



National Longitudinal Survey of Children



Questionnaire for 10-11 year olds

Sample – ID

Assignment #

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Person#

--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

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**PLEASE READ INSTRUCTIONS
ON NEXT PAGE BEFORE BEGINNING.**



7-5030-6020.1: 1995-01-13 STC/HLD-040-75020

Statistics
CanadaStatistique
Canada

Canada

INSTRUCTIONS

This is a survey with questions about your family, 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.

Only a few children in Canada will be asked to answer this questionnaire. You can choose whether or not to fill out this questionnaire.

This is not a test and there are no right or wrong answers. Take your time and **please be sure to answer each question based on what you really think.** If you need help with any questions, you may ask the Interviewer. Remember this is not a test and there are no right or wrong answers.

The answers that you give will be kept **PRIVATE** by Statistics Canada. No one from your home or your school will see what you write. *

* The following sentence was removed after the November and December collection: "The only other people who might see what you write would be your parents if they wrote to Statistics Canada and asked for a copy of your answers on your behalf."

When you finish this survey

Please put this questionnaire in the envelope and return it to the Interviewer when you have finished. If the Interviewer is not in your home, please seal the envelope. The Interviewer will pick it up from you on another day.

SECTION A.

FRIENDS AND FAMILY

The following statements are about your friends and family.

Please answer each question.

Mark your answers like this ☒ or write in a number.

01

I have a lot of friends.

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

02

I get along with kids easily.

- ⁵ ☐ False
- ⁶ ☐ Mostly false
- ⁷ ☐ Sometimes false / Sometimes true
- ⁸ ☐ Mostly true
- ⁹ ☐ True

03

Other kids want me to be their friend.

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

04

Most other kids like me.

- ⁵ ☐ False
- ⁶ ☐ Mostly false
- ⁷ ☐ Sometimes false / Sometimes true
- ⁸ ☐ Mostly true
- ⁹ ☐ True

05

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

- ☐ ⁰ Never
☐ ¹ Less than once a week
☐ ² 1 day a week
☐ ³ 2-3 days a week
☐ ⁴ 4-5 days a week
☐ ⁵ 6-7 days a week

06

How many close friends do you have?

--	--

Number of close friends
(If none write **00**)

07

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

- ☐ ⁰ Yes → Go to question **08**
☐ ¹ No → Go to question **09**

08

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 Grandparents
☐ ⁰⁸ Other relatives
☐ ⁰⁹ A friend of the family
☐ ¹⁰ Sitter or babysitter
☐ ¹¹ Parent's boyfriend / girlfriend
☐ ¹² Teacher
☐ ¹³ Coach or leader (e.g. scout or church leader)
☐ ¹⁴ Other

09

During the past 6 months, how well have you gotten along with other children such as **friends** or **classmates**?

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

10

During the past 6 months, how well have you gotten along with your **mother**?

- 20 ☐ Very well, no problems
 21 ☐ Quite well, hardly any problems
 22 ☐ Pretty well, occasional problems
 23 ☐ Not too well, frequent problems
 24 ☐ Not well at all, constant problems
 25 ☐ Don't have a mother or am not in touch with her

11

During the past 6 months, how well have you gotten along with your **father**?

- 26 ☐ Very well, no problems
 27 ☐ Quite well, hardly any problems
 28 ☐ Pretty well, occasional problems
 29 ☐ Not too well, frequent problems
 30 ☐ Not well at all, constant problems
 31 ☐ Don't have a father or am not in touch with him

12

During the past 6 months, how well have you gotten along with your **brothers** and **sisters**?

- 32 ☐ Very well, no problems
 33 ☐ Quite well, hardly any problems
 34 ☐ Pretty well, occasional problems
 35 ☐ Not too well, frequent problems
 36 ☐ Not well at all, constant problems
 37 ☐ Don't have brothers and sisters or am not in touch with them

SECTION B.

SCHOOL

ABOUT MY SCHOOL AND ME

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01

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

02

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

- ⁵ ☐ Very well
- ⁶ ☐ Well
- ⁷ ☐ Average
- ⁸ ☐ Poorly
- ⁹ ☐ Very poorly

03

How important is it to you to have good grades in school?

- ⁰ ☐ Very important
- ¹ ☐ Important
- ² ☐ Somewhat important
- ³ ☐ Not very important
- ⁴ ☐ Not important at all

04

I like mathematics.

- ⁵ ☐ False
- ⁶ ☐ Mostly false
- ⁷ ☐ Sometimes false / sometimes true
- ⁸ ☐ Mostly true
- ⁹ ☐ True

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

05

I feel safe at school.

