each other?

- ⁰ Very well
¹ Fairly well
² Not very well
³ My parents are not in touch with each other

G8 How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?

- ⁰¹ Never
⁰² Rarely
⁰³ Sometimes
⁰⁴ Often
⁰⁵ Always
⁰⁶ I don't know
⁰⁷ My parents are not in touch with each other



**Statistics Canada will keep your answers PRIVATE.
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G9 How often do your parents get upset with one another, including times when they are mad but don't say much?

- ⁰⁸ Never
⁰⁹ Rarely
¹⁰ Sometimes
¹¹ Often
¹² Always
¹³ I don't know
¹⁴ My parents are not in touch with each other

G10 For each of the following statements, use the choice that best describes the way your parent(s) (or stepparent(s), foster parent(s) or guardian(s)) in general have acted toward you **in the past 6 months**.

My parent(s) ...	Never	Rarely	Sometimes	Often	Always
a. smile at me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
b. want to know exactly where I am and what I am doing.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
c. soon forget a rule they have made.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
d. praise me (say good things about me).	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
e. let me go out any evening I want.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
f. tell me what time to be home when I go out.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
g. nag me about little things.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
h. listen to my ideas and opinions.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
i. and I solve a problem together whenever we disagree about something.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
j. only keep rules when it suits them.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
k. get angry and yell at me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
l. make sure I know I am appreciated.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
m. threaten punishment more often than they use it.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
n. speak of the good things I do.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
o. find out about my misbehaviour.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
p. enforce a rule or do not enforce a rule depending upon their mood.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
q. hit me or threaten to do so.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
r. seem proud of the things I do.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
s. seem too busy to spend as much time with me as I'd like.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
t. take an interest in where I am going and who I am with.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>



Statistics Canada will keep your answers PRIVATE.
No one from your home or your school will see what you write.

SECTION H Health

H1 In general, would you say your health is ...

- 1 excellent?
 2 very good?
 3 good?
 4 fair?
 5 poor?

H2 How tall are you?
 (Please estimate if you are not sure.)

Feet Inches

OR

Metre Centimetres

H3 How much do you weigh?
 (Please estimate if you are not sure.)

Pounds

OR

Kilograms

H4 During the past 6 months, how often have you had the following?

	Seldom or never	About once a month	About once a week	More than once a week	Most days
a. Headache	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
b. Stomach ache	<input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Backache	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
d. Difficulties in getting to sleep	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

H5 In a school week (Monday to Friday), how many days do you normally eat breakfast?

- 5 Never
 6 1 or 2 days a week
 7 3 or 4 days a week
 8 Every school day

H6 Would you say you are ...

- 1 trying to lose weight?
 2 trying to gain weight?
 3 trying to stay the same weight?
 4 not trying to do anything about your weight?



Statistics Canada will keep your answers PRIVATE.
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Puberty

We know that the following questions might be difficult, but would appreciate you answering them as well as you can. Changes in young people's bodies can affect many different aspects of their lives.

H7 Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Growth of body hair is definitely underway
- 4 Growth of body hair seems completed

Boys go to question H10
Girls go to question H8

For girls only

H8 Have your breasts begun to grow?

- 5 Have not yet started growing
- 6 Have barely started growing
- 7 Breast growth is definitely underway
- 8 Breast growth seems completed

H9 If you have begun to menstruate (your monthly periods), at what age did you start?

I was years and months old.

OR

- 99 Have not yet started

Girls go to question H12

For boys only

H10 Have you noticed a deepening of your voice?

- 5 Has not yet started changing
- 6 Has barely started changing
- 7 Voice is definitely changing
- 8 Voice change seems completed

H11 Have you begun to grow hair on your face?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Facial hair growth is definitely underway
- 4 Facial hair growth seems completed



Statistics Canada will keep your answers **PRIVATE**.
No one from your home or your school will see what you write.

Dating (for boys and girls)

H12 How old were you when you had your first boyfriend/girlfriend?

⁹³ I've never had a boyfriend/girlfriend → **Go to question H17**

OR

I was years old

H13 Do you have a boyfriend/girlfriend right now?

¹ Yes → **Go to question H14**

² No → **Go to question H16**

H14 How long have you been going out with (dating) him/her?

⁰¹ Less than 1 month

⁰² 1 to 5 months

⁰³ 6 months to a year

⁰⁴ Over a year

H15 Outside of school hours, about how many days a week do you see your boyfriend/girlfriend?

