



NATIONAL LONGITUDINAL SURVEY OF CHILDREN & YOUTH

Cycle 4 Survey Instruments 2000-2001
Book 2 - Teacher, Principal & Youth (10-17 year olds)



Catalogue no. 89FOO77XIE, no. 4b

2003

Statistics Canada
Human Resources
Canada

Statistiques Canada
Développement des ressources Human Resources

Development Canada humaines



Canada

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Également disponible en français sous le titre: Enquête longitudinale nationale sur les enfants et les jeunes, Matériel d'enquête pour la collecte des données de 1999-2000 - Cycle 4.

Introduction

NLSCY instruments, by which we mean the various questionnaires used to gather information from parents, children and youth, teachers and principals could 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:

- Teacher's questionnaire (single teacher environment)
- Teacher's questionnaire (multiple teacher environment)
- Principal's questionnaire
- Booklet 20 - self complete for 10-11 year olds
- Booklet 21 - self complete for 12-13 year olds
- Booklet 22 - self complete for 14-15 year olds
- Booklet 23 - self complete for 16-17 year olds
- Informed Consent Form

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

- Ages and Stages questionnaires (Parent self report, ages 3 to 71 months)
- Peabody Picture Vocabulary Test - Revised (PPVT - R) (Direct Measure, Age 4 to 6 years)
- Who Am I? (Direct Measure, age 4 and 5 year olds)
- Number Knowledge (Direct Measure, age 4 and 5 year olds)
- Math tests (Direct Measure, Grades 2 to 10)
- Cognitive measure (Direct Measure, ages 16 and 17)

For cycle 4, 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 The instruments listed in C above will not be published.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 includes the teacher, principal and youth paper self-complete questionnaires.

Most of the questions for cycle 4 are similar to those in previous cycles. Some new sections have been added for children under 6 to provide more information on children's early development and related experiences. Because of collection difficulties, the Kindergarten teacher's questionnaire was not used in cycle 4. The Math and Arts teachers' questionnaires were combined into one questionnaire for cycle 4, which was only collected for part of the sample. New questions were added for the 16-17 year olds, including a self-complete questionnaire.

The reader may also wish to refer to the Cycle 1, 2 and 3 documentation, available upon request or on the web :

Cycle 1

National Longitudinal Survey of Children: Survey Instruments for 1994-95 Data Collection, Cycle 1

National Longitudinal Survey of Children: Overview of Survey Instruments for 1994-95 Data Collection, Cycle 1

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

Cycle 2

National Longitudinal Survey of Children and Youth: Survey Instruments for 1996-97 Data Collection, Cycle 2

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 1996-97 Data Collection, Cycle 2

Cycle 3

National Longitudinal Survey of Children and Youth: Cycle 3 Survey Instruments for 1998-99 Book 1- Parents & Child

National Longitudinal Survey of Children and Youth: Cycle 3 Survey Instruments for 1998-99 Book 2 – Education, 10-11, 12-13, 14-15 year olds

National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 1998-99 Data Collection, Cycle 3

These are available on the Statistics Canada website: [statcan.ca/Products and Services/Downloadable Publications](http://statcan.ca/Products%20and%20Services/Downloadable%20Publications) (free) scroll down to 89-566-XIE for article “ The intricate family life courses of Canadian children” and 89F0077XIE and 89F0078XIE for the instruments and overviews.

The Applied Research Branch of Human Resources Development Canada is building up a body of child-related research based on data from NLSCY. These are available on the HRDC web site: <http://www.hrdc-drhc.gc.ca/arb/nlscy-elnej>

List of the Direct Measures publishers

PPVT-R (English):

Leann Velde
American Guidance Service
4201 Woodland Rd.
Circle Pines, Minnesota 55014-0099
Tel.: (651) 287-7242 fax.: (651) 287-7227

EVIP (French PPVT):

Fredda Olivier, President
Psycan
12-120 West Beaver Creek Rd.
Richmond Hill, Ontario L4B 1L2
Tel.: (905) 731-8795 fax.: (905) 731-5029
mail@psycan.com (email)
www.psycan.com (web site)

Math Tests (grades 2-10):

David Galati
Canadian Test Centre
85 Citizen Court, Unit # 7
Markham, Ontario L6G 1A8
Tel.: (905) 513-6636 fax.: (905) 513-6639

Who Am I?:

Molly De Lemos
DeLemos@acer.edu.au (email)

Number Knowledge

Yukari Okamoto
yukari@education.ucsb.edu (email)

Ages and Stages

Lisa Yurwit, Subsidiary Rights Manager
Brookes Publishing Co. and Health Professions Press
P.O. Box 10624, Baltimore, MD 21285-0624, USA
tel.: (410) 337-9580 fax.: (410) 337-8539
lyurwit@brookespublishing.com

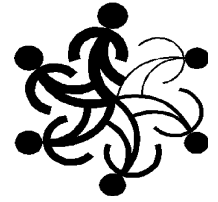
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(For a school environment where the child has one teacher for the basic academic subjects)
- 2. Teacher's Questionnaire - Document 3**
(For a school environment where a child/youth has different teachers for the basic academic subjects)
- 3. Principal's Questionnaires- Document 4**
- 4. Booklet 20:** Self completed Questionnaire for 10-11 year olds
- 5. Booklet 21:** Self completed Questionnaire for 12-13 year olds
- 6. Booklet 22:** Self completed Questionnaire for 14-15 year olds
- 7. Booklet 23:** Self completed Questionnaire for 16-17 year olds
- 8. Informed Consent Form**



Human Resources Development Canada & Statistics Canada

National Longitudinal Survey of Children and Youth - Cycle 4 Teacher's Questionnaire



Document 2

Place label here

This information is collected under
the authority of the *Statistics Act*
(RSC, 1985 c. S19)

Confidential when completed

Version française au verso

Instructions

The **purpose** of this questionnaire is to gather information on students' school experiences. This complements information about other aspects of students' lives already collected from parents and youth aged 10 and older. The items in this questionnaire relate to a particular student in your class who is identified above. The questionnaire also asks about the student's class, school practices and information about you.

The survey is voluntary. However, to ensure that we have a full picture of this student's development and experiences, we strongly encourage you to complete the questionnaire.

INSTRUCTIONS

- Please use a blue or a black pen when answering the questions.
- Please mark only one response circle per question unless otherwise indicated.
- Place the questionnaire in the enclosed business reply envelope and mail it directly to us.
- Please return the questionnaire within the next **five** days.

YOUR RESPONSES ARE CONFIDENTIAL. PLEASE DO NOT SHOW YOUR RESPONSES TO ANYONE ELSE – NOT ANOTHER TEACHER, THE PRINCIPAL, THE STUDENT OR HIS/HER PARENTS.

UNDER THE STATISTICS ACT, THE INFORMATION COLLECTED IN THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.

If you did not receive a business reply envelope or if you have any questions please call 1-888-408-8879.





Please mark only one response circle per question unless otherwise indicated

SECTION 1 General Information

01 Is this student enrolled in any of the following academic programs:

(Mark all that apply.)

A **program** is a specially designed curriculum.

A **language immersion program** is a program where 25% or more of instruction time is spent in the immersion language.

- 01 Program for hearing or visually impaired students
- 02 Program for special needs other than the hearing and visually impaired (e.g., special education, learning difficulties)
- 03 Program targeting gifted students (e.g., scientifically advanced programs, enriched, or advanced programs)
- 04 French language immersion program
- 05 English language immersion program
- 06 Other language immersion program
- 07 English as a second language (ESL) program
- 08 French as a second language (FSL) program
- 09 Program targeting the arts (e.g., dance, theatre, music, visual arts etc.)
- 10 Program targeting sports
- 11 Trade/Vocational program
- 12 This student is not enrolled in a program with a specially designed curriculum.

02 What grade is this student in?

- 01 This student is not assigned to a grade
- 02 Junior kindergarten/pre-school (generally 2 years before grade 1)
- 03 Senior kindergarten/primary (generally 1 year before grade 1)
- 04 Grade 1
- 05 Grade 2
- 06 Grade 3
- 07 Grade 4





02 What grade is this student in? – Concluded

- ⁰⁸ Grade 5
- ⁰⁹ Grade 6
- ¹⁰ Grade 7 OR Secondary 1 (Quebec)
- ¹¹ Grade 8 OR Secondary 2 (Quebec)
- ¹² Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
- ¹³ Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)

03 Is this student currently repeating his or her grade?

- ⁰¹ Yes
- ⁰² No
- ⁰³ I do not know

04 What subjects does this student take and what subjects do you teach this student?
(Mark all that apply.)

	Student takes this subject	I teach this subject to this student
a) English	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>
b) French	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
c) Mathematics	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
d) Science (e.g. physics, chemistry, biology)	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
e) Social Studies (e.g. history, geography)	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
f) Environmental Studies	¹¹ <input type="radio"/>	¹² <input type="radio"/>
g) Music	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>
h) Art	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>
i) Physical Education	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>
j) Informatics/Computer Science	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
k) Health Education	²¹ <input type="radio"/>	²² <input type="radio"/>
l) Religion/Ethics	²³ <input type="radio"/>	²⁴ <input type="radio"/>
m) Other (<i>please specify</i>) _____	²⁵ <input type="radio"/>	²⁶ <input type="radio"/>





05 Does this student:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| a) Have a first language other than English or French? | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> |
| b) Have a limited knowledge of the main language of instruction that affects his/her classroom performance? | ⁰³ <input type="radio"/> | ⁰⁴ <input type="radio"/> |

06 Since the beginning of school in the fall, approximately how many regular school days has this student been absent from your class **with a valid reason**?

- ⁰¹ Never
- ⁰² 1 to 2 days
- ⁰³ 3 to 5 days
- ⁰⁴ 6 to 10 days
- ⁰⁵ 11 to 20 days
- ⁰⁶ More than 20 days

07 Since the beginning of school in the fall, approximately how many regular school days has this student been absent from your class **without a valid reason** (i.e., skipped)?

- ⁰¹ Never
- ⁰² 1 to 2 days
- ⁰³ 3 to 5 days
- ⁰⁴ 6 to 10 days
- ⁰⁵ 11 to 20 days
- ⁰⁶ More than 20 days





08 Since the beginning of school in the fall, how often has this student arrived at school:

	Never	Rarely	Some-times	Often	Always	Don't know
a) Without the materials needed to do his/her schoolwork (e.g. notebooks, paper)?	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) Inadequately dressed for the weather conditions?	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) Too tired to do school work?	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) Without a lunch/snacks?	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>
e) Hungry?	²⁵ <input type="radio"/>	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
f) Late?	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>	³⁶ <input type="radio"/>

09 Do any of the following limit the kind or amount of activity this student can do at school?
(Mark all that apply.)

- ⁰¹ Physical disability or visual or hearing impairment
- ⁰² Speech impairment
- ⁰³ Learning disability
- ⁰⁴ Emotional or behavioural problem
- ⁰⁵ Mental disability or limitation
- ⁰⁶ Home environment/problems at home
- ⁰⁷ Other (please specify) _____

If the student does not have any of these limitations, go to Question 10.

9a Does this student receive special help or resources because of this (these) limitation(s)?

- ⁰¹ Yes
- ⁰² No
- ⁰³ I do not know





10 To the best of your knowledge does this student have special skills or talents in any of the following areas?

A **special skill or talent** is an aptitude, facility or gift. Interest shown by the student in any of these areas is not, on its own, considered a special skill or talent.

	Yes	No	Don't know
a) Sports or athletics (including dance)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Academic work (e.g. numeracy or literacy skills)	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Arts (e.g., drama, painting etc.)	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) Music	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Technical skills (e.g. computer or mechanical skills)	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Interpersonal skills (e.g. leadership skills)	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

11 Since the beginning of school in the fall, has a parent or guardian of this student:

	Yes	No	Contact not needed
a) Participated in scheduled parent-teacher meetings or discussions in person or on the telephone? (including parent-teacher interviews and meet the teacher events)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Returned an unscheduled or informal call you made to discuss this student's academic performance or behaviour?	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Contacted you in writing, by phone, or in any other manner to discuss this student's academic performance or behaviour? (e.g. contact made through e-mail, the student's agenda or planner)	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) Volunteered in your class/for class activities?	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

12 In your opinion, how involved is (are) the parent(s) or guardian(s) in this student's education?

- 01 Very involved
- 02 Somewhat involved
- 03 Not involved
- 04 I do not know / no opinion





13 How often do you talk to this student outside of class?

- ⁰¹ Several times a week
- ⁰² Once a week
- ⁰³ A few times a month
- ⁰⁴ Once every few months
- ⁰⁵ Never

14 Considering your experience, work and activities with this student, how well do you know this student's...

	Very well	Well	Not too well	Not well at all
a) Behaviour?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
b) Attitude in class?	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
c) Attitude outside of class?	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>

15 Looking ahead, how far do you think this student has the potential to go in school? Could he or she... *(Mark one only.)*

- ⁰¹ Complete some secondary or high school?
- ⁰² Graduate from secondary or high school?
- ⁰³ Learn a trade (e.g., through an apprenticeship)?
- ⁰⁴ Obtain a community college, technical college, vocational college, business school or CEGEP certificate or diploma?
- ⁰⁵ Obtain a university degree?
- ⁰⁶ I do not know





SECTION 2 Academic Performance

16 In your opinion, how important are academic pursuits to this student?

- ⁰¹ Very important
- ⁰² Somewhat important
- ⁰³ Of little importance
- ⁰⁴ I do not know

17 In the following subjects, does this student receive **enhanced or extra activities or instruction** at school (e.g. academic, enhanced or enriched) beyond the regular curriculum of the class?

	Yes	No	Don't know
a) Mathematics	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
b) English	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
c) French	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>
d) Science	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>

18 Does this student receive **additional or remedial help** at school because he/she is weak in any of the following subjects?