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

06

I feel safe on my way to
and from school

- ⁵ ☐ All the time
- ⁶ ☐ Most of the time
- ⁷ ☐ Some of the time
- ⁸ ☐ Rarely
- ⁹ ☐ Never

07

Children say nasty and
unpleasant things to me
at school.

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

08

I am bullied in school.

- ⁵ ☐ All the time
- ⁶ ☐ Most of the time
- ⁷ ☐ Some of the time
- ⁸ ☐ Rarely
- ⁹ ☐ Never

09

I am bullied on my way to
and from school.

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

10

I feel like an outsider (or
left out of things) at my
school.

- ⁵ ☐ All the time
- ⁶ ☐ Most of the time
- ⁷ ☐ Some of the time
- ⁸ ☐ Rarely
- ⁹ ☐ Never

ABOUT MY TEACHER AND ME

11

When I need extra help, my teacher gives it to me.

- 01 ☐ All the time
- 02 ☐ Most of the time
- 03 ☐ Some of the time
- 04 ☐ Rarely
- 05 ☐ Never
- 06 ☐ Don't need extra help

12

My teacher treats me fairly.

- 07 ☐ All the time
- 08 ☐ Most of the time
- 09 ☐ Some of the time
- 10 ☐ Rarely
- 11 ☐ Never

ABOUT MY PARENTS AND SCHOOL

13

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

- 12 ☐ All the time
- 13 ☐ Most of the time
- 14 ☐ Some of the time
- 15 ☐ Rarely
- 16 ☐ Never
- 17 ☐ Don't have problems at school

14

My parents encourage me to do well at school.

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

15

My parents expect too much of me at school.

- 5 ☐ All the time
- 6 ☐ Most of the time
- 7 ☐ Some of the time
- 8 ☐ Rarely
- 9 ☐ Never

ABOUT MY HOMEWORK

16

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

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

17

When my teacher gives me homework, I do it.

- ⁵ ☐ All the time
- ⁶ ☐ Most of the time
- ⁷ ☐ Some of the time
- ⁸ ☐ Rarely
- ⁹ ☐ Never

SECTION C

ABOUT ME

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

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01

	False	Mostly false	Sometimes false / Sometimes true	Mostly true	True
a. In general, I like the way I am.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Overall I have a lot to be proud of.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
c. A lot of things about me are good.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. When I do something, I do it well.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
e. I am good looking.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I have a pleasant looking face.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
g. Other kids think I am good looking.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I have a good looking body.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>

SECTION D**FEELINGS AND BEHAVIOURS**

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

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01	Never or not true	Sometimes or somewhat true	Often or very true
a. I show sympathy to (feel sorry for) someone who has made a mistake.	1○	2○	3○
b. I can't sit still, am restless or hyperactive.	4○	5○	6○
c. I destroy my own things.	7○	8○	9○
d. I will try to help someone who has been hurt.	1○	2○	3○
e. I steal at home.	4○	5○	6○
f. I am unhappy, sad or depressed.	7○	8○	9○
g. I get into many fights.	1○	2○	3○
h. I volunteer to help clear up a mess someone else has made.	4○	5○	6○
i. I am distractible, have trouble sticking to any activity.	7○	8○	9○
j. I try when I am mad at someone, to get others to dislike him/her.	1○	2○	3○
k. I am not as happy as other children.	4○	5○	6○
l. I destroy things belonging to my family or other children.	7○	8○	9○

	Never or not true	Sometimes or somewhat true	Often or very true
m. I will try, if there is an argument, to stop it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. I fidget.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
o. I am disobedient at school.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
p. I can't concentrate, can't pay attention.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. I am too fearful or anxious.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
r. When I am mad at someone, I become friends with another as revenge.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
s. I am impulsive, act without thinking.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
t. I tell lies or cheat.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
u. I offer to help other children (friend, brother or sister) who are having difficulty with a task.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
v. I am worried.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
w. I have difficulty awaiting my turn in games or groups.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
x. I assume, when another child accidentally hurts me (such as bumping into me), that the other child meant to do it, and then react with anger and fighting.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
y. I tend to do things on my own - am rather solitary.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
z. When mad at someone, I say bad things behind the other's back.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
aa. I physically attack people.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
bb. I comfort a child (friend, brother or sister) who is crying or upset.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
cc. I cry a lot.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
dd. I vandalize.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
ee. I give up easily.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ff. I threaten people.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
gg. I help to pick up objects which another child has dropped (e.g. pencils, books.).	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
hh. I cannot settle to anything for more than a few moments.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ii. I feel miserable, unhappy, tearful, or distressed.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
jj. I am cruel, bully or am mean to others.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
kk. I stare into space.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
ll. When 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"/>
mm. I am nervous, highstrung or tense.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
nn. I kick, bite, hit other children.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
oo. I will invite bystanders to join in a game.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