⁰⁵ Never

⁰⁶ Less than once a week

⁰⁷ One day a week

⁰⁸ 2 or 3 days a week

⁰⁹ 4 or 5 days a week

¹⁰ 6 or 7 days a week



Statistics Canada will keep your answers PRIVATE.
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H16 In the past 12 months, how many boyfriends/girlfriends have you had?

- ¹¹ None
- ¹² 1
- ¹³ 2 or 3
- ¹⁴ 4 or 5
- ¹⁵ 6 or more

We know that the following questions might be sensitive, but would appreciate you answering them as well as you can. Your answers will help us to better understand the concerns of youth your age.

Please remember that Statistics Canada will make sure no one will find out who filled out each questionnaire.

H17 Have you ever had consensual sexual intercourse?

⁸ Yes → **Go to question H18**

⁹ No → **Go to section I**

H18 How old were you when you first had consensual sexual intercourse?

I was years old

H19 How old was the partner with whom you first had consensual sexual intercourse?

He or she was years old

OR

⁹⁹ I don't know

H20 Did you or your partner use a condom the last time you had consensual sexual intercourse?

¹ Yes

² No

H21 Did you or your partner use other methods of birth control (birth control pills, diaphragm, etc.) the last time you had consensual sexual intercourse?

³ Yes

⁴ No

⁵ I don't know



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The following questions are about all types of work experiences including odd jobs (such as babysitting or mowing lawns), jobs for employers (including restaurant server, cashier or sales assistant), both part-time and full-time work, paid or unpaid.

Work during this school year

11 Are you **currently** doing any work ...

	Yes	No
a. for pay for an employer (for example, at a store or restaurant)?	09 <input type="radio"/>	10 <input type="radio"/>
b. for pay at odd jobs (babysitting, mowing a neighbour's lawn or delivering flyers)?	11 <input type="radio"/>	12 <input type="radio"/>
c. at your family's farm or business (with or without pay)?	13 <input type="radio"/>	14 <input type="radio"/>
d. without pay (for example, CO-OP Program)?	15 <input type="radio"/>	16 <input type="radio"/>

If you are not currently working → Go to question 15

12 Thinking of all the jobs you currently have: what type of work are you doing? (Mark all that apply.)

- 1 Working in a restaurant or fast food outlet, etc.
- 2 Working in a store (convenience store, grocery store, gas station, clothing or shoe store, etc.)
- 3 Working in another type of service (for example, construction, hospital, office, arena, etc.)
- 4 Doing odd jobs (babysitting, mowing a neighbour's lawn or delivering flyers, etc.)
- 5 Working at my family's business or farm
- 6 Other type of work. Specify:



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- 13** Now think of all the jobs you do in a average school week. How many hours in total do you usually work?

	None		Number of hours
a. Monday to Friday?	⁹⁵ <input type="radio"/>	OR	<input type="text"/> <input type="text"/>
b. Saturday and Sunday?	97 <input type="radio"/>	OR	<input type="text"/> <input type="text"/>

- 14** Does this work cause you to study less or do less school work than you would like?

- ³ Yes, a great deal less
⁴ Yes, somewhat less
⁵ No, not at all less
⁶ I do not go to school anymore

Summer Work

- 15** This past summer, did you do any work ...

	Yes	No
a. for pay for an employer (for example, at a store or restaurant)?	¹² <input type="radio"/>	¹³ <input type="radio"/>
b. for pay at odd jobs (for example, babysitting, mowing a neighbour's lawn or delivering flyers)?	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
c. at your family's farm or business (with or without pay)?	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>
d. without pay (for example, CO-OP program)?	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>

If you did not work last summer → Go to section J

- 16** Think of all the jobs you had this past summer; what types of work did you do? (Mark all that apply)

- ¹ Working in a restaurant or fast food outlet, etc.
² Working in a store (grocery or convenience store, clothing or shoe store, etc.)
³ Working in a gas station
⁴ Working in a camp
⁵ Working in another type of service (for example, hospital, office, arena, etc.)
⁶ Working in construction, landscaping or painting
⁷ Doing odd jobs (cutting grass, house-sitting, babysitting, delivering flyers and/or newspapers, running errands, etc.)
⁸ Working at my family business or farm
⁹ Other type of work. Specify:



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SECTION J**Thank you.****J1** What time was it when you finished?