	Yes	No	Don't know
a) Mathematics	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
b) English	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
c) French	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>
d) Science	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>



**19**

For the following subjects, how would you rate this student's current academic achievement?

	Near the top of the class	Above the middle of the class, but not at the top	In the middle of the class	Below the middle of the class, but above the bottom	Near the bottom of the class	I do not teach this subject to this student
a) Reading	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) Written work (e.g. spelling, grammar and composition)	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) Mathematics	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) Science	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>
e) Across all areas of instruction	²⁵ <input type="radio"/>	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	

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Compared with other classes at the same grade in your school, do you feel that the academic ability of the class you teach this student is:

- ⁰¹ No other classes at the same grade
- ⁰² Is lower than the other classes
- ⁰³ Is similar to the other classes
- ⁰⁴ Is higher than the other classes
- ⁰⁵ Is of a wider range than the other classes





SECTION 3 Classroom Behaviour and Work Habits

21 How frequently does this student:

	Never	Rarely	Some- times	Often	Always
a) Seem to enjoy most classes?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Seem bored in most classes?	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Seem comfortable with the level of difficulty of the material you teach?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

22 The following statements describe work habits. Please indicate how often this student:

	Never	Rarely	Some- times	Often	Always
a) Listens attentively	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Completes homework on time	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Completes in-class work on time	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Works independently	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Takes care of materials	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Works neatly and carefully	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Puts a lot of effort into work	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Participates in class	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Finishes things he/she starts	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Persists with solving a problem even when things go wrong	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) Asks questions when he/she does not understand	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>





23 Listed below are various social and personal skills. Please indicate how often this student:

	Never	Rarely	Some- times	Often	Always
a) Works co-operatively with other students	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Plays co-operatively with other students	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Follows rules/instructions	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Makes friends easily	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Willingly plays with various children (including those who may be left out by others)	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Will invite others to join in a game	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Challenges the teacher in a positive way	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Respects the property of others	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Demonstrates self-control	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Shows self-confidence	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) Shows creativity	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
l) Demonstrates problem-solving ability	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
m) Shows respect for adults	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>
n) Shows respect for other children	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>
o) Accepts responsibility for his/her own actions	71 <input type="radio"/>	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>





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How often would you say that this student:

	Never or not true	Sometimes or somewhat true	Often or Very true	Don't know
a) Shows sympathy to someone who has made a mistake	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Cannot sit still or is restless	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) Destroys his/her own things	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Will try to help someone who has been hurt	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Steals	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) Seems to be unhappy or sad	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) Gets into many fights	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
h) Volunteers to help clear up a mess someone else has made	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
i) Is easily distracted, has trouble sticking to any activity	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
j) When mad at someone, tries to get others to dislike that person	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
k) Is not as happy as other children	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
l) Destroys things belonging to others	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
m) If there is a quarrel or dispute, will try to stop it	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
n) Is disobedient at school	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
o) Cannot concentrate, cannot pay attention for long	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
p) Is too fearful or nervous	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
q) When mad at someone, becomes friends with another as revenge	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
r) Is impulsive, acts without thinking	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>





How often would you say that this student: – Continued

	Never or not true	Sometimes or somewhat true	Often or Very true	Don't know
s) Tells lies or cheats	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
t) Offers to help others (friend, brother, sister) who are having difficulty with a task	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
u) Is worried	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>
v) Has difficulty waiting for his/her turn in games or groups	85 <input type="radio"/>	86 <input type="radio"/>	87 <input type="radio"/>	88 <input type="radio"/>
w) When someone accidentally hurts him/her, he/she reacts with anger and fighting	89 <input type="radio"/>	90 <input type="radio"/>	91 <input type="radio"/>	92 <input type="radio"/>
x) Tends to do things on his/her own, is rather solitary	93 <input type="radio"/>	94 <input type="radio"/>	95 <input type="radio"/>	96 <input type="radio"/>
y) When mad at someone, says bad things behind the other's back	97 <input type="radio"/>	98 <input type="radio"/>	99 <input type="radio"/>	100 <input type="radio"/>
z) Physically attacks people	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>
aa) Comforts a child (friend, brother or sister) who is crying or upset	105 <input type="radio"/>	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
bb) Cries a lot	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>	112 <input type="radio"/>
cc) Vandalizes	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>	116 <input type="radio"/>
dd) Gives up easily	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
ee) Threatens people	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>
ff) Spontaneously helps to pick up objects which somebody has dropped (e.g. pencils, books)	125 <input type="radio"/>	126 <input type="radio"/>	127 <input type="radio"/>	128 <input type="radio"/>
gg) Appears miserable, unhappy, tearful or distressed	129 <input type="radio"/>	130 <input type="radio"/>	131 <input type="radio"/>	132 <input type="radio"/>
hh) Bullies or is mean to others	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>	136 <input type="radio"/>
ii) When mad at someone, says to others: let's not be with him/her	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>



**24**

How often would you say that this student: – Concluded

	Never or not true	Sometimes or somewhat true	Often or Very true	Don't know
jj) Is nervous, high-strung or tense	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>
kk) Kicks or hits other children	145 <input type="radio"/>	146 <input type="radio"/>	147 <input type="radio"/>	148 <input type="radio"/>
ll) Is inattentive	149 <input type="radio"/>	150 <input type="radio"/>	151 <input type="radio"/>	152 <input type="radio"/>
mm) Cannot settle on anything for more than a few moments	153 <input type="radio"/>	154 <input type="radio"/>	155 <input type="radio"/>	156 <input type="radio"/>
nn) Has trouble enjoying himself/herself	157 <input type="radio"/>	158 <input type="radio"/>	159 <input type="radio"/>	160 <input type="radio"/>
oo) Helps other children (friends, brother or sister) who are feeling sick	161 <input type="radio"/>	162 <input type="radio"/>	163 <input type="radio"/>	164 <input type="radio"/>
pp) When mad at someone, tells that person's secrets to a third person	165 <input type="radio"/>	166 <input type="radio"/>	167 <input type="radio"/>	168 <input type="radio"/>
qq) Helps those who do not do as well as he/she does	169 <input type="radio"/>	170 <input type="radio"/>	171 <input type="radio"/>	172 <input type="radio"/>

25

In your class (including class time spent in a computer lab), how often does this student:

	Never	Rarely	Some- times	Often	Always (every class)	Not applicable
a) Use basic software (e.g. word-processing or spreadsheet packages)?	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) Use Internet, e-mail or other communications software?	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) Use self-learning software (e.g. drill and practice software, tutorials, simulations, research, web sites, on-line help)?	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) Use specialized software (e.g. music, design, data processing, programming)?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>





26 How many minutes per week does this student spend using a computer in your class (including class time spent in a computer lab)?

- ⁰¹ None
- ⁰² 1 to 29 minutes per week
- ⁰³ 30 to 59 minutes per week
- ⁰⁴ 60 minutes or more per week
- ⁰⁵ I do not know

SECTION 4 This Student's Class

27 Is this student in a split or multi-grade class?

- ⁰¹ No, the class includes a single grade only
- ⁰² Yes, the class includes the following grades:
 - ⁰³ Junior kindergarten/pre-school (generally 2 years before grade 1)
 - ⁰⁴ Senior kindergarten/primary (generally 1 year before grade 1)
 - ⁰⁵ Grade 1
 - ⁰⁶ Grade 2
 - ⁰⁷ Grade 3
 - ⁰⁸ Grade 4
 - ⁰⁹ Grade 5
 - ¹⁰ Grade 6
 - ¹¹ Grade 7 OR Secondary 1 (Quebec)
 - ¹² Grade 8 OR Secondary 2 (Quebec)
 - ¹³ Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
 - ¹⁴ Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)



28 How many students are enrolled in this student's class?

students

29 In this student's class, how many students (including this student) have any of the long-term problems listed below, whether or not the problem has been officially identified?
(Some students may belong to more than one category.)

a) A speech, hearing, vision, mobility or other health impairment that affects their learning? students

b) An emotional or behavioural problem? students

c) A learning disability? students

30 In this student's class, how many students (including this student):
(Some students may **belong to** more than one category.)

a) Are boys? students

b) Are girls? students

c) Have a first language other than English or French? students

d) Have a limited knowledge of the main language of instruction that affects their classroom performance? students

e) Have arrived in Canada within the last year? students

31 Approximately what percentage of instruction time in this class is in...?

a) English %

b) French %

c) Other (specify) _____ %

TOTAL 1 0 0 %
Total for a, b and c must equal 100 %



32 Please estimate the percentage of total instruction time when a qualified teaching assistant, (including student teachers) and/or an adult volunteer is available in this student's class.

	Never	1 to 25%	26 to 50%	51 to 75%	More than 75%
	of total instructional time				
a) Qualified Teaching Assistant	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Adult volunteer	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>

33 In this student's class, the students:

	Never	Rarely	Some- times	Often	Always
a) Move smoothly from one classroom activity to another	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Are easily distracted by the disruptive behaviour of a few	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Work well together on group activities	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Misbehave when you are called to the door or must attend to other interruptions	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>





34

The following statements describe various attributes about you and the students in this student's class. Please indicate the extent to which you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Many of the students in this class are not capable of mastering the curriculum at their grade	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Classroom activities are affected by difficulties some students have with the language of instruction	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) In my classroom, the emphasis is on the development of academic skills	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) I have a strong effect on the academic achievement of the students I teach	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) I feel competent in dealing with students' behavioural problems	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) I feel competent in dealing with students' learning problems	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) I feel that a student's success at school is determined mainly by his/her home environment	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) I have high expectations for the academic success of my students	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) I strongly encourage students to achieve their full academic potential	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>





SECTION 5 Teaching Strategies and Homework

35 Do you teach **reading** to this student's class?

⁰¹ Yes

⁰² No → **Go to Question 36**

35a How often do you use the following strategies to teach **reading** to this class?

	Never	Rarely	Some- times	Often	Always
a) Teach reading to the class as a whole	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) Organize the class into groups with similar reading abilities	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) Organize the class into groups with a mixture of reading abilities	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d) Allow students to form their own reading groups	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e) Use individualized instruction plans to teach reading	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f) Other (<i>please specify</i>) _____	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>





36 Do you teach **writing** (composition) to this student's class?

⁰¹ Yes

⁰² No → **Go to Question 37**

36a How often do you use the following strategies to teach **writing** (composition) to this class?

	Never	Rarely	Some- times	Often	Always
a) Teach writing to the class as a whole	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) Organize the class into groups with similar writing abilities	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) Organize the class into groups with a mixture of writing abilities	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d) Allow students to form their own writing groups	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e) Use individualized instruction plans to teach writing	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f) Other (<i>please specify</i>) _____	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>





37 Do you teach **mathematics/arithmetic** to this student's class?

⁰¹ Yes

⁰² No → **Go to Question 38**

37a How often do you use the following strategies to teach **mathematics** to this class?

	Never	Rarely	Some- times	Often	Always
a) Teach mathematics to the class as a whole	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) Organize the class into groups with similar mathematics abilities	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) Organize the class into groups with a mixture of mathematics abilities	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d) Allow students to form their own mathematics groups	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e) Use individualized instruction plans to teach mathematics	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f) Other (<i>please specify</i>) _____	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>

38 On average, how often do you assign homework to this student's class?
(Include reading, special projects and classroom work made intentionally long and intended to be completed outside of the classroom.)

⁰¹ 5 days a week

⁰² 3 to 4 days a week

⁰³ 1 to 2 days a week

⁰⁴ Less than 1 day a week

⁰⁵ Never → **Go to next section (Question 41)**





39 On the days homework is assigned to this student's class, how much time do you expect students to spend on all homework you assign?

- ⁰¹ Less than 15 minutes a day
- ⁰² 15 to 30 minutes a day
- ⁰³ 31 to 45 minutes a day
- ⁰⁴ 46 to 60 minutes a day
- ⁰⁵ More than 60 minutes a day

40 For this student's class, how often do you monitor homework that you have assigned by doing any of the following:

	Never	Rarely	Some- times	Often	Always
a) Keeping a record of who has turned in assignments	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) Returning assignments with corrections or grades	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) Discussing homework in class	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d) Having parent(s) or guardian(s) sign a homework book, note or agenda	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e) Have students conduct self-, or peer, evaluation	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>





SECTION 6 Perceptions of Your School

41

Below are a number of statements that may describe the climate of your school. Please indicate the extent to which you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The administrative, support and teaching staff work together as a team	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) All staff are involved in decision making	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) School staff knows what is expected of them in terms of their roles and responsibilities	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Staff clearly understands school policies and procedures	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Teachers have considerable influence on school policies	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Teachers have a strong influence on how resources (e.g. money, staff, instructional materials) are allocated	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Students clearly understand school rules	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) The principal and/or vice-principal(s) provide(s) support to teachers	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Teachers receive positive feedback from the principal and/or vice-principal(s)	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) The principal and/or vice-principal(s) circulate in the school to talk with staff	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) The principal and/or vice-principal(s) spend(s) time getting to know students	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
l) The school provides a positive working environment for teachers	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
m) The school provides a positive working environment for students	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>





42

Please indicate the extent to which you agree or disagree with the following statements regarding your school's disciplinary policies.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Teachers in this school have reached a consensus about how to discipline students who break rules	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) All students who break rules in this school face the same consequences	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Teachers in this school rarely overlook physical aggression among students	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Teachers in this school rarely overlook verbal aggression among students	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Teachers feel there is insufficient support within the school for managing disciplinary problems	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>





SECTION 7 Personal Information

43 You are:

⁰¹ Female

⁰² Male

44 To which age group do you belong?

⁰¹ 20 to 29

⁰² 30 to 39

⁰³ 40 to 49

⁰⁴ 50 to 59

⁰⁵ 60 or older

45 How much experience do you have in the following capacities:

(Specify the number of years and months of experience; e.g., 1 year and 5 months.)

a) As a teacher? year(s) month

b) As a teacher at the grade level of this student? year(s) month

c) As a teacher at this school? year(s) month

46 On average, how often do you use a computer (or a terminal connected to a computer):

	Never	Rarely (1 or 2 times a week)	Some- times (3 or 4 times a week)	Often (5 or 6 times a week)	Always (Daily)
--	-------	---------------------------------------	---	--------------------------------------	-------------------

a) As a teaching tool for students (inside or outside your classroom but during class time)? ⁰¹ ⁰² ⁰³ ⁰⁴ ⁰⁵

b) As a learning/professional development tool for yourself (e.g. education discussion groups on the Internet)? ⁰⁶ ⁰⁷ ⁰⁸ ⁰⁹ ¹⁰

c) As a communication tool (e.g. Internet, e-mail, or other communications software)? ¹¹ ¹² ¹³ ¹⁴ ¹⁵





47

Please specify the highest level of education you have attained.