01		Never or not true	Sometimes or somewhat true	Often or very true
pp.	I steal outside the home.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
qq.	I am inattentive, have difficulty paying attention to someone.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
rr.	I have trouble enjoying myself.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
ss.	I help other children (friends, brother or sister) who are feeling sick.	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
tt.	When mad at someone, I tell the other one's secrets to a third person.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
uu.	I take the opportunity to show support for the work of children who can't do things as well as me.	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

02

In the past year, about how many times . . .

	Never	Once	Twice	More than twice
a. did you stay 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. did you stay out all night without permission?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. did you skip a day of school without permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. did you get 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 you might have done such as stealing, damaging property or anything else?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. did you run away from home?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

03

In the past year were you part of a group that did bad things?

- 1 ☐ Yes
2 ☐ No

SECTION E

MY PARENT(S) AND ME

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01

My parents (or step parents or foster parents) . . .

	Never	Sometimes	Often	Very often
a. smile at me	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. want to know exactly where I am and what I am doing	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
c. soon forget a rule they have made	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. praise me	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. let me go out any evening I want	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. do tell me what time to be home when I go out	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. nag me about little things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. tell me what I can watch on TV	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. make sure I do my homework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. only keep rules when it suits them	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

01

My parents (or step parents or foster parents) . . .

	Never	Sometimes	Often	Very often
k. make sure I know I am appreciated	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. threaten punishment more often than they use it	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. speak of the good things I do	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. find out about my misbehaviour	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. enforce a rule or do not enforce a rule depending upon their mood	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. hit me or threaten to do so	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q. seem proud of the things I do	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SECTION F.

PUBERTY

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01

Would you say that your body hair ("body hair" means underarm and pubic hair):

- ⁵ ☐ has not yet started growing
- ⁶ ☐ has barely started growing
- ⁷ ☐ growth of body hair is definitely underway
- ⁸ ☐ growth of body hair seems completed

FOR GIRLS ONLY

02

Have your breasts begun to grow?

- ¹ ☐ Not yet started growing
- ² ☐ Have barely started growing
- ³ ☐ Breast growth is definitely underway
- ⁴ ☐ Breast growth seems completed

03

Have you begun to menstruate (your monthly periods)?

- ⁵ ☐ Yes
- ⁶ ☐ No

FOR BOYS ONLY

04

Have you noticed a deepening of your voice?

- ¹ ☐ Not yet started changing
- ² ☐ Has barely started changing
- ³ ☐ Voice is definitely changing
- ⁴ ☐ Voice change seems completed

05

Have you begun to grow hair on your face?

- ⁵ ☐ Not yet started growing
- ⁶ ☐ Has barely started growing
- ⁷ ☐ Facial hair growth is definitely underway
- ⁸ ☐ Facial hair growth seems completed

SECTION G

SMOKING, DRINKING AND DRUGS

Not too many young people your age smoke, drink, or use drugs. The following questions are for both those who have or have not tried to smoke, drink or take drugs.

Please answer each question.

Mark your answers like this ☐ or write in a number.

01

Have you ever tried cigarette smoking, even just a few puffs?

¹ ☐ Yes

² ☐ No

If No, which of the following reasons are the **most important reasons** why you have never tried smoking?

⁰¹ ☐ Most of my friends do not smoke

⁰² ☐ My parents do not smoke

⁰³ ☐ I think it might be bad for my health

⁰⁴ ☐ I think I might not be able to stop

⁰⁵ ☐ It is against the law for me to smoke

⁰⁶ ☐ I would get into trouble with my parents or teachers

⁰⁷ ☐ I would get into trouble with the police

⁰⁸ ☐ I cannot get cigarettes or afford them

⁰⁹ ☐ I have other things I enjoy doing

¹⁰ ☐ Some other reason

02

If you do smoke, how often do you smoke cigarettes?

⁰ ☐ I do not smoke, or only tried once or twice

→ Go to Question 05

¹ ☐ Every day

² ☐ At least once or twice a week but not every day

³ ☐ At least once or twice a month but not every week

⁴ ☐ A few times a year

⁵ ☐ Once or twice a year

→ Go to Question 05

03

If you have smoked one or more cigarettes every day for at least seven days in a row, how old were you when you first did so? **(Mark one only)**

⁹⁸ ☐ I have never done this

OR

I was years old

04

On the days that you smoke, about how many cigarettes do you usually smoke? **(Mark one only)**

⁹⁹ ☐ I do not smoke

OR

Number of cigarettes

05

How many of your friends smoke?