		:		
--	--	---	--	--

When you are finished, please:

put this questionnaire in the envelope.



return it to the interviewer.

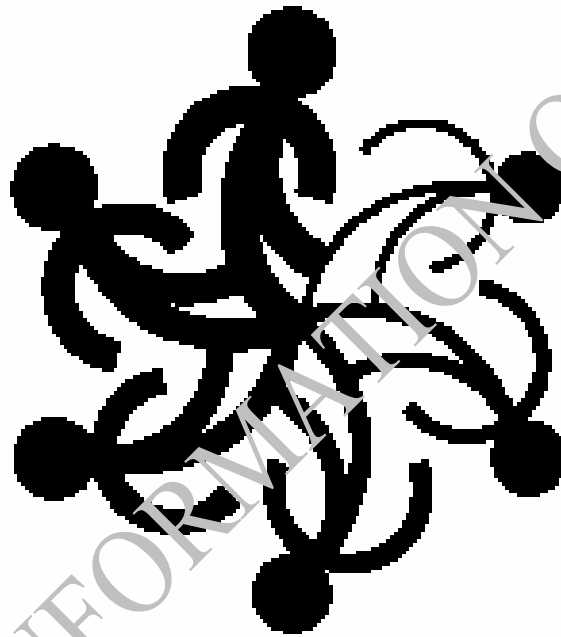
Thank you very much for helping us.

FOR INFORMATION ONLY

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National Longitudinal Survey of Children & Youth

Cycle 6 Survey Instruments 2004/2005



**BOOKLET 23: SELF-COMPLETED QUESTIONNAIRE FOR 16-
AND 17-YEAR-OLDS**

BOOKLET 23
SELF-COMPLETED QUESTIONNAIRE FOR 16- AND 17-YEAR-OLDS231

FOR INFORMATION ONLY



National Longitudinal Survey of Children and Youth

Cycle 6

Booklet 23E

Confidential when completed

Collected under the authority of
the Statistics Act, revised statutes
of Canada, 1985, Chapter S19.

Aussi disponible en français



Please read instructions on next page before beginning.

FOR OFFICE USE ONLY

Person ID

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Respondent's First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Assignment No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time Started

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
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8-5300-449.1: 2004-05-26 STC/ENM-040-75020



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INSTRUCTIONS

This is a questionnaire that 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.

When you answer these questions, you can mark your answers like this or fill in the circle , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

Example 1

B1 How do you feel about school?

- 0 I like school very much.
- 1 I like school quite a bit.
- 2 I like school a bit.
- 3 I don't like school very much.
- 4 I hate school.


Example 2

A6 How many close friends do you have?

93 None

OR

0	3	number of close friends
---	---	-------------------------



KIDS HELP PHONE
JEUNESSE, ÉCOUTE

1-800-668-6868

Remember that the KIDS HELP PHONE is available to help you at any time if you feel like you would like to talk to someone about a problem.

1-(800) 668-6868

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No one from your home or your school will see what you write.

THANK YOU FOR YOUR HELP!



SECTION A Friends and Family

Please answer the following statements about your friends and others your age.

False **Mostly false** **Sometimes false / Sometimes true** **Mostly true** **True**

A1 I have many friends. 0 1 2 3 4

A2 I get along easily with others my age. 5 6 7 8 9

A3 Others my age want me to be their friend. 0 1 2 3 4

A4 Most others my age like me. 5 6 7 8 9

For the rest of this questionnaire, by "close friends", we mean the people that you trust and confide in. They may be friends that you hang out with at school or outside school.

A5 I feel that my **close friends** really know who I am. 0 False
1 Mostly false
2 Sometimes false/Sometimes true
3 Mostly true
4 True

A6 About how many days a week do you do things with close friends outside of school hours?
01 Never
02 Less than once a week
03 1 day a week
04 2-3 days a week
05 4-5 days a week
06 6-7 days a week

How many of your close friends are:

None Number
93 **OR**

A7 ...female?

94 **OR**

A8 ...male?