- 01 Some course work towards a bachelor's degree
- 02 A teaching certificate, diploma or license
- 03 A bachelor's degree
- 04 A bachelor of Education degree
- 05 Some post-baccalaureate course work
- 06 A post-baccalaureate diploma or certificate
- 07 Some course work towards a master's degree
- 08 A master's degree
- 09 Some course work towards a doctorate
- 10 A doctorate degree
- 11 Trade/vocational certification (including journey person certification)
- 12 Other (*please specify*) _____

48

Please indicate your field(s) of study:

(*Mark all that apply.*)

- 01 English language and/or literature
- 02 French language and/or literature
- 03 Mathematics
- 04 Computer Science/Informatics
- 05 Science (e.g. physics, chemistry, biology)
- 06 Trade/vocational
- 07 Social Sciences (e.g. history, geography, economics, journalism, family studies)
- 08 Environmental Studies
- 09 Fine Arts
- 10 Physical Education/Recreation
- 11 Education
- 12 Special Education
- 13 General (no specialization/concentration, e.g. B.A. General)
- 14 Other (*please specify*) _____





49 Have you obtained any of the following advanced qualifications in special education?
(Mark all that apply.)

- ⁰¹ One class in, or part of, a special education program
- ⁰² A special education certificate
- ⁰³ A graduate degree in special education
- ⁰⁴ Other (please specify) _____
- ⁰⁵ None of the above

50 Have you obtained any of the following advanced qualifications in second language instruction? (Mark all that apply.)

- ⁰¹ One class in, or part of, a second language program
- ⁰² A certificate in second language education
- ⁰³ A graduate degree in second language education
- ⁰⁴ Other (please specify) _____
- ⁰⁵ None of the above

51 Have you obtained advanced qualifications in areas other than your highest level of education, special education or second language education?

- ⁰¹ Yes (please specify) _____
- ⁰² No

52 Statistics Canada is conducting this survey jointly with Human Resources Development Canada and has entered into an agreement with them to share the information. The shared information will not include any names or identifying numbers, must be kept confidential and will be used only for statistical purposes. Do you agree to share the information you have provided with Human Resources Development Canada?

- ⁰¹ Yes
- ⁰² No

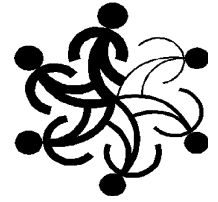




Human Resources Development Canada & Statistics Canada

National Longitudinal Survey of Children and Youth - Cycle 4

Teacher's Questionnaire



Document 3

Place label here

This information is collected under the authority of the *Statistics Act* (RSC. 1985 c. S19)

Confidential when completed

Version française au verso

Instructions

The **purpose** of this questionnaire is to gather information on students' school experiences. This complements information about other aspects of students' lives already collected from parents and youth aged 10 and older. The items in this questionnaire relate to a particular student in your class who is identified above. The questionnaire also asks about the student's class, school practices and information about you.

The survey is voluntary. However, to ensure that we have a full picture of this student's development and experiences, we strongly encourage you to complete the questionnaire.

INSTRUCTIONS

- Please use a blue or a black pen when answering the questions.
- Please mark only one response circle per question unless otherwise indicated.
- Place the questionnaire in the enclosed business reply envelope and mail it directly to us.
- Please return the questionnaire within the next **five** days.

YOUR RESPONSES ARE CONFIDENTIAL. PLEASE DO NOT SHOW YOUR RESPONSES TO ANYONE ELSE – NOT ANOTHER TEACHER, THE PRINCIPAL, THE STUDENT OR HIS/HER PARENTS.

UNDER THE STATISTICS ACT, THE INFORMATION COLLECTED IN THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.

If you did not receive a business reply envelope or if you have any questions please call 1-888-408-8879.



Please mark only one response circle per question unless otherwise indicated

SECTION 1 General Information about This Student

01 Is this student enrolled in any of the following programs:
(Mark all that apply.)

A **program** is a specially designed curriculum. A **language immersion program** is a program where 25% or more of instruction time is spent in the immersion language.

- ⁰¹ Program for hearing or visually impaired students
- ⁰² Program targeting special needs students other than the hearing and visually impaired (e.g., special education, learning difficulties)
- ⁰³ Program targeting gifted students (e.g., scientifically advanced programs, enriched, or advanced programs)
- ⁰⁴ French language immersion program
- ⁰⁵ English language immersion program
- ⁰⁶ Other language immersion program
- ⁰⁷ English as a second language (ESL) program
- ⁰⁸ French as a second language (FSL) program
- ⁰⁹ Program targeting the arts (e.g., dance, theatre, music, visual arts etc.)
- ¹⁰ Program targeting sports
- ¹¹ Trade/vocational program
- ¹² Alternative program (e.g., programs designed to accommodate students returning to school, pregnant students, etc.)
- ¹³ This student is not enrolled in a program with a specially designed curriculum

02 What grade is this student in?

- ⁰¹ This student is not assigned to a grade
- ⁰² Grade 4
- ⁰³ Grade 5
- ⁰⁴ Grade 6
- ⁰⁵ Grade 7 OR Secondary 1 (Quebec)





02 What grade is this student in? – Concluded

- ⁰⁶ Grade 8 OR Secondary 2 (Quebec)
- ⁰⁷ Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
- ⁰⁸ Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)
- ⁰⁹ Grade 11 OR Secondary 5 (Quebec) OR Senior 3 (Manitoba) OR Level II (Newfoundland)
- ¹⁰ Grade 12 OR Senior 4 (Manitoba) OR Level III (Newfoundland)
- ¹¹ Grade 13/OAC (Ontario Academic Credits)
- ¹² I do not know

03 Does this student:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| a) Have a first language other than English or French? | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> |
| b) Have a limited knowledge of the main language of instruction that affects his/her classroom performance? | ⁰³ <input type="radio"/> | ⁰⁴ <input type="radio"/> |

04 To the best of your knowledge, does this student have special skills or talents in any of the following areas?

A **special skill or talent** is an aptitude, facility or gift. Interest shown by the student in any of these areas is not, on its own, considered a special skill or talent.

- | | Yes | No | Don't know |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| a) Sports or athletics (including dance) | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| b) Academic work (e.g. numeracy or literacy skills) | ⁰⁴ <input type="radio"/> | ⁰⁵ <input type="radio"/> | ⁰⁶ <input type="radio"/> |
| c) Arts (e.g., drama, painting etc.) | ⁰⁷ <input type="radio"/> | ⁰⁸ <input type="radio"/> | ⁰⁹ <input type="radio"/> |
| d) Music | ¹⁰ <input type="radio"/> | ¹¹ <input type="radio"/> | ¹² <input type="radio"/> |
| e) Technical skills (e.g. computer or mechanical skills) | ¹³ <input type="radio"/> | ¹⁴ <input type="radio"/> | ¹⁵ <input type="radio"/> |
| f) Interpersonal skills (leadership skills) | ¹⁶ <input type="radio"/> | ¹⁷ <input type="radio"/> | ¹⁸ <input type="radio"/> |





05 Do any of the following limit the kind or amount of activity this student can do at school?
(Mark all that apply.)

- ⁰¹ Physical disability or visual or hearing impairment
- ⁰² Speech impairment
- ⁰³ Learning disability
- ⁰⁴ Emotional or behavioural problem
- ⁰⁵ Mental disability or limitation
- ⁰⁶ Home environment/problems at home
- ⁰⁷ Other (please specify) _____

If the student does not have any of these limitations, Go to question 6.

5a Does this student receive special help or resources because of this (these) limitation(s)?

- ⁰¹ Yes
- ⁰² No
- ⁰³ I do not know

06 Since the beginning of class, has a parent or guardian of this student:

	Yes	No	Contact not needed
a) Participated in scheduled parent-teacher meetings or discussions in person or on the telephone? (including parent-teacher interviews and meet the teacher events)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
b) Returned an unscheduled or informal call you made to discuss this student's academic performance or behaviour?	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
c) Contacted you in writing, by phone, or in any other manner to discuss this student's academic performance or behaviour? (e.g. contact made through e-mail, the student's agenda or planner)	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>





07 In your opinion, how involved is (are) the parent(s) or guardian(s) in this student's education?

- ⁰¹ Very involved
- ⁰² Somewhat involved
- ⁰³ Not involved
- ⁰⁴ I do not know / no opinion

08 On average, how much time do you teach this student a week?

- ⁰¹ Less than 30 minutes
- ⁰² 30 minutes
- ⁰³ 31 to 45 minutes
- ⁰⁴ 46 to 60 minutes
- ⁰⁵ 61 to 75 minutes
- ⁰⁶ more than 75 minutes

09 How often do you talk to this student outside of class?

- ⁰¹ Several times a week
- ⁰² Once a week
- ⁰³ A few times a month
- ⁰⁴ Once every few months
- ⁰⁵ Never

10 Considering your experience, work and activities with this student, how well do you know this student's...

	Very well	Well	Not too well	Not well at all
a) Behaviour?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
b) Attitude in class?	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
c) Attitude outside of class?	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>





11 Looking ahead, how far do you think this student has the potential to go in school? Could he or she...

- ⁰¹ Complete some secondary or high school?
- ⁰² Graduate from secondary or high school?
- ⁰³ Learn a trade (e.g., through an apprenticeship)?
- ⁰⁴ Obtain a community college, technical college, vocational college, business school or CEGEP certificate or diploma?
- ⁰⁵ Obtain a university degree?
- ⁰⁶ I do not know





The Subject(s) You Teach This Student

12 What subject(s) do you teach this student?

(Mark all that apply.)

⁰¹ Math

⁰² Science (e.g. physics, biology, chemistry)

⁰³ Social Studies (e.g. history, geography)

⁰⁴ English

⁰⁵ French

⁰⁶ Other subject (please specify) _____

For the remainder of this survey, you will be asked questions that refer to **one** subject or class you teach this student. If you teach this student in only one class, please select the subject area from the list below. If you teach this student more than one class, please select only **one subject** from the list below to which you will refer in subsequent sections of the survey.

12a Please identify the subject of the class you teach this student and to which you will refer for the remainder of the survey:

⁰¹ Math

⁰² Science (e.g. physics, biology, chemistry)

⁰³ Social Studies (e.g. history, geography)

⁰⁴ English

⁰⁵ French

⁰⁶ Other subject (please specify) _____

For subsequent sections of the survey, where reference is made to "your class" or "the class" or "the class you teach this student", please refer to the class and subject you have selected here.





SECTION 2 Academic Performance

13 In your opinion, how important are academic pursuits to this student?

- ⁰¹ Very important
- ⁰² Somewhat important
- ⁰³ Of little importance
- ⁰⁴ I do not know

14 Compared with other classes at the same grade and level in your school, do you feel that the academic ability of the class you teach this student is:

- ⁰¹ No other classes at the same grade and level
- ⁰² Is lower than the other classes
- ⁰³ Is similar to the other classes
- ⁰⁴ Is higher than the other classes
- ⁰⁵ Is of a wider range than the other classes

15 Compared to the other students in the class you teach this student, how would you rate this student's current academic achievement?

- ⁰¹ Near the top of the class
- ⁰² Above the middle of the class but not at the top
- ⁰³ In the middle of the class
- ⁰⁴ Below the middle of the class but above the bottom
- ⁰⁵ Near the bottom of the class

16 For the subject you teach this student, does he/she receive **enhanced or extra** activities or instruction beyond the regular curriculum of the class? (e.g. enhanced, advanced or enriched)

- ⁰¹ Yes
- ⁰² No
- ⁰³ I do not know





17 For the subject you teach this student, does he/she receive **additional or remedial help** at school?

- ⁰¹ Yes
- ⁰² No
- ⁰³ I do not know

SECTION 3 Classroom Behaviour and Work Habits

18 In the last three months approximately how many times has this student been absent from your class **with a valid reason**?

- ⁰¹ Never
- ⁰² 1 to 2 times
- ⁰³ 3 to 5 times
- ⁰⁴ 6 to 10 times
- ⁰⁵ More than 10 times

19 In the last three months approximately how many times has this student been absent from your class **without a valid reason** (i.e., skipped)?