Friends who smoke
(If none write 00)

06

Have you ever drunk alcohol?

⁷ ☐ Yes

⁸ ☐ No → Go to Question 09

07

If you have ever drunk more alcohol than the amount allowed by your parents, how old were you when you first did this? **(Mark one only)**

⁹⁸ ☐ I have never drunk alcohol

OR

⁹⁹ ☐ I have only drunk the amount allowed by my parents

OR

I was years old

08

If you drink anything alcoholic such as wine, liquor or beer, how often do you do so?

- ⁰ ☐ I do not drink alcohol, or only tried once or twice
- ¹ ☐ Every day
- ² ☐ At least once or twice a week but not every day
- ³ ☐ At least once or twice a month but not every week
- ⁴ ☐ A few times a year
- ⁵ ☐ Once or twice a year

09

How many of your friends drink alcohol?

--	--

Friends who drink alcohol

(If none write 00)

10

Have you ever tried drugs or sniffed glue or solvents?

- ⁸ ☐ Yes
- ⁹ ☐ No → Go to Question 13

11

If you use the following substances, how often do you . . .

a

use marijuana ("pot", "grass" or "hash")?

- ⁰¹ ☐ I do not use marijuana, or only tried once or twice
- ⁰² ☐ Every day
- ⁰³ ☐ At least once or twice a week but not every day
- ⁰⁴ ☐ At least once or twice a month but not every week
- ⁰⁵ ☐ A few times a year
- ⁰⁶ ☐ Once or twice a year

11

If you use the following substances, how often do you . . .

b

sniff glue or solvents

- ⁰⁷ ☐ I do not sniff glue or solvents, or only tried once or twice
- ⁰⁸ ☐ Every day
- ⁰⁹ ☐ At least once or twice a week but not every day
- ¹⁰ ☐ At least once or twice a month but not every week
- ¹¹ ☐ A few times a year
- ¹² ☐ Once or twice a year

c

use other drugs like cocaine, crack, speed, LSD/acid?

- ¹³ ☐ I do not use other drugs, or only tried once or twice
- ¹⁴ ☐ Every day
- ¹⁵ ☐ At least once or twice a week but not every day
- ¹⁶ ☐ At least once or twice a month but not every week
- ¹⁷ ☐ A few times a year
- ¹⁸ ☐ Once or twice a year

12

If you have used drugs (such as marijuana, glue, solvents or cocaine, etc.) how old were you when you first did so? (Mark one only)

- ⁹⁹ ☐ I have never used drugs

OR

I was years old

13

How many of your friends have tried drugs or sniffed glue or solvents?

Friends who have tried drugs or sniffed glue or solvents

(If none write 00)

SECTION H

ACTIVITIES

Please mark only one circle for each statement.

Mark your answers like this ⊗.

01				
	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. Outside of school hours, I take part in sports with a coach or an instructor	⁶ ○	⁷ ○	⁸ ○	⁹ ○
b. Outside of school, I play sports or do physical activities WITHOUT a coach or instructor	² ○	³ ○	⁴ ○	⁵ ○
c. Outside of school hours, I take part in Art, Dance or Music groups or lessons	⁶ ○	⁷ ○	⁸ ○	⁹ ○
d. I take part in clubs or groups such as Girl Guides or Boy Scouts	² ○	³ ○	⁴ ○	⁵ ○
e. I have a job (a paper route, baby sitting, etc.)	⁶ ○	⁷ ○	⁸ ○	⁹ ○
f. I play computer or video games	² ○	³ ○	⁴ ○	⁵ ○
g. I watch TV	⁶ ○	⁷ ○	⁸ ○	⁹ ○

02

On average, about how many hours a day do you watch TV?

- ⁰ ☐ 0-1 hour a day
- ¹ ☐ 1-2 hours a day
- ² ☐ 3-4 hours a day
- ³ ☐ 5-6 hours a day
- ⁴ ☐ 7 or more hours a day

03

How often do you read for fun (not just for school)

- ⁴ ☐ Every day
- ⁵ ☐ A few times a week
- ⁶ ☐ Once a week
- ⁷ ☐ A few times a month
- ⁸ ☐ Less than once a month
- ⁹ ☐ Almost never

Thank you for taking part in this survey!

When you finish this survey:

- ❶ put this questionnaire in the envelope and
- ❷ return it to the Interviewer.

If the Interviewer is not in your home:

- ❶ please seal the envelope
- ❷ the Interviewer will pick it up from you on another day.