A9 How often do you share your secrets and private feelings with your close friends?
0 All the time
1 Most of the time
2 Some of the time
3 Rarely
4 Never



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A10

How many of your close friends do the following:

	None	A few	Most	All
a. Smoke cigarettes?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Drink alcohol?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
c. Break the law by stealing, hurting someone or damaging property?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Have tried marijuana?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
e. Have tried drugs other than marijuana?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

A11

Since September 1st, how many of your close friends have done the following:

	None	A few	Most	All
a. Worked for an employer or at odd jobs?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
b. Cut or skipped a day at school without permission?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Been suspended from school?	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
d. Dropped out of school for more than one week?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

A12

For each of the following statements, mark the circle that corresponds to your situation with your close friends.

	Rarely or Never	Some of the time	Most of the time	All the time
a. My close friends push me to succeed and to do interesting things that I would not do by myself.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
b. When I make a decision, I take my close friends' opinion into account.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. My close friends push me to do foolish or stupid things.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

A13

Other than your close friends, do you have anyone else in particular you can talk to about yourself or your problems?

8 Yes → **Go to question A14**

9 No → **Go to question A15**



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No one from your home or your school will see what you write.

A14 What is their relationship to you?

(Mark everyone you feel you can talk to about yourself or your problems.)

- 01 Mother
- 02 Father
- 03 Stepmother
- 04 Stepfather
- 05 Brother
- 06 Sister
- 07 Grandparent
- 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. sports coach or spiritual leader)
- 13 Other (eg., family doctor)

A15 Overall, how would you describe your relationship with your brother(s) and sister(s)? (Include step or foster siblings).

- 14 Very close
- 15 Somewhat close
- 16 Not very close
- 17 I am not in touch with my brother(s) and sister(s)
- 18 I don't have brothers and sisters



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SECTION B

About Me

B1 Choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b. Overall I have a lot to be proud of.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
c. A lot of things about me are good.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
d. When I do something, I do it well.	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
e. I like the way I look.	00 <input type="radio"/>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

B2 Now you will be asked about yourself and **how you relate to other people** at home, school and work. (Choose only one answer for each sentence.)

	Rarely True Of Me	Sometimes True Of Me	Often True Of Me	Very Often True Of Me
a. It is easy to tell people how I feel.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I like doing things for others.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. I get angry easily.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I can understand hard questions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. I think that most things I do will turn out OK.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I can talk easily about my feelings.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. I feel bad when other people have their feelings hurt.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I get upset easily.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. I can come up with many ways of answering a hard question when I want to.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I hope for the best.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. I can easily describe my feelings.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I know when people are upset, even when they say nothing.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. When I get angry, I act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. When answering hard questions, I try to think of many solutions.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. I enjoy the things I do.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



Statistics Canada will keep your answers PRIVATE.
No one from your home or your school will see what you write.

SECTION B**About Me**

B3 In general, I am happy with how things are for me in my life now.

- 1 Strongly disagree
 2 Disagree
 3 Agree
 4 Strongly agree

B4 The next five years look good to me.

- 5 Strongly disagree
 6 Disagree
 7 Agree
 8 Strongly agree

B5 In the past **2 years**, have you personally been through any of these events?

	Yes	No
a. A painful break-up with your boyfriend/girlfriend.	1 <input type="radio"/>	2 <input type="radio"/>
b. A serious problem in school or at work.	3 <input type="radio"/>	4 <input type="radio"/>
c. A pregnancy or an abortion.	1 <input type="radio"/>	2 <input type="radio"/>
d. The death of someone close to you.	3 <input type="radio"/>	4 <input type="radio"/>
e. The divorce or separation of your parents.	1 <input type="radio"/>	2 <input type="radio"/>
f. Another difficult event; specify:	3 <input type="radio"/>	4 <input type="radio"/>

B6 In the past **12 months**, have you personally been treated unfairly because of...

	Yes	No	I don't know
a. your sex/gender?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b. your race, skin colour, or ethnic group?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c. your religion?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
d. another reason?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>



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B7 How often do you feel like an outsider (or left out of things) at your school?

- ⁰¹ All the time
⁰² Most of the time
⁰³ Some of the time
⁰⁴ Rarely
⁰⁵ Never

(If you no longer go to school, please refer to the last time you were in school)

B8 In the past 12 months, how many times did someone...

	Never	Once or twice	3 or 4 times	5 times or more
a. say something personal about you that made you feel extremely uncomfortable?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>
b. threaten to hurt you but not actually hurt you?	⁴ <input type="radio"/>	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>
c. physically attack or assault you?	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>

B9 How often do you see adults in your house physically fighting, hitting or otherwise trying to hurt each other?