- ⁰¹ Never
- ⁰² 1 to 2 times
- ⁰³ 3 to 5 times
- ⁰⁴ 6 to 10 times
- ⁰⁵ More than 10 times

20 In the last three months, how often has this student arrived in your class:

	Never	Rarely	Some-times	Often	Always	Don't know
a) Without the materials needed to do his/her schoolwork (e.g. notebooks, paper)?	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) Too tired to do school work?	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) Late?	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>





21 How frequently does this student:

	Never	Rarely	Some- times	Often	Always
a) Seem to enjoy the class you teach?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Seem bored in the class you teach?	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Seem comfortable with the level of difficulty of the material in the class you teach?	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>

22 The following statements describe work habits. Please indicate how often this student:

	Never	Rarely	Some- times	Often	Always
a) Listens attentively	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Completes homework on time	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Completes in-class work on time	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Works independently	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Takes care of materials	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Works neatly and carefully	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Puts a lot of effort into work	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Participates in class	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Asks questions when he/she does not understand	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>





23 Listed below are various social and personal skills. Please indicate how often this student:

	Never	Rarely	Some-times	Often	Always
a) Works co-operatively with other students	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Follows rules/instructions	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Challenges the teacher in a positive way	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Respects the property of others	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Demonstrates self-control	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Shows self-confidence	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Shows creativity	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Demonstrates problem-solving capacity	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Shows respect for adults	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Shows respect for other youth	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) Accepts responsibility for his/her own actions	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>

24 In the class you teach this student (including class time spent in a computer lab), how often does this student:

	Never	Rarely	Some-times	Often	Always (every class)	Not applicable
a) Use basic software (e.g. word-processing or spreadsheet packages)?	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) Use Internet, e-mail or other communications software?	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) Use self-learning software (e.g. drill and practice software, tutorials, simulations, research, web sites, on-line help)?	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) Use specialized software (e.g. music, design, data processing, programming)?	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>





25 How many minutes per week does this student spend using a computer in your class (including class time spent in a computer lab)?

- ⁰¹ None
- ⁰² 1 to 29 minutes per week
- ⁰³ 30 to 59 minutes per week
- ⁰⁴ 60 minutes or more per week

SECTION 4 The Class You Teach this Student

26 Is the class you teach this student a:
(Mark all that apply.)

- ⁰¹ Class for special needs other than the hearing and visually impaired (e.g., special education, learning difficulties)
- ⁰² Class targeting gifted students (e.g., scientifically advanced programs, enriched, or advanced programs)
- ⁰³ French language immersion class
- ⁰⁴ English language immersion class
- ⁰⁵ Other language immersion class
- ⁰⁶ English as a second language (ESL) class
- ⁰⁷ French as a second language (FSL) class

27 What grade is the class that you teach this student?

- ⁰¹ This class is not assigned a grade
- ⁰² Grade 4
- ⁰³ Grade 5
- ⁰⁴ Grade 6
- ⁰⁵ Grade 7 OR Secondary 1 (Quebec)
- ⁰⁶ Grade 8 OR Secondary 2 (Quebec)
- ⁰⁷ Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
- ⁰⁸ Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)
- ⁰⁹ Grade 11 OR Secondary 5 (Quebec) OR Senior 3 (Manitoba) OR Level II (Newfoundland)
- ¹⁰ Grade 12 OR Senior 4 (Manitoba) OR Level III (Newfoundland)
- ¹¹ Grade 13/OAC (Ontario Academic Credits)





28 Is this student in a split or multi-grade class?

- ⁰¹ No, the class includes a single grade only
- ⁰² Yes, the class includes the following grades:
- ⁰³ Grade 4
- ⁰⁴ Grade 5
- ⁰⁵ Grade 6
- ⁰⁶ Grade 7 OR Secondary 1 (Quebec)
- ⁰⁷ Grade 8 OR Secondary 2 (Quebec)
- ⁰⁸ Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
- ⁰⁹ Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)
- ¹⁰ Grade 11 OR Secondary 5 (Quebec) OR Senior 3 (Manitoba) OR Level II (Newfoundland)
- ¹¹ Grade 12 OR Senior 4 (Manitoba) OR Level III (Newfoundland)
- ¹² Grade 13/OAC (Ontario Academic Credits)

29 Is the class you teach this student:

- ⁰¹ Intended to be taken by students planning on university postsecondary education?
- ⁰² Intended to be taken by students planning on college, trade or vocational postsecondary education?
- ⁰³ Intended to be taken by students planning on entering the labour market following completion of high school/secondary school graduation requirements?
- ⁰⁴ Not applicable

30 How is the class you teach this student organized?

- ⁰¹ Full year (not semestered)
- ⁰² Two semesters
- ⁰³ Three semesters
- ⁰⁴ Other





31 What is the language of instruction for this class?

⁰¹ English

⁰² French

⁰³ Other (*please specify*) _____

32 How many students are enrolled in the class you teach this student?

students

33 In the class you teach this student, how many students (including this student) have any of the long-term problems listed below, whether or not the problem has been officially identified? (*Some students may belong to more than one category.*)

a) A speech, hearing, vision, mobility or other health impairment that affects their learning? students

b) An emotional or behavioural problem? students

c) A learning disability? students

34 In the class you teach this student, how many students (including this student): (*Some students may belong to more than one category.*)

a) Have a first language other than English or French? students

b) Have a limited knowledge of the main language of instruction that affects their classroom performance? students

c) Have moved to Canada within the last year? students





35 In this student's class, the students:

	Never	Rarely	Some- times	Often	Always	Not applicable
a) Move smoothly from one classroom to another	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) Are easily distracted by the disruptive behaviour of a few	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) Work well together on group activities	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) Misbehave when you are called to the door or must attend to other interruptions	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>

36 The following statements describe various attributes about you and the students in this student's class. Please indicate the extent to which you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Many of the students in this class are not capable of mastering the curriculum at their grade	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Classroom activities are affected by difficulties some students have with the language of instruction	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) In my classroom, the emphasis is on the development of academic skill	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) I have a strong effect on the academic achievement of the students I teach	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) I feel competent in dealing with students' behavioural problems	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) I feel competent in dealing with students' learning problems	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) I feel that a student's success at school is determined mainly by his/her home environment	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) I have high expectations for the academic success of my students	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) I strongly encourage students to achieve their full academic potential	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>





SECTION 5 Teaching Strategies and Homework

37 How often do you use each of the following strategies to teach the class you teach this student

	Never	Rarely	Some- times	Often	Always
a) Teach the class as a whole	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Organize the class into groups with similar abilities	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Organize the class into groups with a mixture of abilities	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Allow students to form their own groups	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Use individualized instruction plans	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Other (<i>please specify</i>) _____	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

38 On average, how often do you assign homework to this student's class?
(Include classroom work made intentionally long for completion out of the classroom)

- 01 5 days a week
- 02 3 to 4 days a week
- 03 1 to 2 days a week
- 04 Less than 1 day a week
- 05 Never → **Go to next section (Question 40)**

39 For this student's class, how often do you monitor homework that you have assigned by doing any of the following:

	Never	Rarely	Some- times	Often	Always
a) Keeping a record of who has turned in assignments	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Returning assignments with corrections or grades	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Discussing homework in class	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Having parent(s) or guardian(s) sign a homework book, note or agenda	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Have students conduct self- or peer, evaluations	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>





SECTION 6 Perceptions of Your School

40

Below are a number of statements that may describe the climate of your school. Please indicate the extent to which you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The administrative, support and teaching staff work together as a team	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) All staff is involved in decision making	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) School staff knows what is expected of them in terms of their roles and responsibilities	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Staff clearly understands school policies and procedures	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Teachers have considerable influence on school policies	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Teachers have a strong influence on how resources (e.g. money, staff, instructional materials) are allocated	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Students clearly understand school rules	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) The principal and/or vice-principal(s) provide(s) support to teachers	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Teachers receive positive feedback from the principal and/or vice-principal(s)	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) The principal and/or vice-principal(s) circulate in the school to talk with staff	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) The principal and/or vice-principal(s) spend(s) time getting to know student	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
l) The school provides a positive working environment for teacher	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
m) The school provides a positive working environment for students	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>





41

Please indicate the extent to which you agree or disagree with the following statements regarding your school's disciplinary policies.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Teachers in this school have reached a consensus about how to discipline students who break rules	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) All students who break rules in this school face the same consequences	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Teachers in this school rarely overlook physical aggression among students	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Teachers in this school rarely overlook verbal aggression among students	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Teachers feel there is insufficient support within the school for managing disciplinary problems	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>





SECTION 7 Personal Information

42 You are:

⁰¹ Female

⁰² Male

43 To which age group do you belong?

⁰¹ 20 to 29

⁰² 30 to 39

⁰³ 40 to 49

⁰⁴ 50 to 59

⁰⁵ 60 or older

44 How much experience do you have in the following capacities:
(Specify the number of years and months of experience; e.g., 1 year and 5 months.)

a) As a teacher? year(s) month(s)

b) As a teacher at the grade level of this student? year(s) month(s)

c) As a teacher at this school? year(s) month(s)

45 On average, how often do you use a computer (or a terminal connected to a computer) in the following ways:

	Never	Rarely	Some- times	Often	Always (Daily)
a) As a teaching tool for students (inside or outside your classroom but during class time)?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) As a learning/professional development tool for yourself (e.g. education discussion groups on the Internet)?	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) As a communication tool (e.g. Internet, e-mail, or other communications software)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>





46 Please specify the highest level of education you have attained.

- ⁰¹ Some course work towards a bachelor's degree
- ⁰² A teaching certificate, diploma or license
- ⁰³ A bachelor's degree
- ⁰⁴ A Bachelor of Education degree
- ⁰⁵ Some post-baccalaureate course work
- ⁰⁶ A post-baccalaureate diploma or certificate
- ⁰⁷ Some course work towards a master's degree
- ⁰⁸ A master's degree
- ⁰⁹ Some course work towards a doctorate
- ¹⁰ A doctorate degree
- ¹¹ Trade/vocational certification (including journey person certification)
- ¹² Other (*please specify*) _____

47 Please indicate your field(s) of study:
(*Mark all that apply.*)

- ⁰¹ English language and/or literature
- ⁰² French language and/or literature
- ⁰³ Mathematics
- ⁰⁴ Computer Science/Informatics
- ⁰⁵ Science (e.g. physics, chemistry, biology)
- ⁰⁶ Trade/vocational
- ⁰⁷ Social Sciences (e.g. history, geography, economics, journalism, family studies)
- ⁰⁸ Environmental Studies
- ⁰⁹ Fine Arts
- ¹⁰ Physical Education/Recreation
- ¹¹ Education
- ¹² Special Education
- ¹³ General (no specialization/concentration, e.g. B.A. General)
- ¹⁴ Other (*please specify*) _____





48 Have you obtained any of the following advanced qualifications in special education?
(Mark all that apply)

- ⁰¹ One class in, or part of, a special education program
- ⁰² A special education certificate
- ⁰³ A graduate degree in special education
- ⁰⁴ Other (please specify) _____
- ⁰⁵ None of the above

49 Have you obtained any of the following advanced qualifications in second language instruction? (Mark all that apply.)

- ⁰¹ One class in, or part of, a second language program
- ⁰² A certificate in second language education
- ⁰³ A graduate degree in second language education
- ⁰⁴ Other (please specify) _____
- ⁰⁵ None of the above

50 Have you obtained advanced qualifications in areas other than your highest level of education, special education or second language education?

- ⁰¹ Yes (please specify) _____
- ⁰² No

51 Statistics Canada is conducting this survey jointly with Human Resources Development Canada and has entered into an agreement with them to share the information. The shared information will not include any names or identifying numbers, must be kept confidential and will be used only for statistical purposes. Do you agree to share the information you have provided with Human Resources Development Canada?

- ⁰¹ Yes
- ⁰² No

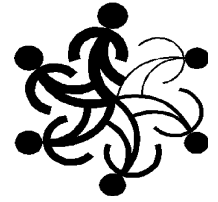




Human Resources Development Canada & Statistics Canada

National Longitudinal Survey of Children and Youth - Cycle 4

Principal's Questionnaire



Document 4

Place label here

This information is collected under the authority of the *Statistics Act* (RSC, 1985 c. S19)

Confidential when completed

Version française au verso

Instructions

The **purpose** of this questionnaire is to gather information on children's school experiences. This complements information about other aspects of children's lives already collected from parents and children aged 10 and older. The questionnaire asks about school practices, the availability of resources, and the overall social climate of the school.

The survey is voluntary. However, to ensure that we have a full picture of students' development and experiences, we strongly encourage you to complete the questionnaire.

INSTRUCTIONS

- Please use a blue or a black pen when answering the questions.
- Please mark only one response circle per question unless otherwise indicated.
- Place the questionnaire in the enclosed business reply envelope and mail it directly to us.
- Please return the questionnaire within the next **five** days.

YOUR RESPONSES ARE CONFIDENTIAL. PLEASE DO NOT SHOW YOUR RESPONSES TO ANYONE ELSE – NOT A TEACHER, THE STUDENTS OR THEIR PARENTS.

UNDER THE STATISTICS ACT, THE INFORMATION COLLECTED IN THIS QUESTIONNAIRE WILL BE KEPT CONFIDENTIAL.

If you did not receive a business reply envelope or if you have any questions please call 1-888-408-8879.



Please mark only one response circle per question unless otherwise indicated.

SECTION 1 Characteristics of your school

01 What type of school is your institution:

Public school (funded by a provincial government)

- ⁰¹ Non-sectarian (no religious affiliation)
- ⁰² Sectarian/separate (with religious affiliation, e.g., Anglican, Roman Catholic, Mennonite, etc.)