- ¹ Often
² Sometimes
³ Seldom
⁴ Never

B10 How often do you watch television shows or movies that have a lot of violence in them?

- ¹ Often
² Sometimes
³ Seldom
⁴ Never



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SECTION C Feelings and Behaviours

Please read the following statements and choose the answer that best describes you.

C1 How often have you felt or behaved this way during the **past week** (7 days)?

	Rarely or none of the time (less than 1 day)	Some or little of the time (1 to 2 days)	Occasionally or a moderate amount of the time (3 to 4 days)	Most or all of the time (5 to 7 days)
a. I did not feel like eating; my appetite was poor.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I felt I could not shake off the blues even with help from my family or friends.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. I had trouble keeping my mind on what I was doing.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I felt depressed.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. I felt that everything I did was an effort.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I felt hopeful about the future.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. My sleep was restless.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I was happy.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. I felt lonely.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I enjoyed life.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. I had crying spells.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I felt people disliked me.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

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 resources provided to you by the interviewer.

C2 Has anyone in your school committed suicide?

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



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C3 Has anyone that you have personally known committed suicide?

- 4 Yes, within the last year
- 5 Yes, more than a year ago
- 6 No, never
- 7 I don't know

C4 In the past 12 months, did you **seriously** consider attempting suicide?

1 Yes

2 No → **Go to question C7**

C5 In the past 12 months, how many times did you attempt suicide?

3 Never/none → **Go to question C7**

4 Once

5 More than once

C6 If you attempted suicide during the past 12 months, did you have to be treated by a doctor, nurse or other health professional (for a physical injury or counselling)?

6 Yes

7 No

C7 In the past 12 months, about how many times ...

Never

Once or twice

3 or 4 times

5 times or more

a. have you stayed out all night without permission?

1

2

3

4

b. were you questioned by the police about anything they thought you did?

5

6

7

8

c. have you run away from home?

1

2

3

4

d. have you stolen something from a store or school?

5

6

7

8



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C7 In the past 12 months, about how many times ...

	Never	Once or twice	3 or 4 times	5 times or more
e. have you intentionally damaged or destroyed anything that didn't belong to you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. have you fought with someone to the point where they needed care for their injuries?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. have you attacked someone with the idea of seriously hurting him / her?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. have you carried a weapon for the purpose of defending yourself or using it in a fight?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. Have you sold any drugs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. have you attempted to touch anyone in any sexual way while knowing that they would probably object to this?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

C8 In the past 12 months, were you part of a gang that broke the law by stealing, hurting someone, damaging property, etc.?

Yes

No

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SECTION D Smoking, Drinking and Drugs

The next questions are about smoking cigarettes.

D1 Which of the following best describes your experience with smoking cigarettes:

⁰¹ I have never smoked

⁰² I only tried once or twice

→ Go to question D3

⁰³ I do not smoke anymore

OR

I smoke ...

⁰⁴ A few times a year

⁰⁵ About once or twice a month

⁰⁶ About 1-2 days a week

⁰⁷ About 3-5 days a week

⁰⁸ About 6-7 days a week

D2 On the days that you smoke, about how many cigarettes do you usually smoke?

Number of cigarettes

The next questions are about drinking alcohol.

A drink of alcohol is, for example:

- ✓ one bottle of beer or
- ✓ one glass of wine or
- ✓ one shot of liquor.

D3 Which of the following best describes your experience with drinking alcohol:

⁰¹ I have never had a drink of alcohol

⁰² I have only had a few sips

→ Go to question D5

⁰³ I only tried once or twice (at least one drink)

⁰⁴ I do not drink alcohol anymore

OR

I drink (at least one drink)...

⁰⁵ A few times a year

⁰⁶ About once or twice a month

⁰⁷ About 1-2 days a week

⁰⁸ About 3-5 days a week

⁰⁹ About 6-7 days a week



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D4 In the past 12 months, how often have you been drunk?

- ⁰¹ Never
- ⁰² A few times
- ⁰³ About once or twice a month
- ⁰⁴ About 1-2 days a week
- ⁰⁵ About 3-5 days a week
- ⁰⁶ About 6-7 days a week

The next questions are about drug use. Please answer even if you do not use drugs.

D5 Which of the following best describes your experience with using marijuana and cannabis products (also known as a joint, pot, grass or hash) **in the past 12 months?**

- ⁰¹ I have never done it
- ⁰² I have done it, but not during the past 12 months

OR

In the past 12 months, I have used marijuana ...

- ⁰³ A few times
- ⁰⁴ About once or twice a month
- ⁰⁵ About 1-2 days a week
- ⁰⁶ About 3-5 days a week
- ⁰⁷ About 6-7 days a week

D6 Which best describes your experience with the following drugs **in the past 12 months:**

	I have never done it	I have done it, but not in the past 12 months	In the past 12 months I have used it...			
			1 or 2 times	3 to 5 times	6 to 9 times	10 times or more
a. Hallucinogens like LSD/acid, magic mushroom	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
b. Glue or solvents	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
c. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc.	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>
d. Other drugs like ecstasy, crack, cocaine, heroin or speed, etc.	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>



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D7 In the past 12 months, how many times have you operated a motorized vehicle (eg. car, motorcycle, boat) after you have been drinking alcohol or doing drugs?

- ¹ Never
- ² Once or twice
- ³ 3 or 4 times
- ⁴ 5 times or more

D8 In the past 12 months, how many times have you been a passenger in a vehicle when the driver has been drinking alcohol or taking drugs?

- ⁵ Never
- ⁶ Once or twice
- ⁷ 3 or 4 times
- ⁸ 5 times or more

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SECTION E Health

Adolescence is a time when there are many changes to your body. In this section, we would like to know more about these changes.

Please answer this section as honestly as possible and remember, Statistics Canada will keep your answers confidential.

E1 How tall are you?
(Please estimate if you are not sure)

	Feet			Inches
--	------	--	--	--------

OR

	Metres			Centimetres
--	--------	--	--	-------------

E2 How much do you weigh?
(Please estimate if you are not sure)

			Pounds
--	--	--	--------

OR

			Kilograms
--	--	--	-----------

E3 Would you say that your body hair ("body hair" means underarm and pubic hair) has begun to grow?

- 1 Has not yet started growing
- 2 Has barely started growing
- 3 Growth of body hair is definitely underway
- 4 Growth of body hair seems completed

⇒ **For young women only:**

E4 Have your breasts begun to grow?

- 5 Have not yet started growing
- 6 Have barely started growing
- 7 Breast growth is definitely underway
- 8 Breast growth seems completed

E5 If you have begun to menstruate (your monthly periods), at what age did you start?

I was

 years and

 months → **Go to Question E8**

OR

⁹³ Have not yet started → **Go to Question E8**

⇒ **For young men only:**

E6 Have you noticed a deepening of your voice?

- 5 Has not yet started changing
- 6 Has barely started changing
- 7 Voice is definitely changing
- 8 Voice change seems completed



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E7 Have you begun to grow hair on your face?

- 1 Has not yet started growing
 2 Has barely started growing
 3 Facial hair is definitely underway
 4 Facial hair growth seems completed

⇒ For young men and young women:

E8 Would you say you are...

(Mark only one of A, B, C or D)

A Trying to lose weight? → **In the past 7 days, did you do any of the following things to lose weight? (Mark all that apply.)**

⁰¹ dieted (ate less or differently)?

⁰² exercised (to burn calories or fat)?

⁰³ took diet pills (i.e., Dexatrim)?

⁰⁴ smoked?

⁰⁵ other? Specify: _____

→ Go to Section F

OR

B Trying to gain weight? → **In the past 7 days, did you do any of the following things in order to gain weight or muscle? (Mark all that apply.)**

⁰⁶ ate more food or took food supplements?

⁰⁷ lifted weights or exercised to build muscle?

⁰⁸ used steroids?

⁰⁹ other? Specify: _____

→ Go to Section F

OR

C Trying to stay the same weight? → **In the past 7 days, did you do any of the following to stay the same weight? (Mark all that apply.)**

⁰¹ dieted (ate less or differently)?

⁰² exercised (to burn calories or fat)?

⁰³ took diet pills (i.e., Dexatrim)?

⁰⁴ smoked?

⁰⁵ other? Specify: _____

→ Go to Section F

OR

D Not trying to do anything about your weight? → **Go to Section F**



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SECTION F My Relationships (for young men and young women):

F1 How old were you when you had your first boyfriend/girlfriend?

⁹³ I've never had a boyfriend/girlfriend

→ **Go to question F6**

OR

I was years old

F2 Do you have a boyfriend/girlfriend right now?