Private school (charges tuition fees but may also receive some provincial support)

- ⁰³ Non-sectarian (no religious affiliation)
- ⁰⁴ Sectarian with religious affiliation (e.g., private school directed by a religious order or with a mandate to provide religious teaching e.g. Christian, Islamic, Jewish)

02 Is your school reserved for:

- ⁰¹ Physically impaired students only
- ⁰² Mentally/emotionally disabled students only
- ⁰³ Both of the above
- ⁰⁴ None of the above

03 Please indicate the grades taught in your school:
(Mark all that apply.)

- ⁰¹ Junior kindergarten/pre-school (generally 2 years before grade 1)
- ⁰² Senior kindergarten/primary (generally 1 year before grade 1)
- ⁰³ Grade 1
- ⁰⁴ Grade 2
- ⁰⁵ Grade 3
- ⁰⁶ Grade 4
- ⁰⁷ Grade 5
- ⁰⁸ Grade 6



03 Please indicate the grades taught in your school:*(Mark all that apply.) – Concluded*

- ⁰⁹ Grade 7 OR Secondary 1 (Quebec)
- ¹⁰ Grade 8 OR Secondary 2 (Quebec)
- ¹¹ Grade 9 OR Secondary 3 (Quebec) OR Senior 1 (Manitoba)
- ¹² Grade 10 OR Secondary 4 (Quebec) OR Senior 2 (Manitoba) OR Level I (Newfoundland)
- ¹³ Grade 11 OR Secondary 5 (Quebec) OR Senior 3 (Manitoba) OR Level II (Newfoundland)
- ¹⁴ Grade 12 OR Senior 4 (Manitoba) OR Level III (Newfoundland)
- ¹⁵ Grade 13/OAC (Ontario Academic Credits)

04 Does your school offer any of the following academic programs?*(Mark all that apply.)*A **program** is a specially designed curriculumA **language immersion program** is a program where 25% or more of instruction time is spent in the immersion language

- ⁰¹ Program for hearing or visually impaired students
- ⁰² Program for special needs other than the hearing and visually impaired (e.g., special education, learning difficulties)
- ⁰³ Program targeting gifted students (e.g., scientifically advanced programs, enriched, or advanced programs)
- ⁰⁴ French language immersion program
- ⁰⁵ English language immersion program
- ⁰⁶ Other language immersion program
- ⁰⁷ English as a second language (ESL) program
- ⁰⁸ French as a second language (FSL) program
- ⁰⁹ Program targeting the arts (e.g., dance, theatre, music, visual arts etc.)
- ¹⁰ Program targeting sports
- ¹¹ Trade/Vocational program



05

Please indicate whether any of the following exist in your school.

Please include programs run by the school and those run by outside groups.

(Mark all that apply.)

- ⁰¹ Before and after school, child care program
- ⁰² Nursery school/preschool
- ⁰³ Breakfast program
- ⁰⁴ After school enrichment program
- ⁰⁵ Reading programs led by parents/volunteers
- ⁰⁶ Parent/volunteer involvement in playground activities or supervision
- ⁰⁷ Hearing or vision screening
- ⁰⁸ Child care so parents can attend school parent meetings or events
- ⁰⁹ Parenting education programs
- ¹⁰ Adult literacy programs
- ¹¹ Family literacy programs
- ¹² Other *(please specify)* _____





SECTION 2 The students in your school

06 What was the total enrollment of your school at the beginning of this academic year?

students

07 How many students attending your school have any of the following long-term problems, whether or not the problem has been officially identified?
(Some students may belong to more than one category.)

a) A speech, hearing, vision, mobility or other health impairment that affects their learning? students

b) An emotional or behavioural problem? students

c) A learning disability? students

08 How many students attending your school:
(Some students may belong to more than one category.)

a) Have a first language other than English or French? students

b) Have arrived in Canada within the last year? students

c) Are from a rural or farm setting? students

09 What percentage of students are:

Less than 1% 1% to 2% 3% to 5% 6% to 10% 11% to 15% 16% to 20% More than 20% I don't know

a) Absent from your school during any given school day?
(Please only include students who are absent for a full school day.)

01 02 03 04 05 06 07 08

b) Chronically late for school?
(That is, late for the start of school two or more times each week.)

09 10 11 12 13 14 15 16





10

Listed below are a number of different disciplinary problems that may occur in a school. How often do you have to discipline students because of the following:

	Never	Rarely	Some-times	Often	Always
a) Verbal conflicts among students	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) Physical conflicts among students	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) Vandalism of school property	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) Theft of student belongings	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) Theft of staff belongings	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) Smoking on school property	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) Use of drugs on school property (including alcohol and glue)	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) Verbal abuse of a staff member	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) Physical assault of a staff member	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) Harassment of certain students by groups of students	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) Sexual harassment among students	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
l) Conflicts among students of differing racial or ethnic backgrounds	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
m) Students possessing weapons (e.g., pocket knife, gun)	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>

11

How would you describe the economic background of the students attending your school? Specify the percentage of families in each category.

a) Family income above \$50,000 per year	<input type="text"/> <input type="text"/> <input type="text"/>	%
b) Family income between \$30,000 and \$50,000 per year	<input type="text"/> <input type="text"/> <input type="text"/>	%
c) Family income \$30,000 per year or below	<input type="text"/> <input type="text"/> <input type="text"/>	%
TOTAL	<u>1 0 0</u>	%
Total of a,b,c must add to 100%		

⁰¹ I do not know





12

What percentage of your student population would belong to the following groups?

a) White	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
b) Chinese	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
c) South Asian (e.g. East Indian, Pakistani, Sri Lankan)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
d) Black	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
e) Filipino	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
f) Latin American	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
g) Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
h) Arab	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
i) West Asian (e.g. Afghan, Iranian)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
j) Japanese	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
k) Korean	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
l) Native/Aboriginal (e.g. North American Indian, Métis, Inuit/Eskimo)	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
m) Other (please specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	1	0	0	%





13

What percentage of the students' parents/guardians volunteer to help with the following:

	None	1 to 5%	6 to 10%	11 to 15%	16 to 20%	21% or more	Not applicable
a) School events (e.g., sports, plays)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
b) Fund raising activities	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
c) Field trips	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
d) Classroom activities	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
e) Supervision of students (e.g., at recess or lunch time)	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
f) The parent school council/ association or school/parent liaison committee or parent advisory committee	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>

14

In your opinion, how strongly do parents/guardians support the efforts of the school's staff?

- 01 Strongly support the efforts of the school's staff
- 02 Support the efforts of the school's staff
- 03 Support some of the efforts of the school's staff
- 04 Oppose the efforts of the school's staff
- 05 Strongly oppose the efforts of the school's staff
- 06 I don't know the parents/guardians well enough

15

In your school, how active is the parent school council/association, the school/parent liaison committee or the parent advisory committee?

- 01 There is no such council/association/committee at this school → **Go to Question 17**
- 02 Very active
- 03 Active
- 04 Somewhat active
- 05 Not very active
- 06 Not at all active





16 How much influence do these councils, associations, or committees, have on school policies or practices?

- ⁰¹ Very strong influence
- ⁰² Strong influence
- ⁰³ Some influence
- ⁰⁴ Little influence
- ⁰⁵ No influence

SECTION 3 Teachers and School Resources

17 Please report the current number of full-time and part-time staff for the following categories.

	Number of full-time staff	Number of part-time staff	Not available at my school
a) Principal	<input type="text"/>	<input type="text"/>	⁰¹ <input type="radio"/>
b) Vice-principals / assistant-principals	<input type="text"/>	<input type="text"/>	⁰² <input type="radio"/>
c) Classroom teachers	<input type="text"/>	<input type="text"/>	⁰³ <input type="radio"/>
d) Teaching assistants / student assistants / teacher's aides	<input type="text"/>	<input type="text"/>	⁰⁴ <input type="radio"/>
e) Librarians	<input type="text"/>	<input type="text"/>	⁰⁵ <input type="radio"/>
f) Resource teachers (e.g. special ed. teachers, educational therapists, physical educators for special needs students)	<input type="text"/>	<input type="text"/>	⁰⁶ <input type="radio"/>
g) Guidance counselors	<input type="text"/>	<input type="text"/>	⁰⁷ <input type="radio"/>





18 Listed below are several types of support services available to some schools. Please indicate if the service is available to your school and if so, whether or not it meets the needs of your students.

	Not available	Available and meets student needs	Available but does not meet student needs
a) School psychologist	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
b) Psychiatrist	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
c) Speech and language therapist	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>
d) Audiologist	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e) Occupational therapist	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
f) Physical therapist	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
g) Social worker	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
h) Community health nurse	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
i) Instructor in Aboriginal peoples' culture	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>
j) Instructor in cultural awareness	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
k) Police officer	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>

19 Below are a number of different resources that may be available to your school. Please rate the extent to which each resource currently meets the needs of your school. *(Please consider resources regardless of whether they were provided by parents, students or the school staff.)*

	Does not meet my school's needs	Partially meets my school's needs	Completely meets my school's needs	Not applicable
Human resources				
a) Qualified human resources in teaching (e.g., teachers, teaching assistants / teacher's aides)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) Access to specialized human resources in computers (e.g., trained computer instructors)	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>



19 Below are a number of different resources that may be available to your school. Please rate the extent to which each resource currently meets the needs of your school. *(Please consider resources regardless of whether they were provided by parents, students or the school staff.)* – Concluded

	Does not meet my school's needs	Partially meets my school's needs	Completely meets my school's needs	Not applicable
School and classroom resources				
c) Instructional resources (e.g., curriculum documents, books)	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) Science equipment	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) Equipment for mathematics instruction (e.g., counting blocks, calculators)	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) School supplies (e.g., paper, pencils)	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) Budget for consumables	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
h) Special equipment for physically disabled/challenged students	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>
i) Gym equipment (e.g., mats, balls)	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
Physical plant				
j) School buildings	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
k) Instructional space (e.g., classroom size)	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>
l) Gymnasium	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
m) Office space (e.g., for the administration, for teachers)	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>
n) School grounds	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>
o) Heating and lighting	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
p) Outdoor play equipment	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
Multi-media resources				
q) Access to a large area network (e.g., Internet)	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>
r) Access to a local area network (e.g., your LAN system)	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>
s) Computers for course instruction	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>
t) Computer software for course instruction	77 <input type="radio"/>	78 <input type="radio"/>	79 <input type="radio"/>	80 <input type="radio"/>
u) Audio-visual resources (e.g., VCRs, film projectors)	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>



20

In your school, about how many computers are:

(Please write a number on each row. Write 0 (zero) if there are none.)

	Number
a) In the school altogether?	_ _ _
b) Available to students?	_ _ _
c) Available only to teachers?	_ _ _
d) Available only to administrative staff?	_ _ _
e) Connected to the Internet/World Wide Web?	_ _ _
f) Connected to a local area network (LAN, Intranet)?	_ _ _





SECTION 4 Perceptions of your school

21

Below are a number of statements that describe different aspects of schooling. Please indicate how strongly you agree or disagree with each of the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) I find my professional role satisfying	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
b) If I had to do it again, I would remain a teacher rather than become a principal	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>
c) I feel good about continuing my career in this school district	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>
d) I feel competent in dealing with student's behavioral problems	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
e) I have a considerable influence on my school's policies	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>
f) I have little influence on how money is allocated for school resources at the school	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
g) The emphasis in my school is on the development of academic skills	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
h) I have high expectations for the academic success of students attending this school	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
i) I try to ensure that students are encouraged to achieve their full academic potential	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
j) I feel students' success at school is determined mainly by their home environments	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
k) I feel sufficient academic resources are available to students and teachers in this school	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>





SECTION 5 Personal information

22 You are:

⁰¹ Female?

⁰² Male?

23 To which age group do you belong?

⁰¹ 20 to 29

⁰² 30 to 39

⁰³ 40 to 49

⁰⁴ 50 to 59

⁰⁵ 60 or older

24 How much experience do you have in the following capacities:
(Specify the number of years and months of experience; e.g., 1 year and 5 months.)

a) Principal years and months

b) Principal at this school years and months

c) Vice-principal/assistant principal years and months or None

d) Vice-principal/assistant principal at this school years and months or None

e) Teacher years and months or None

f) Teacher at this school years and months or None





25 Please specify the **highest** level of education you have attained. *(Mark all that apply)*

- ⁰¹ Some course work towards a bachelor's degree
- ⁰² A teaching certificate
- ⁰³ A bachelor's degree
- ⁰⁴ A bachelor of education degree
- ⁰⁵ Some post-baccalaureate course work
- ⁰⁶ A post-baccalaureate diploma or certificate
- ⁰⁷ Some course work towards a master's degree
- ⁰⁸ A master's degree
- ⁰⁹ Some course work towards a doctorate
- ¹⁰ A doctorate
- ¹¹ Other *(please specify)* _____

26 Statistics Canada is conducting this survey jointly with Human Resources Development Canada and has entered into an agreement with them to share the information. The shared information will not include any names or identifying numbers, must be kept confidential and will be used only for statistical purposes. Do you agree to share the information you have provided with Human Resources Development Canada?

- ⁰¹ Yes
- ⁰² No





National Longitudinal Survey of Children and Youth

Cycle 4

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.



A. How was this questionnaire completed?

- 1 On the telephone
- 2 In the household - by the respondent
- 3 In the household - by the interviewer

B. Did the respondent complete this questionnaire before the interview?

- 1 Yes
- 2 No

FOR OFFICE USE ONLY

Person ID - - - -

Child's First Name

Assignment No. Questionnaire No. **D** - **4** **2** -



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

This is a survey with questions about you, 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.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things which 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



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!





Please indicate your starting time.

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



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 <input type="radio"/>	Never
⁰² <input type="radio"/>	Less than once a week
⁰³ <input type="radio"/>	1 day a week
⁰⁴ <input type="radio"/>	2-3 days a week
⁰⁵ <input type="radio"/>	4-5 days a week
⁰⁶ <input type="radio"/>	6-7 days a week

A6 How many close friends do you have?

None	Number of close friends
⁹³ <input type="radio"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

OR

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"/>

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**



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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 During 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 During the past 6 months, how well have you
gotten along with your **mother**, **step mother**,
or **foster mother**?
(Answer about the mother you spend the
most time with.)

- 20 Very well, no problems
 21 Quite well, hardly any problems
 22 Pretty well, some problems
 23 Not too well, many problems
 24 Not well at all, constant problems
 25 I am not in touch with my mother
 26 I don't have a mother

A12 During the past 6 months, how well have you
gotten along with your **father**, **step father**, or
foster father?
(Answer about the father you spend the
most time with.)

- 27 Very well, no problems
 28 Quite well, hardly any problems
 29 Pretty well, some problems
 30 Not too well, many problems
 31 Not well at all, constant problems
 32 I am not in touch with my father
 33 I don't have a father

A13 During 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?	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"/>

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"/>
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"/>
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"/>

Don't need help

No homework

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"/>



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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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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 kid accidentally hurts me, I assume that the other kid 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 stare into space.	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"/>



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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
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 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 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 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. have you run away from home?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D3 During 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 mother?