¹ Yes → **Go to question F3**

² No → **Go to question F5**

F3 How long have you been going out with (dating) him/her?

⁰¹ Less than 1 month

⁰² 1 to 5 months

⁰³ 6 months to a year

⁰⁴ Over a year

F4 Outside of school or work hours, about how many days a week do you see your boyfriend/girlfriend?

⁰⁶ Never

⁰⁷ Less than once a week

⁰⁵ One day a week

⁰⁸ 2 or 3 days a week

⁰⁹ 4 or 5 days a week

¹¹ 6 or 7 days a week

F5 In the past 12 months, how many boyfriends/girlfriends have you had?

¹² None

¹³ 1

¹⁴ 2 or 3

¹⁵ 4 or 5

¹⁶ 6 or more

We know that the following questions might be sensitive, but would appreciate you answering them as well as you can. Your answers will help us to better understand the concerns of youth your age.

F6 Have you ever had consensual sexual intercourse?

⁸ Yes

⁹ No → **Go to Section G**



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F7 How old were you when you first had consensual sexual intercourse?

I was years old

F8 How old was the partner with whom you first had consensual sexual intercourse?

He or she was years old

OR

⁹⁹ I don't know

F9 Are you currently sexually active?

⁸ Yes

⁹ No → **Go to Section G**

F10 What kind of birth control or protection do you and/or your partner use most often?

(Mark all that apply)

⁰¹ Condoms (rubbers)

⁰² Birth control pills

⁰³ Birth control injection (i.e. Depo-Provera "the shot")

⁰⁴ Withdrawal (pull-out)

⁰⁵ Emergency contraception ("the morning after pill")

⁰⁶ Some other method

⁰⁷ Not sure

⁰⁸ None

F11 Have there been any times when you and a partner did **not** use any form of birth control or protection?

⁸ Yes

⁹ No → **Go to Section G**

¹⁰ I don't know → **Go to Section G**



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F12 What was the **main** reason for not using any birth control or protection?

(Mark one only)

- ⁰⁹ Sex was unexpected (no time to prepare)
- ¹⁰ I didn't think I (or she) would get pregnant
- ¹¹ I wanted (she wanted) to get pregnant
- ¹² My partner did not want to use it
- ¹³ It's my partner's problem, not mine
- ¹⁴ It reduces the pleasure
- ¹⁵ It's too expensive
- ¹⁶ It's morally wrong
- ¹⁷ I am too embarrassed to get/use birth control/protection
- ¹⁸ Other (specify:)
-

OR

- ¹⁹ We always use birth control/protection

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SECTION G My Parent(s)

G1 Think of the mother you are most involved with. Is she...

- ⁰¹ your biological/birth mother?
⁰² your adoptive mother?
⁰³ your step-mother?
⁰⁴ your foster mother?
⁰⁵ another person (a mother figure)?

OR

- ⁰⁶ I am not in touch with my mother

→ **Go to question G6**

G2 Thinking of the mother you have identified in the previous question:

- | | A great deal | Some | Very little/Not at all |
|---|------------------------------------|------------------------------------|------------------------------------|
| a. How well do you feel that your mother understands you? | ⁰ <input type="radio"/> | ¹ <input type="radio"/> | ² <input type="radio"/> |
| b. How much fairness do you receive from your mother? | ³ <input type="radio"/> | ⁴ <input type="radio"/> | ⁵ <input type="radio"/> |
| c. How much affection do you receive from your mother? | ⁶ <input type="radio"/> | ⁷ <input type="radio"/> | ⁸ <input type="radio"/> |

G3 Overall, how would you describe your relationship with your mother?

- ¹ Very close
² Somewhat close
³ Not very close

G4 Tell us how often per week you do the following activities with your mother:

- | | Never | Less than once a week | 1 or 2 days | 3 or 4 days | 5 or 6 days | Every day |
|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Eat a meal together? | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> | ⁰⁴ <input type="radio"/> | ⁰⁵ <input type="radio"/> | ⁰⁶ <input type="radio"/> |
| b. Have a discussion together? | ⁰⁷ <input type="radio"/> | ⁰⁸ <input type="radio"/> | ⁰⁹ <input type="radio"/> | ¹⁰ <input type="radio"/> | ¹¹ <input type="radio"/> | ¹² <input type="radio"/> |



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G5 People often disagree with each other. The following sentences describe disagreements. Tell us how often **you and your mother** do the following things.