⁰² your adoptive mother?

⁰³ your stepmother?

⁰⁴ your foster mother?

⁰⁵ another person?

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 or None
a. How well do you feel that your mother understands you?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
b. How much fairness do you receive from your mother?	<input type="radio"/> ³	<input type="radio"/> ⁴	<input type="radio"/> ⁵
c. How much affection do you receive from your mother?	<input type="radio"/> ⁶	<input type="radio"/> ⁷	<input type="radio"/> ⁸

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 father?

⁰² your adoptive father?

⁰³ your stepfather?

⁰⁴ your foster father?

⁰⁵ another person?

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 or None
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 Not applicable

E8

	Never	Rarely	Sometimes	Often	Always	I don't know	Not applicable
a. How often do your parents disagree about how to deal with you and your brother(s) and sister(s)?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
b. How often do your parents get upset with one another, including times when they are mad but don't say much?	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>

E9 For each of the following statements, use the choice that best describes the way your parents (or stepparents, foster parents or guardians) in general have acted toward you **during the past 6 months**.

My parents ...

	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.	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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E9

For each of the following statements, use the choice that best describes the way your parents (or stepparents, foster parents or guardians) in general have acted toward you **during the last 6 months**.

My parents ...

	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"/>

E10

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"/>



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

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

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



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



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:

I have never smoked

→ Go to question G3

I have only had a few puffs

I do not smoke anymore

→ Go to question G2

OR

I smoke ...

A few times a year

About once or twice a month

About 1-2 days a week

About 3-5 days a week

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?

I have never done this

OR

I was years old



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





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, etc.)

¹ Yes

² No → Go to section H

G6 If you have used drugs (marijuana, glue, solvents, cocaine, etc.), how old were you when you first did so?

I was years old



Statistics Canada will keep your answers PRIVATE.
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SECTION H Activities



H1	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, 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.	played computer or video games?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h.	done odd jobs (a paper route, babysitting, etc.)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

H2 On average, about how many hours a day do you watch TV or videos?

⁰¹ I don't watch TV or videos
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

H3 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

H4 Do you have access to a computer in your home?

¹ Yes
² No



Please indicate your ending time to complete this questionnaire.

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



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

**Thank you very much for helping us.
Your comments are important.**

11

About how long did it take you to complete this questionnaire?

⁰¹ less than 20 minutes

⁰² 20 to 29 minutes

⁰³ 30 to 39 minutes

⁰⁴ 40 to 49 minutes

⁰⁵ 50 to 59 minutes

⁰⁶ 60 minutes or more

When you finish this survey:



Put this questionnaire in the envelope.



Return it to the interviewer.



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



National Longitudinal Survey of Children and Youth

Cycle 4

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.



A. How was this questionnaire completed?

- 1 On the telephone
- 2 In the household - by the respondent
- 3 In the household - by the interviewer

B. Did the respondent complete this questionnaire before the interview?

- 1 Yes
- 2 No

FOR OFFICE USE ONLY

Person ID - - - -

Child's First Name

Assignment No. Questionnaire No. **D** - **4** **2** -



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

This is a survey with questions about you, 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.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things which 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

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!





Please indicate your starting time.

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



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
 - ⁰⁵ 4 - 5 days a week
 - ⁰⁶ 6 - 7 days a week

How many of your close friends are:

	None		Number
A6 ... girls?	⁹³ <input type="radio"/>	OR	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
A7 ... boys?	⁹⁴ <input type="radio"/>	OR	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

- 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



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



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

During 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 During the past 6 months, how well have you gotten along with your **mother, step mother, or foster mother?**
(Answer about the mother you spend the most time with.)

- 20 Very well, no problems
- 21 Quite well, hardly any problems
- 22 Pretty well, some problems
- 23 Not too well, many problems
- 24 Not well at all, constant problems
- 25 I am not in touch with my mother
- 26 I don't have a mother

A14 During the past 6 months, how well have you gotten along with your **father, step father, or foster father?**
(Answer about the father you spend the most time with.)

- 27 Very well, no problems
- 28 Quite well, hardly any problems
- 29 Pretty well, some problems
- 30 Not too well, many problems
- 31 Not well at all, constant problems
- 32 I am not in touch with my father
- 33 I don't have a father

A15 During 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



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

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 middle school or junior high
- 2 I changed from elementary school to high school
- 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



Statistics Canada will keep your answers PRIVATE.
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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

B9During the past month, how often **did you cut or skip a class**, WITHOUT permission?

- 01 Never
- 02 Once or twice
- 03 3 or 4 times
- 04 5 times or more

B10

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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B11 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

B12 How often do you talk to a teacher outside of class?

- 0 Every day
 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

B13

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"/>	

B14 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



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

**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 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

C3 The next five years look good to me.

5 Strongly disagree

6 Disagree

7 Agree

8 Strongly agree

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

C4 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"/>

C5 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"/>

C6 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"/>

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

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

**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
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 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 stare into space.	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"/>



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
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"/>

The following questions are about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. These questions will help us learn about young people.

Remember to ask your interviewer any questions you might have. 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 During the past 12 months, did you **seriously** consider attempting suicide?

1 Yes

2 No → **Go to question D7**



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D5 During 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 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. were you questioned by the police about anything that they thought you did?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. were you questioned by a security guard, a teacher or a principal about anything that they thought you did such as stealing, damaging property or anything else?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. have you run away from home?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. have you stolen something from a store or school?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
g. have you taken money from your parents without their permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. have you broken into, or snuck into, a house or building with the idea of stealing something?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. have you used or bought or tried to sell something you knew was stolen?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. have you damaged or destroyed anything that didn't belong to you (for example, damaged a bicycle, car, school furniture, broken windows or written graffiti)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. have you fought with someone to the point where they needed care for their injuries (for example, because they were bleeding, or had broken bones)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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D7

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

	Never	Once or twice	3 or 4 times	5 times or more
l. have you been in a fight where you hit someone with something other than your hands (for example, a stick, club, knife, or rock)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. have you carried a knife for the purpose of defending yourself or using it in a fight?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. have you carried a gun other than for hunting or target shooting?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
o. have you carried any other weapon such as a stick or a club?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. have you threatened someone in order to get their money or things?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q. have you sold any drugs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. have you bought, or gotten drugs from someone for your own use, or for someone else?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
s. have you attempted to touch the private parts of another person's body (while knowing that they would probably object to this)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. have you tried to force someone into having sex with you?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
u. have you taken a car, motorbike, or motorboat without permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v. have you set fire on purpose to a building, a car, or something else not belonging to you?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>

D8

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

1 Yes

2 No

E3 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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E4 During the past 12 months, have you volunteered or helped **without pay** by ...
(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 E6**

E5 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

E6 On average, about how many hours a day do you watch TV or videos?

- 01 I don't watch TV or videos
- 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

E7 Do you have access to a computer **in your home**?

- 1 Yes
- 2 No

E8 Do you have access to the Internet **in your home**?

- 3 Yes
- 4 No

E9 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 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

E10 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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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 During 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) **during the past 12 months?**

⁰¹ I have never done it

⁰² I have done it, but not during the past 12 months

OR

During 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 **during the past 12 months:**

	I have never done it	I have done it, but not during the past 12 months	During 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 crack, cocaine, heroin, speed or ecstasy, 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 | ⁰¹ <input type="radio"/> | OR | <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> years old |
| b. Hallucinogens like LSD/acid, magic mushrooms | ⁰² <input type="radio"/> | OR | <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> years old |
| c. Glue or solvents | ⁰³ <input type="radio"/> | OR | <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> years old |
| d. Drugs without a prescription or advice from a doctor: downers, uppers, tranquilizers, ritalin, etc. | ⁰⁴ <input type="radio"/> | OR | <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> years old |
| e. Other drugs like crack, cocaine, heroin, speed or ecstasy, etc. | ⁰⁵ <input type="radio"/> | OR | <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> 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 mother?
- ⁰² your adoptive mother?
- ⁰³ your stepmother?
- ⁰⁴ your foster mother?
- ⁰⁵ another person?

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 questions:

	A great deal	Some	Very little/ Not at all or none
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 father?
⁰² your adoptive father?
⁰³ your stepfather?
⁰⁴ your foster father?
⁰⁵ another person?

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 or none
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 Not applicable



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G8

- | | Never | Rarely | Sometimes | Often | Always | I don't know | Not applicable |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. How often do your parents disagree about how to deal with you and your brother(s) and sister(s)? | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> | ⁰⁴ <input type="radio"/> | ⁰⁵ <input type="radio"/> | ⁰⁶ <input type="radio"/> | ⁰⁷ <input type="radio"/> |
| b. How often do your parents get upset with one another, including times when they are mad but don't say much? | ⁰⁸ <input type="radio"/> | ⁰⁹ <input type="radio"/> | ¹⁰ <input type="radio"/> | ¹¹ <input type="radio"/> | ¹² <input type="radio"/> | ¹³ <input type="radio"/> | ¹⁴ <input type="radio"/> |

G9

For each of the following statements, use the choice that best describes the way your parents (or stepparents, foster parents or guardians) in general have acted towards you **during the past 6 months**.

My parents ...

- | | 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. | 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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G10 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 **Statistics Canada will keep your answers PRIVATE.
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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)

⁶ Feet ⁷ Inches

OR

⁸ Metre ⁹ Centimetres

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

¹ Pounds

OR

² Kilograms

Young people sometimes experience health problems that may or may not be related to stress, and may affect other areas in their life. Your answers to the following questions will help build a picture of your general health.

H4 During the past 6 months, how often have you had or felt 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

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



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



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 and Money**

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

12 Last week, how much money did you receive from ...

	No money	\$1 - \$10	\$11 - \$20	\$21 - \$30	\$31 - \$40	More than \$40
a. your parents?	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. working for employer(s)?	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. doing odd jobs (babysitting, delivering flyers, 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 sources (gifts from relatives, 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"/>



Please indicate your ending time to complete this questionnaire.

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



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**Thank you very much for helping us.
Your comments are important.**

J1

About how long did it take you to complete this questionnaire?

⁰¹ less than 20 minutes

⁰² 20 to 29 minutes

⁰³ 30 to 39 minutes

⁰⁴ 40 to 49 minutes

⁰⁵ 50 to 59 minutes

⁰⁶ 60 minutes or more

When you finish this survey:



Put this questionnaire in the envelope.



Return it to the Interviewer.



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National Longitudinal Survey of Children and Youth

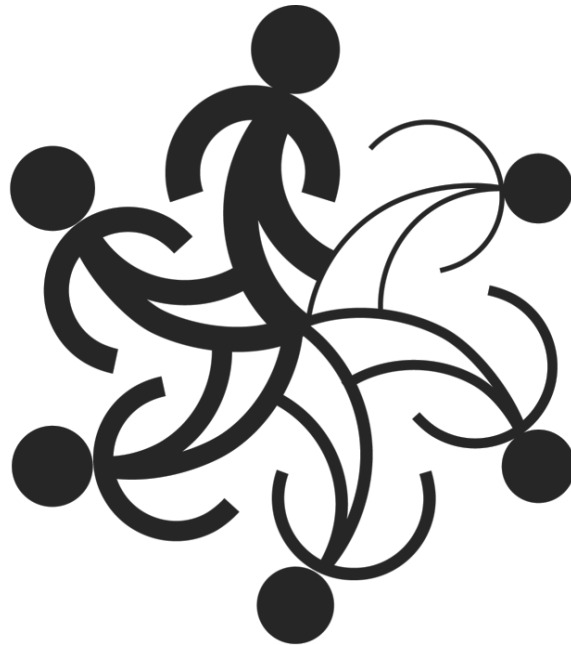
Cycle 4

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.



A. How was this questionnaire completed?

- 1 On the telephone
- 2 In the household - by the respondent
- 3 In the household - by the interviewer

B. Did the respondent complete this questionnaire before the interview?

- 1 Yes
- 2 No

FOR OFFICE USE ONLY

Person ID ----

Child's First Name

Assignment No. Questionnaire No. **D**--

8-5300-398.1: 2000-07-26 STC/HLD-040-75020



Statistics Canada Statistique Canada

Canada



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

This is a survey with questions about you, 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.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things which 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

0	3
---	---

 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

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!





Please indicate your starting time.

		:		
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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 <input type="radio"/> False
	¹ <input type="radio"/> Mostly false
	² <input type="radio"/> Sometimes false/Sometimes true
	³ <input type="radio"/> Mostly true
	⁴ <input type="radio"/> True

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

How many of your close friends are:

	None		Number
A7 ... girls?	⁹³ <input type="radio"/>	OR	<input style="width: 30px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
A8 ... boys?	⁹⁴ <input type="radio"/>	OR	<input style="width: 30px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" 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"/>

A12For 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 Section 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/Counsellor 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 middle school or junior high
- 2 I changed from elementary school to high school
- 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 your school?

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

B11

In the last 3 months, 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 during recess)?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
b. Played sports WITH a coach or instructor, other than for gym class (e.g., school teams)?	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>
c. Taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
d. Taken part in art, drama or music groups, clubs or lessons, outside of class?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
e. Taken part in a school club or group such as yearbook club, photography club or student council?	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>

B12

During the past month, how often **did you cut or skip a class** **WITHOUT** permission?

- ⁰¹ Never
⁰² Once or twice
⁰³ 3 or 4 times
⁰⁴ 5 times or more

B13

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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B14 Have you ever dropped out of school for more than a week?

⁰¹ Yes → Go to question B15

⁰² No → Go to question B16

B15 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

B16 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 extra 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

B17 How often do you talk to a teacher outside of class?

⁰ Every day

¹ A few times a week

² Once a week

³ A few times a month

⁴ Less than once a month

⁵ Never



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B18

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"/>	

B19

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 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

C3 The next five years look good to me.

⁵ Strongly disagree

⁶ Disagree

⁷ Agree

⁸ Strongly agree

C4 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"/>



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C5 During 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"/>

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

C6 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"/>

C7 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"/>

C8 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 <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 kid accidentally hurts me, I assume that the other kid 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 stare into space.	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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The following questions are about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. These questions will help us learn about young people.

Remember to ask your interviewer any questions you might have. 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 During the past 12 months, did you **seriously** consider attempting suicide?

- ¹ Yes
- ² No → **Go to question D7**

D5 During 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 later than your parents said you should?

- ¹
- ²
- ³
- ⁴

b. have you stayed out all night without permission?

- ⁵
- ⁶
- ⁷
- ⁸

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

- ¹
- ²
- ³
- ⁴



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D7

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

Never

Once or
twice3 or
4 times5 times or
more

d. were you questioned by a security guard, a teacher or a principal about anything that they thought you did such as stealing, damaging property or anything else?

5 6 7 8

e. have you run away from home?

1 2 3 4

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

5 6 7 8

g. have you taken money from your parents without their permission?

1 2 3 4

h. have you broken into, or snuck into, a house or building with the idea of stealing something?

5 6 7 8

i. have you used or bought or tried to sell something you knew was stolen?

1 2 3 4

j. have you damaged or destroyed anything that didn't belong to you (for example, damaged a bicycle, car, school furniture, broken windows or written graffiti)?

5 6 7 8

k. have you fought with someone to the point where they needed care for their injuries (for example, because they were bleeding, or had broken bones)?

1 2 3 4

l. have you been in a fight where you hit someone with something other than your hands (for example, a stick, club, knife, or rock)?

5 6 7 8

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

1 2 3 4

n. have you carried a gun other than for hunting or target shooting?

5 6 7 8

o. have you carried any other weapon such as a stick or a club?

1 2 3 4

p. have you threatened someone in order to get their money or things?

5 6 7 8

p. have you threatened someone in order to get their money or things?

5 6 7 8

q. have you sold any drugs?

1 2 3 4

r. have you bought, or gotten drugs from someone for your own use, or for someone else?

5 6 7 8 

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D7

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

Never

Once or twice

3 or 4 times

5 times or more

s. have you attempted to touch the private parts of another person's body (while knowing that they would probably object to this)?

1

2

3

4

t. have you tried to force someone into having sex with you?

5

6

7

8

u. have you taken a car, motorbike, or motorboat without permission?

1

2

3

4

v. have you set fire on purpose to a building, a car, or something else not belonging to you?

5

6

7

8

D8

During 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**

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

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

1 Yes

2 No

E3

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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E4

During the past 12 months, have you volunteered or helped **without pay** by ...
(Mark all that apply.)

- ¹ Supporting a cause (food bank, environmental group, etc.)
- ² Fund raising (a charity, school trips, etc.)
- ³ Helping in your community (hospital volunteering, work in a community organization, etc.)
- ⁴ Helping neighbours or relatives (cutting grass, babysitting or shovelling snow for a neighbour, etc.)
- ⁵ Doing another volunteer activity (without pay)
- ⁶ I have not done any of these activities without pay → **Go to E6**

E5

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

E6

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

- ⁰¹ I don't watch TV or videos
- 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

E7

Do you have access to a computer **in your home**?

- ¹ Yes
- ² No

E8

Do you have access to the Internet **in your home**?

- ³ Yes
- ⁴ No

E9

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

- ⁰¹ I don't have a brother or sister
- ⁰² I don't spend time alone while no one else is 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 During 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) **during the past 12 months?**

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

OR

During 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 **during the past 12 months:**

	I have never done it	I have done it, but not during the past 12 months	During 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 crack, cocaine, heroin, speed or ecstasy, 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	OR	I first did it when I was...
a. Marijuana and cannabis products	⁰¹ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
b. Hallucinogens like LSD/acid, magic mushrooms	⁰² <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
c. Glue or solvents	⁰³ <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.	⁰⁴ <input type="radio"/>	OR	<input type="text"/> <input type="text"/> years old
e. Other drugs like crack, cocaine, heroin, speed or ecstasy, etc.	⁰⁵ <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 mother?
- ⁰² your adoptive mother?
- ⁰³ your stepmother?
- ⁰⁴ your foster mother?
- ⁰⁵ another person?

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 questions:

	A great deal	Some	Very little/ Not at all of none
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 father?
⁰² your adoptive father?
⁰³ your stepfather?
⁰⁴ your foster father?
⁰⁵ another person?

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 of none
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 Not applicable



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G8

	Never	Rarely	Sometimes	Often	Always	I don't know	Not applicable
a. How often do your parents disagree about how to deal with you or your brother(s) or sister(s)?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>
b. How often do your parents get upset with one another, including times when they are mad but don't say much?	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>

G9

For each of the following statements, use the choice that best describes the way your parents (or stepparents, foster parents or guardians) in general have acted toward you **during the past 6 months**.

My parents ...	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.	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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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.)

6 Feet 7 Inches

OR

8 Metre 9 Centimetres

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

1 Pounds

OR

2 Kilograms

Young people sometimes experience health problems that may or may not be related to stress, and may affect other areas in their life. Your answers to the following questions will help build a picture of your general health.

H4 During the past 6 months, how often have you had or felt 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 During 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.
 No one from your home or your school will see what you write.**

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**

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



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

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

Dating



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

- ¹¹ None in the past 12 months
- ¹² 1
- ¹³ 2 or 3
- ¹⁴ 4 or 5
- ¹⁵ 6 or more

The next questions are about your consensual sexual experiences. 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 sexual intercourse?

⁸ Yes → **Go to question H18**

⁹ No → **Go to section I**

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

I was years old

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

³ Yes

⁴ No

⁵ I don't know



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**SECTION I****Work and Money**

Often, young people earn money by doing odd jobs such as babysitting, mowing lawns and raking leaves, or by having more regular jobs for employers (part-time or full-time), such as helper or cook in a restaurant. Most times, they get paid for that work but sometimes they work without pay. The following questions are about all types of work, paid or unpaid.

Work during this School Year

11 Since the beginning of this school year, have you done any work ...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. for pay for an employer (e.g., at a store or restaurant)? | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b. for pay at odd jobs (babysitting, mowing a neighbour's lawn or delivering flyers)? | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c. at your family's farm or business (with or without pay)? | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d. without pay (e.g., CO-OP Program)? | 07 <input type="radio"/> | 08 <input type="radio"/> |

If you have not worked since the beginning of this school year → Go to question 18

12 Last week, did you do any work ...

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. for pay for an employer (e.g., 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 (e.g., CO-OP Program)? | 15 <input type="radio"/> | 16 <input type="radio"/> |

If you did not work at all last week → Go to question 16

13 Think of the job at which you worked the most time last week: what type of work were you doing? (Mark one only.)

- 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 (e.g. 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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No one from your home or your school will see what you write.



14 Thinking of the same job, how many hours did you work last week ...

- | | None | | Number of hours |
|-------------------------|-------------------------------------|----|---|
| a. Monday to Friday? | ⁹⁶ <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"/> |

15 At this job, approximately how much did you make last week? (Answer one category only.)

² \$. ³ ¢ per hour

OR

⁴ \$ for the week

OR

⁵ I worked but did not make any money last week

16 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 | | I usually do not work |
|-------------------------|-------------------------------------|----|---|----|-------------------------------------|
| a. Monday to Friday? | ⁹⁵ <input type="radio"/> | OR | <input type="text"/> <input type="text"/> | OR | ⁹⁶ <input type="radio"/> |
| b. Saturday and Sunday? | ⁹⁷ <input type="radio"/> | OR | <input type="text"/> <input type="text"/> | OR | ⁹⁸ <input type="radio"/> |

17 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

Money

18 Last week, how much money did you receive from ...

- | | No money | \$1 to 20 | \$21 to 40 | \$41 to 60 | \$61 to 100 | More than \$100 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. your parents? | 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. working for employer(s)? | 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. doing odd jobs? | 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 sources (gifts from relatives, 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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No one from your home or your school will see what you write.

Summer Work

I9 This past summer, did you do any work ...

a. for pay for an employer
(e.g. at a store or restaurant)?

Yes

12

No

13

b. for pay at odd jobs (e.g. babysitting,
mowing a neighbour's lawn or delivering flyers)?

14

15

c. at your family's farm or business
(with or without pay)?

16

17

d. without pay (e.g., CO-OP program)?

18

19

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

I10 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 (e.g. hospital, office, arena, etc.)

6 Working in construction, landscaping or painting

7 Doing odd jobs (cutting grass, house-sitting, babysitting, delivery flyers, newspapers, running errands, etc.)

8 Working at my family business or farm

9 Other type of work. Specify:

I11 Thinking of all the jobs you had this past summer, how many weeks did you work (even if you worked only 1 hour per week)?

weeks

OR

⁹³ I did not work last summer

I12 In an average week, how many hours did you work?

hours

OR

⁹⁴ I did not work last summer



Please indicate your ending time to complete this questionnaire.

 :


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

**Thank you very much for helping us.
Your comments are important.**

J1 About how long did it take you to complete this questionnaire?

⁰¹ less than 20 minutes

⁰² 20 to 29 minutes

⁰³ 30 to 39 minutes

⁰⁴ 40 to 49 minutes

⁰⁴ 50 to 59 minutes

⁰⁴ 60 minutes or more

When you finish this survey:



put this questionnaire in the envelope.



return it to the interviewer.



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



National Longitudinal Survey of Children and Youth

Cycle 4

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.



A. How was this questionnaire completed?

- 1 On the telephone
- 2 In the household - by the respondent
- 3 In the household - by the interviewer

B. Did the respondent complete this questionnaire before the interview?

- 1 Yes
- 2 No

FOR OFFICE USE ONLY

Person ID - - - -

Child's First Name

Assignment No. Questionnaire No. **D** - **4** **2** -



INSTRUCTIONS

This is a survey with questions about you, 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.

This is not a test and there are no right or wrong answers. Some questions may seem personal and some are about things which 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

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!





Please indicate your starting time.

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



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 <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 <input type="radio"/> False
	¹ <input type="radio"/> Mostly false
	² <input type="radio"/> Sometimes false/Sometimes true
	³ <input type="radio"/> Mostly true
	⁴ <input type="radio"/> True

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

How many of your close friends are:	None	OR	Number		
A7 ...male?	⁹³ <input type="radio"/>		<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
A8 ...female?	⁹⁴ <input type="radio"/>		<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

A9 How often do you share your secrets and private feelings with your close friends?	⁰ <input type="radio"/> All the time
	¹ <input type="radio"/> Most of the time
	² <input type="radio"/> Some of the time
	³ <input type="radio"/> Rarely
	⁴ <input type="radio"/> Never



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



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?

Yes → **Go to question A14**

No → **Go to Section 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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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

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

B3

The next five years look good to me.

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

B4

The following is a series of events that may directly affect youths. Have you personally been through any of these events in the last two years?

	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"/>



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B5 During 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"/>

B6 How often do you feel like an outsider (or left out of things) at your school?
(If you no longer go to school, please refer to the last time you were in school)

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

B7 During 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"/>

B8 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

B9 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



The next questions are about your feelings. 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"/>

The following questions are about suicide. Some of them might be hard for you to answer, but please answer them as well as you can. These questions will help us learn about young people. If you feel like you need support, we encourage you to talk to your family doctor or nurse.

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



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

1 Yes

2 No → **Go to question C7**

C5 During 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

The next questions are about your behaviours. Read the following statements and choose the answer that best describes you.

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.

C7 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 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. 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"/>
d. were questioned by a security guard, a teacher or principal about anything that they thought you did such as stealing, damaging property or anything else?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
e. have you run away from home?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. have you stolen something from a store or school?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>



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

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

	Never	Once or twice	3 or 4 times	5 times or more
g. have you taken money from your parents without their permission?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. have you broken into, or snuck into, a house or building with the idea of stealing something?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
i. have you used or bought or tried to sell something you knew was stolen?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. have you damaged or destroyed anything that didn't belong to you (for example, damaged a bicycle, car, school furniture, broken windows or written graffiti)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
k. have you fought with someone to the point where they needed care for their injuries (for example, because they were bleeding, or had broken bones)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. have you been in a fight where you hit someone with something other than your hands (for example, a stick, club, knife, or rock)?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
m. 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"/>
n. have you carried a knife 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"/>
o. have you carried a gun other than for hunting or target shooting?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. have you carried any other weapon such as a stick or a club?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
q. have you threatened someone in order to get their money or things?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. have you sold any drugs?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
s. have you bought, or gotten drugs from someone for your own use, or for someone else?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. have you attempted to touch the private parts of another person's body knowing that they would probably object to this?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
u. have you tried to force someone into having sex with you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
v. have you taken a car, motorbike or motorboat without permission?	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>
w. have you set fire on purpose to a building, a car, or something else not belonging to you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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.?

- 1 Yes
2 No



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SECTION D 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.

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

I have never smoked

I only tried once or twice

I do not smoke anymore

→ **Go to question D3**

OR

I smoke ...

A few times a year

About once or twice a month

About 1-2 days a week

About 3-5 days a week

About 6-7 days a week

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

Number of cigarettes



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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.



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

I have never had a drink of alcohol

I have only had a few sips

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

I do not drink alcohol anymore

→ Go to question D5

OR

I drink (at least one drink)...

A few times a year

About once or twice a month

About 1-2 days a week

About 3-5 days a week

About 6-7 days a week

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

Never

A few times

About once or twice a month

About 1-2 days a week

About 3-5 days a week

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) during the past 12 months?

I have never done it

I have done it, but not during the past 12 months

OR

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

A few times

About once or twice a month

About 1-2 days a week

About 3-5 days a week

About 6-7 days a week



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

	I have never done it	I have done it, but not in the past 12 months	During 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 crack, cocaine, heroin, speed or ecstasy, 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"/>

D7 During 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?