	Never	Rarely	Sometimes	Often	Always
a. We make up easily when we have a fight.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. We disagree and fight.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
c. We bug each other or get on each other's nerves.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. We yell at each other.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
e. When we argue we stay angry for a very long time.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. When we disagree, we refuse to talk to each other.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
g. When we disagree, one of us stomps out of the room, or house, or yard.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. When we disagree about something, we solve problems together.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
i. When we disagree about something, I give in just to end the argument.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. When we disagree, another person comes in to settle things or find a solution.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

G6 Think of the father you are most involved with. Is he...

- ⁰¹ your biological/birth father?
⁰² your adoptive father?
⁰³ your step-father?
⁰⁴ your foster father?
⁰⁵ another person (a father figure)?

OR

- ⁰⁶ I am not in touch with my father

→ **Go to question G11**



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G7 Thinking of the father you have identified in the previous question:

	A great deal	Some	Very little/Not at all
a. How well do you feel that your father understands you?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. How much fairness do you receive from your father?	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. How much affection do you receive from your father?	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

G8 Overall, how would you describe your relationship with your father?

- 5 Very close
 6 Somewhat close
 7 Not very close

G9 Tell us how often per week you do the following activities with your father:

	Never	Less than once a week	1 or 2 days	3 or 4 days	5 or 6 days	Every day
a. Eat a meal together?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b. Have a discussion together?	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

G10 People often disagree with each other. The following sentences describe disagreements. Tell us how often **you and your father** do the following things.

	Never	Rarely	Sometimes	Often	Always
a. We make up easily when we have a fight.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. We disagree and fight.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
c. We bug each other or get on each other's nerves.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. We yell at each other.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
e. When we argue we stay angry for a very long time.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. When we disagree, we refuse to talk to each other.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
g. When we disagree, one of us stomps out of the room, or house, or yard.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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G10 People often disagree with each other. The following sentences describe disagreements. Tell us how often you and your father do the following things.

	Never	Rarely	Sometimes	Often	Always
h. When we disagree about something, we solve problems together.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
i. When we disagree about something, I give in just to end the argument.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. When we disagree, another person comes in to settle things or find a solution.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

G11 Thinking about the mother and/or father you have identified in the previous questions, for each of the following statements, use the choice that best describes the way they have acted toward you in the past 6 months.

My parent(s) ...

	Never	Rarely	Sometimes	Often	Always
a. Tell me what time to be home when I go out.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Take an interest in where I am going and who I am with.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
c. Ask me to leave a note or call to let them know where I am going.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Let me know how to get in touch with them when they are not at home.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

G12 How well do you think your parents get along with each other?

- 0 Very well
 1 Fairly well
 2 Not very well
 3 My parents are not in touch with each other

G13 How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?

- 01 Never
 02 Rarely
 03 Sometimes
 04 Often
 05 Always
 06 I don't know
 07 My parents are not in touch with each other



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G14 How often do your parents get upset with one another, including times when they are mad but don't say much?

- ⁰⁷ Never
- ⁰⁸ Rarely
- ⁰⁹ Sometimes
- ¹⁰ Often
- ¹¹ Always
- ¹² I don't know
- ¹³ My parents are not in touch with each other

Sometimes different situations or circumstances arise which may affect family life. The next few questions are about one of these situations.

G15 Have you ever experienced being hungry because there was no food in the house or money to buy food?

¹ Yes

² No → **Go to Section h**

G16 How often has this occurred?

- ³ More often than end of each month
- ⁴ Regularly, end of the month
- ⁵ Every few months
- ⁶ Occasionally, not a regular occurrence

G17 How do you or your family cope when this happens?

(Mark all that apply)

- ⁰⁰ My parent/guardian skips meals or eats less
- ⁰¹ I skip meals or eat less
- ⁰² I make sure that others in the house eat before I do
- ⁰³ Cut down on variety of foods usually eaten
- ⁰⁴ Seek help from relatives
- ⁰⁵ Seek help from friends
- ⁰⁶ Seek help from social worker/government office
- ⁰⁷ Seek help from food bank (emergency food program)
- ⁰⁸ Use school meal program
- ⁰⁹ Other




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SECTION H Thank you.

H1 What time was it when you finished this questionnaire?

		:		
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When you are finished, please:  put this questionnaire in the envelope.

 return it to the interviewer.

Thank you very much for helping us.

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