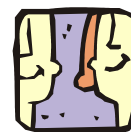
- 1 Never
 2 Once or twice
 3 3 or 4 times
 4 5 times or more

D8 During 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 My Parent(s)


E1 Think of the mother you are most involved with. Is this a...

- ⁰¹ Biological mother?
- ⁰² Adoptive mother?
- ⁰³ Step-mother?
- ⁰⁴ Foster mother?
- ⁰⁵ Another person (a mother figure)?

OR

- ⁰⁶ I am not in touch with my mother → **Go to question E6**

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

	A great deal	Some	Very little/Not at all or None
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

E4 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	Everyday
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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E5

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"/>

E6

Think of the father you are most involved with. Is this a...

⁰¹ Biological father

⁰² Adoptive father

⁰³ Step-father

⁰⁴ Foster father

⁰⁵ Another person

OR

⁰⁶ I am not in touch with my father

→ **Go to question E11**



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E7 Thinking of the father you have identified in the previous question:

	A great deal	Some	Very little/Not at all or None
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"/>

E8 Overall, how would you describe your relationship with your father?

- 5 Very close
 6 Somewhat close
 7 Not very close

E9 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	Everyday
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"/>

E10 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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E10 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"/>

E11 Thinking about the mother and 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 during 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"/>

E12 How well do you think your parents get along with each other?

- 0 Very well
 1 Fairly well
 2 Not very well
 3 Not applicable

E13 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 Not applicable



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E14 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 Not applicable

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

E15 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 F**

E16 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

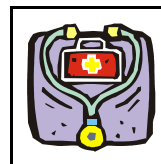
E17 How do you or your family cope when this happens?

(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 F 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.

F1 How tall are you?
(Please estimate if you are not sure)

⁶ Feet ⁷ Inches

OR

⁸ Metres ⁹ Centimetres

F2 How much do you weigh?
(Please estimate if you are not sure)

¹ Pounds

OR

² Kilograms

F3 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:**

F4 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

F5 If you have begun to menstruate (your monthly periods), at what age did you start?

I was years and months

OR

- ⁹⁹ Have not yet started → **Go to Question F8**

⇒ **For young men only:**

F6 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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F7 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:

F8 Would you say you are...

5 Trying to lose weight?

6 Trying to gain weight?

→ Go to question F10

7 Trying to stay the same weight?

8 Not trying to do anything about your weight

→ Go to Section G

F9 During the past 7 days, did you do any of the following things to lose weight or stay the same weight?

	Yes	No
a. Dieted (ate less or differently)?	01 <input type="radio"/>	02 <input type="radio"/>
b. Exercised (to burn calories or fat)?	03 <input type="radio"/>	04 <input type="radio"/>
c. Took diet pills (i.e. Dexatrim)?	05 <input type="radio"/>	06 <input type="radio"/>
d. Smoked?	07 <input type="radio"/>	08 <input type="radio"/>
e. Other? Specify: _____	09 <input type="radio"/>	10 <input type="radio"/>

F10 During the past 7 days, did you do any of the following things in order to gain weight or muscle?

	Yes	No
a. Ate more food or took food supplements?	01 <input type="radio"/>	02 <input type="radio"/>
b. Lifted weights or exercised to build muscle?	03 <input type="radio"/>	04 <input type="radio"/>
c. Used steroids?	05 <input type="radio"/>	06 <input type="radio"/>
d. Other? Specify: _____	07 <input type="radio"/>	08 <input type="radio"/>



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★ SECTION G Dating ★

G1 How old were you when you had your first boyfriend/girlfriend?

I've never had a boyfriend/girlfriend

→ Go to question G5

OR

I was years

G2 If you have a boyfriend/girlfriend right now, how long have you been going out with him/her?

I do not currently have a boyfriend/girlfriend

→ Go to question G4

Less than 1 month

1 to 5 months

6 months to a year

Over a year

G3 Outside of school or work hours, about how many days a week do you see your boyfriend/girlfriend?

Never

Less than once a week

1 day a week

2 or 3 days a week

4 or 5 days a week

6 or 7 days a week

G4 During the past 12 months, how many boyfriends/girlfriends have you had?

None

1

2 or 3

4 or 5

6 or more

The next questions are about your consensual sexual experiences. 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.

G5 Have you ever had consensual sexual intercourse?

Yes → Go to question G7

No

G6 What is the MAIN reason you have decided not to have sexual intercourse?

(Mark one only)

Against my religion or my values

I am afraid of the consequences (eg. pregnancy, my parents might find out, disease, etc.)

I'm not ready for it

I am not with the right person

Other

⇒ If you have never had sexual intercourse go to Section H.



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G7 Are you currently sexually active (still having sex)?

⁸ Yes → **Go to question G9**

⁹ No

G8 What is the **MAIN** reason you are not currently sexually active?

(Mark one only)

⁰¹ Against my religion or my values

⁰² I am afraid of the consequences (eg. pregnancy, my parents might find out, disease etc.)

⁰³ I'm not ready for it

⁰⁴ I haven't met the right person

⁰⁵ Other

G9 How old were you when you first had consensual sexual intercourse?

I was years old

G10 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

G11 Did you or your partner use a condom the last time you had consensual sexual intercourse?

⁸ Yes

⁹ No

G12 What kind of birth control or protection have you and/or your partner used 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



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G13

If there are times when you do not use birth control, what is the **MAIN** reason for not using it?

(Mark one only)

- ⁰⁹ Sex is unexpected (no time to prepare)
- ¹⁰ I don't think I (or she) will get pregnant
- ¹¹ I want (she wants) to get pregnant
- ¹² My partner does not want to use birth control
- ¹³ It's my partner's problem, not mine
- ¹⁴ Birth control reduces the pleasure
- ¹⁵ I can't afford to get birth control
- ¹⁶ Birth control is morally wrong
- ¹⁷ I am too embarrassed to get/use birth control
- ¹⁸ Other (specify:)
-

OR

- ¹⁹ We always use birth control



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SECTION H Decision Making

In the next section, there is a number of statements about beliefs, attitudes, and/or ways of dealing with issues. Use them to describe yourself. There are no right or wrong answers. Use the 1 to 5 point scale to indicate the degree to which you think each statement is uncharacteristic (1) or characteristic (5) of yourself. For instance, if the statement is not like you at all, give it a 1, if it is very much like you, give it a 5.

	1	2	3	4	5
	Not like me at all				Very much like me
1. I've spent a great deal of time thinking seriously about what I should do with my life.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. I'm not really sure what I'm doing about school; I guess things will work themselves out.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
3. I've more-or-less always operated according to the values with which I was brought up.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. I've spent a good deal of time reading and talking to others about religious ideas.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
5. When I discuss an issue with someone, I try to assume their point of view and see the problem from their perspective.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. It doesn't pay to worry about values in advance; I decide things as they happen.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
7. I've always had purpose in my life; I was brought up to know what to strive for.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. Many times, by not concerning myself with personal problems, they work themselves out.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
9. I've spent a lot of time reading and trying to make some sense out of political issues.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10. I'm not really thinking about my future now; it's still a long way off.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
11. I've spent a lot of time and talked to a lot of people trying to develop a set of values that make sense to me.	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.

	1	2	3	4	5
	Not like me at all				Very much like me
12. Regarding religion, I've always known what I believe and don't believe; I never really had any serious doubts.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
13. I know that I am going to college/university and what I am going to major in.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
14. I think it's better to have a firm set of beliefs than to be open-minded.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
15. When I have to make a decision, I try to wait as long as possible in order to see what will happen.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
16. When I have a personal problem, I try to analyze the situation in order to understand it.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
17. I find it's best to seek out advice from professionals (e.g., clergy, doctors, lawyers) when I have problems.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
18. It's best for me not to take life too seriously; I just try to enjoy it.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
19. I think it's better to use one set of values consistently all the time, rather than change them in different situations.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
20. I try not to think about or deal with problems for as long as I can.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
21. I find that personal problems often turn out to be interesting challenges.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
22. I try to avoid personal situations that will require me to think a lot and deal with them on my own.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
23. Once I know the correct way to handle a problem, I prefer to stick with it.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
24. When I have to make a decision, I like to spend a lot of time thinking about my options.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
25. I prefer to deal with situations the way that other people expect me to.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>



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	1	2	3	4	5
	Not like me at all				Very much like me
26. I like to have the responsibility for handling problems in my life that require me to think on my own.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
27. Sometimes I refuse to believe a problem will happen, and things manage to work themselves out.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
28. When making important decisions I like to have as much information as possible.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
29. When I know a situation is going to cause me stress, I try to avoid it.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
30. I find it's best for me to rely on the advice of close friends or relatives when I have a problem.	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>



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**Thank you very much for helping us.
Your comments are important.**

11

About how long did it take you to complete this questionnaire?

- ⁰¹ less than 20 minutes
⁰² 20 to 29 minutes
⁰³ 30 to 39 minutes
⁰⁴ 40 to 49 minutes
⁰⁵ 50 to 59 minutes
⁰⁶ 60 minutes or more

When you finish this survey:



Put this questionnaire in the envelope.



Return it to the interviewer.



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



Informed Consent

National Longitudinal
Survey of Children and Youth

Cycle 4

Consentement éclairé

Enquête longitudinale nationale
sur les enfants et les jeunes

Cycle 4

Confidential when completed

Confidentiel une fois rempli

Sequence No.
N° de séquence

To be completed by Interviewer - À être rempli par l'intervieweur

Person ID.
N° de la personne

____ - ____ - _____ - _____ - ____

Assignment No.
N° de tâche

Date (Month-day-year)
Date (Mois-jour-année)

____ - ____ - ____

Child's First Name
Prénom de l'enfant

Child's Surname
Nom de famille de l'enfant

Parent/Legal Guardian's Full Name
Nom du parent ou du tuteur légal

First name / Prénom

Last name / Nom de famille

Yes / Oui

No / Non

N/A – S/O

Consent to Contact Teacher(s)
Consentement à communiquer
avec le(s) professeur(s)

1

2

Consent to Administer Math and Reading Test
Consentement à administrer le test de mathématique et
de lecture

3

4

5

⁶ Consent obtained over the telephone – Consentement obtenu au téléphone

To be signed by parent or legal guardian - À faire signer par le parent ou le tuteur légal

I understand that this is a voluntary survey and that the information my child's teacher provides will be kept strictly confidential under the Statistics Act. This means that my name and my child's name will not be associated in any way with the results of the survey.

Je comprends que la participation à cette enquête est volontaire et que les renseignements fournis par le professeur de mon enfant resteront strictement confidentiels en vertu de la Loi sur la Statistique. Cela veut dire que mon nom et le nom de mon enfant ne seront reliés d'aucune façon aux résultats de l'enquête.

X

Signature of Parent or Legal Guardian – Signature du parent ou du tuteur légal



Informed Consent Form

I understand that this consent form is part of the **National Longitudinal Survey of Children and Youth**. Statistics Canada is carrying out this national study on behalf of Human Resources Development Canada.

I understand that this survey is voluntary and that any information that Statistics Canada collects from me, my child and my child's teacher will remain strictly confidential under the **Statistics Act**.

Formulaire de consentement éclairé

Je comprends que ce formulaire fait partie de l'**Enquête longitudinale nationale sur les enfants et les jeunes**. Statistique Canada mène cette enquête au nom de Développement des ressources humaines Canada.

Je comprends que la participation à cette enquête est volontaire et que tous les renseignements obtenus par Statistique Canada de moi, de mon enfant et du professeur de mon enfant resteront strictement confidentiels en vertu de la **Loi sur la statistique**.

What is the National Longitudinal Survey of Children and Youth?

The **National Longitudinal Survey of Children and Youth** has been developed jointly by Statistics Canada and Human Resources Development Canada. The purpose of the survey is to collect information that will help us understand the factors affecting the development of children in Canada. These findings will improve the prospects and conditions for all children.

Qu'est-ce que l'Enquête nationale longitudinale sur les enfants et les jeunes?

L'**Enquête longitudinale nationale sur les enfants et les jeunes** a été élaborée conjointement par Statistique Canada et par Développement des ressources humaines Canada. Son but est de recueillir des renseignements qui nous aideront à mieux comprendre les facteurs qui influencent le développement des enfants au Canada. Ces connaissances serviront à élaborer des programmes efficaces qui amélioreront les possibilités d'avenir de tous les enfants.

Why does my child's teacher need to be contacted?

Children spend much of their time at school. Your child's teacher will provide us with valuable information regarding your child's school experiences.

Pourquoi le professeur de mon enfant doit-il être contacté?

Les enfants passent une grande partie de leur temps à l'école. Le professeur de votre enfant fournira d'importants renseignements se rapportant à la vie de votre enfant à l'école.

What does my consent mean?

Your consent to contact the teacher means that your child's teacher will receive a questionnaire that will ask questions about your child's school achievement and behaviour, and about his/her classroom.

Your consent to the test means that your child's principal will be asked to give your child a short test in math and reading skills.

Qu'est-ce que mon consentement veut dire?

Par votre consentement à communiquer avec le professeur, vous acceptez que le professeur de votre enfant reçoive un questionnaire portant sur le rendement scolaire de votre enfant, sur son comportement à l'école et sur sa classe.

Par votre consentement au test, vous acceptez que l'on demande au directeur de l'école de votre enfant de lui administrer un court test de mathématiques et de lecture.

What happens to the survey information I have provided if I do not consent?

The information you have provided in the interview is very valuable on its own. It will still permit important research to be conducted and influence future policies and programs.

Que se passe-t-il si je décide de ne pas signer le formulaire de consentement éclairé?

Les renseignements que vous avez déjà fournis lors de l'interview sont très importants. Ils permettront quand même de faire d'importantes recherches et d'influencer les politiques et les programmes futurs.